



Opioid Guidelines and Occupational Therapy



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What occupational therapy practitioners should know about current guidelines regarding the prescribing of opioids



2



Learning Objectives

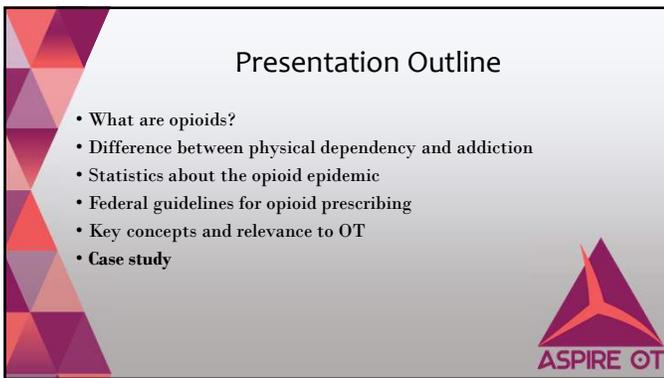
- Define the difference between the treatment for opioid use disorder and the treatment for chronic pain
- Discuss the national guidelines and recommendations for prescribing opioids
- Describe how guidelines for the prescribing of opioids are relevant to occupational therapy



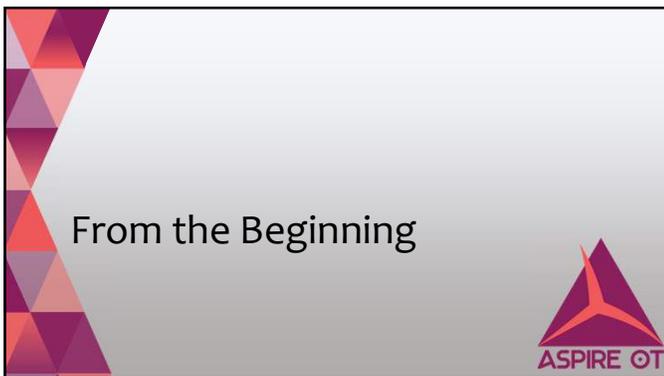
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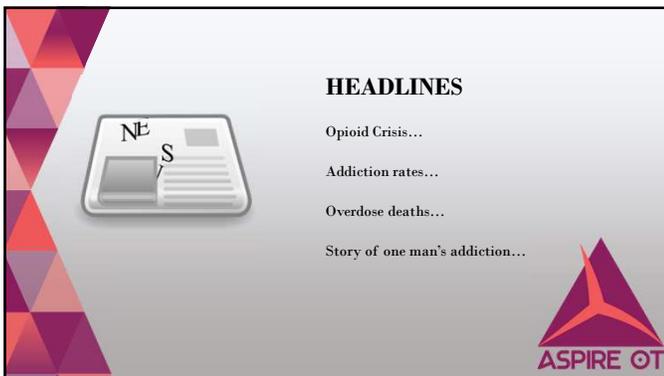
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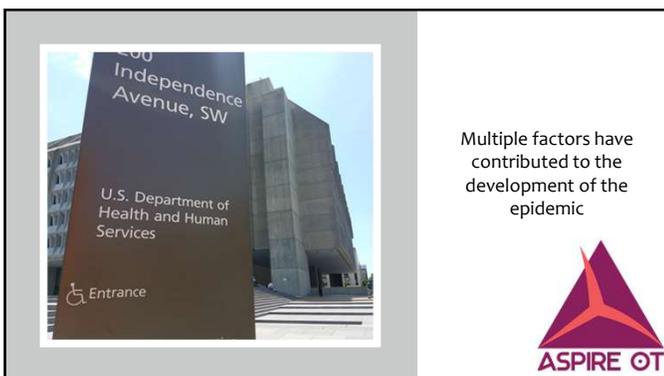
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16

Increased prescribing due to:

1. Standards recommending improvement of pain scores
2. It was felt opioids were not addictive²
3. Marketing of new opioid formulations¹
4. Limited time and resources for providers¹
5. **Limited coverage for non-opioid therapies¹**

1. (U.S. Department of Health and Human Services, 2019) 2. (National Institute on Drug Abuse, 2019)



21

Other Contributors

- Heroin**
 - Low cost
 - More potent
- Fentanyl**
 - Illicitly manufactured
 - Increased supply

(Dasgupta, Beletsky, & Ciccarone, 2018)



22

What are Opioids?



27

What are opioids?

- Opiate** Refers to the alkaloid that occurs naturally in opium - derived from the opium poppy
- Opioid** Refers to products that bind to the same receptors as opiates
- Synthetic Opioids** Chemically synthesized
- Semi-synthetic** Chemical modification to naturally occurring opiate

31

There is more to consider...



37

Illicit opioids

- Heroin**
- Illicit Fentanyl**
- Carfentanil**
- Opium**

(National Institute on Drug Abuse, 2019)

38

How did heroin originate?

- 1874, in Germany
- Synthesized from morphine²
- Bauer Pharmaceutical Company
- Produced as a morphine substitute

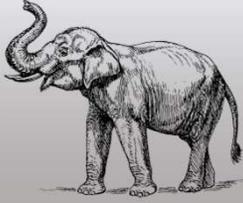
(University of Arizona, n.d.,¹ History.com Editors, 2017)



39

Illicit opioids

- Heroin**
- Illicit Fentanyl**
- Carfentanil**
- Opium**

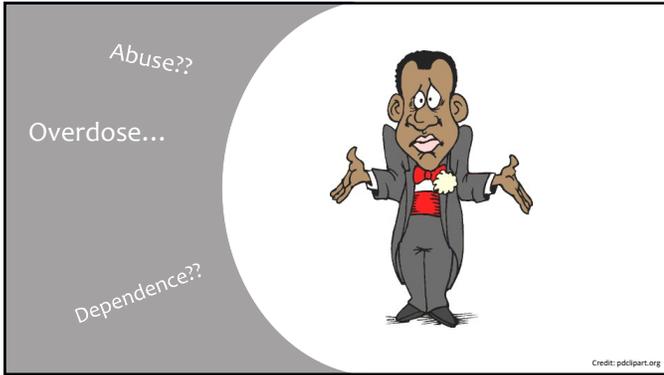


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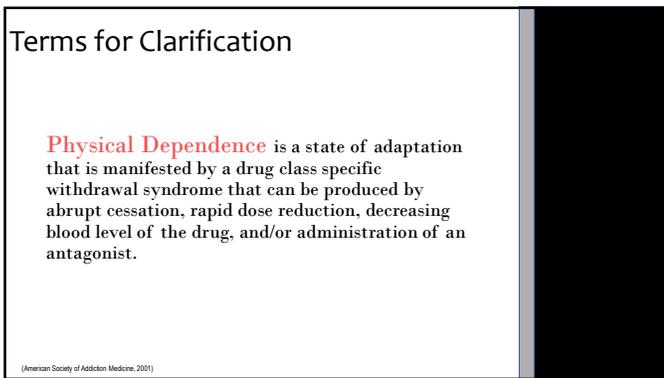
Terms Related to Opioid Use



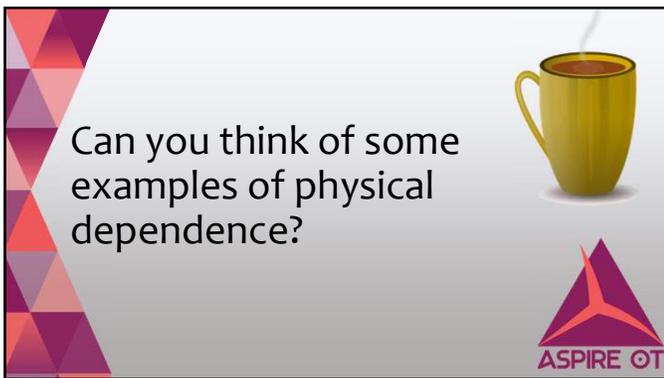
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44



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47

Terms for Clarification

“**Tolerance** is present when the same dose of a drug when given repeatedly produces a reduced biological response.

Stated another way, it takes a higher dose of the drug to achieve the same level of response achieved initially”

(U.S. Department of Health and Human Services, 2010, p. 9)

48

Terms for Clarification

Addiction: “A primary, chronic (biopsychosocial) disease of brain, reward, motivation, memory, and related circuitry”

(American Society of Addiction Medicine, 2011)

53

Terms for Clarification

Addiction is characterized by:

- Impaired control over drug use
- Compulsive use
- Continued use despite harm
- Craving

(American Society of Addiction Medicine, 2011)

54

Have you ever?

-  Taken medication that was prescribed to another family member or friend?
-  Given a family member or friend a medication that was prescribed to you?
-  Forgotten to take your medication?
-  Taken an antihistamine or other medication to help you sleep instead of for allergies?

59

If you answered yes, then you were participating in aberrant behaviors



60

Points to Ponder

How will providers minimize the risk for addiction if opioid pain medication is indicated?

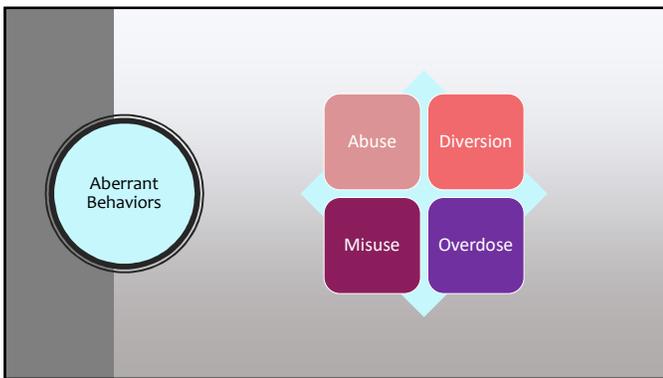
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Terms for Clarification

Aberrant Behaviors are any medication related behavior that departs from strict adherence to prescribed plan of care.

(Zacharoff & Corwin, 2011)

62



63

Practical Application

Abuse

Taking a drug for **non-medical** purposes

Example

Taking opioid pain medication to **alter one's state of consciousness** or elicit an experience such as **getting high**

70

Practical Application

Diversion

Intentional removal of medication from legitimate distribution

Example?

- Selling prescription medication
- Stealing medication
- Sharing medication with family or friends

71

Practical Application

Abuse

Taking a drug for **non-medical** purposes

Misuse

Using a medication other than directed **with therapeutic intent**

- Willful or unintentional
- Results in harm or not

72

Practical Application

Misuse

Examples:

- Taking more medication than prescribed
- Taking a medication for therapeutic purposes other than prescribed
- Forgetting to take medications

76

Practical Application

Overdose

Taking a lethal or toxic amount of a drug

This can be intentional or unintentional

77

Opioids vary in

- Ratio of analgesic potency
- Potential for respiratory depression

(U.S. Department of Health and Human Services, 2019, p. 25)



78

Opioids vary in

- Ratio of analgesic potency
- Potential for **respiratory depression**

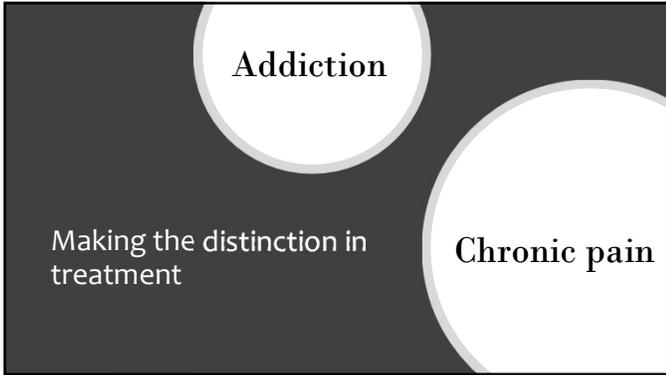
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Major cause of opioid overdose death

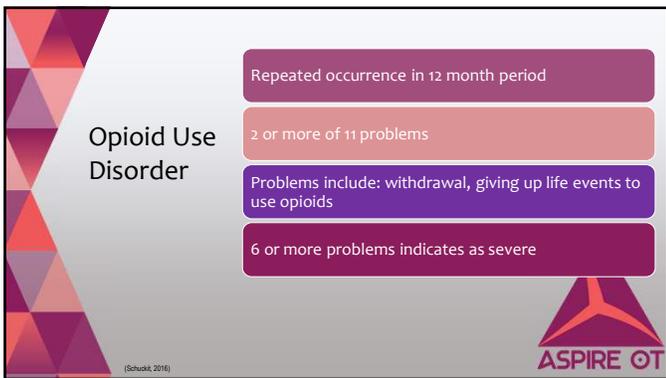
(U.S. Department of Health and Human Services, 2019, p. 25)



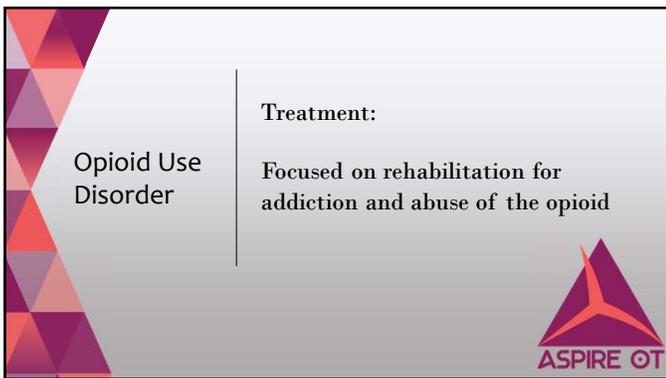
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81



82

Chronic Pain

A chronic condition

Can be a disease in itself



83

Chronic Pain



84

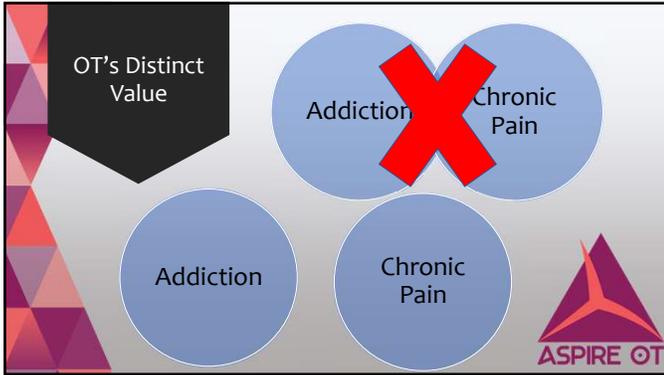
Chronic Pain

Treatment:

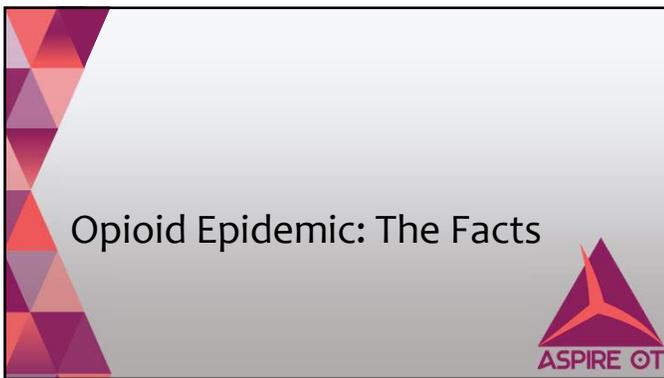
- Management of the chronic pain condition
- May include opioid prescription



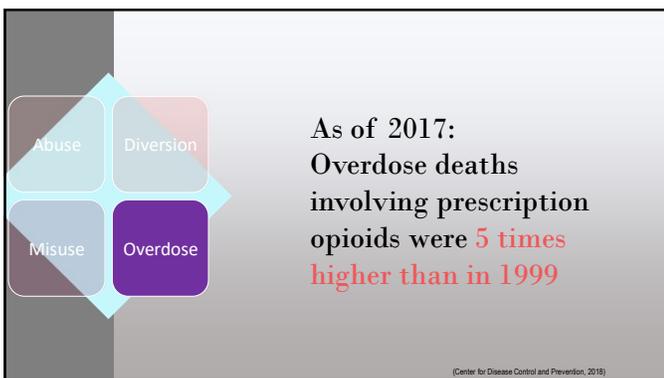
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88



91



115

Opioid data may include **illicit and prescription opioids** unless specifically noted

(Center for Disease Control and Prevention, 2018)

116

How common is opioid use disorder in the chronic pain population?

117

1 to 26%
The range varies greatly

(Volkow & McLellan, 2016)

118

Chronic Pain and Addiction

1 to 26%
The range varies greatly

Possibly due to **confusion** between misuse, addiction, and abuse

(Volkow & McLellan, 2016)

119

Chronic Pain and Addiction

<8% of those with chronic pain who are being treated with opioids develop addiction

(Volkow & McLellan, 2016)

120

Chronic Pain and Addiction

How many in those in the study had chronic pain and were treated with long-term opioid therapy did not develop an addiction?

121

Chronic Pain and Addiction

How many in those in the study had chronic pain and were treated with long-term opioid therapy did not develop an addiction?

92%

122

Recent increases in opioid overdose deaths cause by illicit opioids more than prescription opioids

(US Department of Health and Human Services, 2019)



126

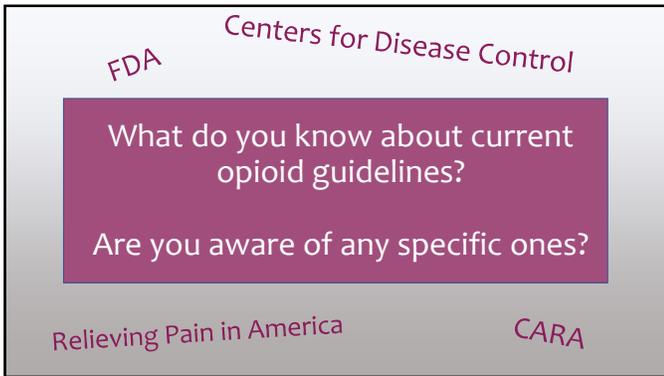
Patient Testimonial



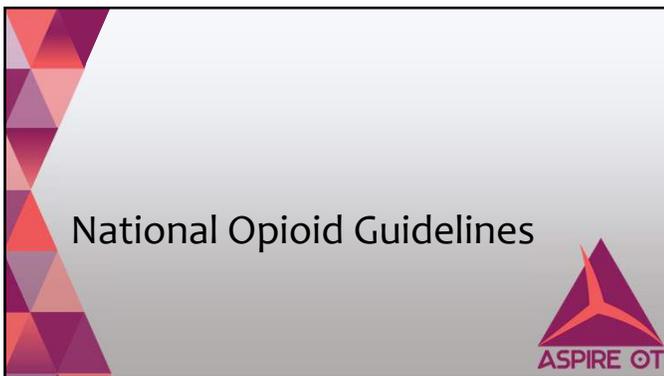
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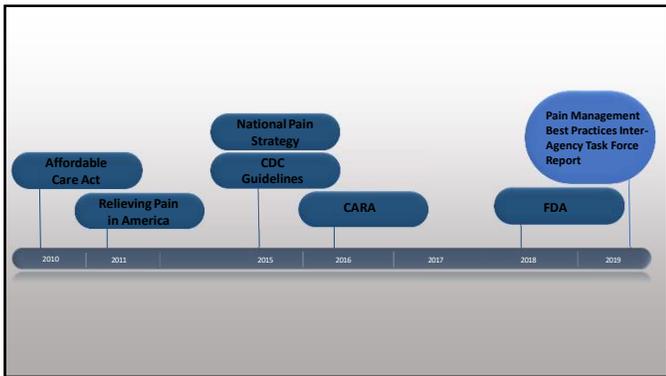
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138



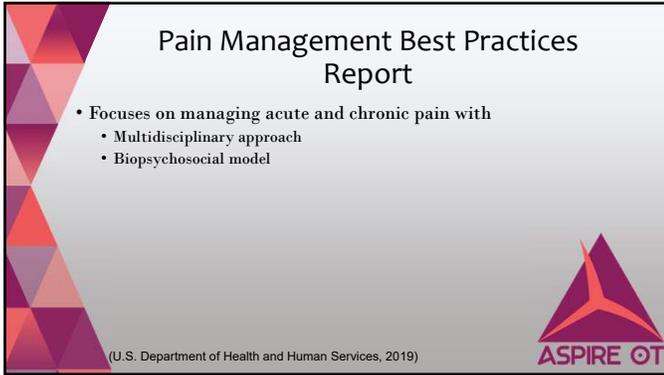
161

Pain Management Best Practices Interagency Task Force

- Established by CARA
- Objectives of task force:
 - For best practices for managing acute and chronic pain
 - To identify gaps, inconsistencies, and updates and to make recommendations
- Final report: May 6, 2019

(U.S. Department of Health and Human Services, 2019)

164



Pain Management Best Practices Report

- Focuses on managing acute and chronic pain with
 - Multidisciplinary approach
 - Biopsychosocial model

(U.S. Department of Health and Human Services, 2019)



170



Pain Management Best Practices Report

Organized by 5 major approaches to pain management

Medication	Restorative Therapies	Interventional Procedures	Behavioral Health Approaches	Complementary and Integrative Health
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175



**Pain Management Best Practices Report:
Relevance for OT Practitioners**



180

**Pain Management Best Practices Report:
Relevance for OT Practitioners**

Key Concepts

- Access to care
- Risk assessment for opioids
- Mitigation of risk
- Position regarding CDC Guidelines

(U.S. Department of Health and Human Services, 2019)

185

Access to Care

- **Stigma**
- **Medication Shortages**
- **Delivery Systems**

190

Stigma

“The national crisis of illicit drug use, with overdose deaths, is confused with appropriate therapy for patients who are being treated for pain. This confusion has created a stigma that contributes to barriers to proper access to care.”

(U.S. Department of Health and Human Services, 2019, p. 58)

191

Stigma: Opioid Therapy

Patients previously or currently:
Receive long-term opioid therapy for non-malignant pain

Face overt or subtle stigma from:

- Family
- Friends
- Coworkers
- The healthcare system
- Society at large

(U.S. Department of Health and Human Services, 2019, p. 56)



193

Points to Ponder

How does stigma impact our clients?

194

Patient Perspective



“I am not pain free by any means, but I feel like a whole person again.”

(U.S. Department of Health and Human Services, 2018)

195

Stigma:
Healthcare
Providers

Stigma may affect
prescribing
practices.

206

Access
to Care

- Stigma
- **Medication Shortages**
- Delivery Systems

208

Medication Shortages:
Patient Implications

- Could result in patients having to wait for appropriate medications
- They may receive less effective alternatives
- More likely to experience adverse events caused by medication errors

(U.S. Department of Health and Human Services, 2019, p. 63)



210

Access to Care

- Stigma
- Medication Shortages
- **Delivery Systems**

212

Points to Ponder

How are patients/clients impacted by prescription delivery systems?

216

Potential Impact on Clients

In the past, the client could:

- Have monthly refills
- Call in refill
- Have a friend or family member pick it up

*Depending on the state of residence



217

Potential Impact on Clients

State laws may now require:

- Prescription duration limited to <30 days
- Written prescription for each dispensation
- Photo ID required for dispensation

*Depending on the state of residence



218

Potential Impact on Clients

The client may now need to:

- Find transportation
- Keep up with written prescription

Keep in mind organization and executive function may be impacted for those who have pain

*Depending on the state of residence



219

South Carolina Considerations

S918

- For acute pain
 - 7 day prescription
 - Exception examples: cancer, chronic pain, hospice

H3728

- By 2021, healthcare practitioners will be required to prescribe controlled substances electronically
- No refills for opioid medication



(Image Credit: ClipArt Library)

220

More Practical Application



The guidelines recommend:

Healthcare providers be **communicating with pharmacies** ensuring most effective strategies are implemented for patient-friendly delivery



233

Risk Assessment

- Defining Risk Assessment
- Prescription Database Monitoring Program
- Screening and Monitoring

237

Risk Assessment

“selection of the most appropriate medication-based treatment approach for an individual with pain involves a careful analysis of risk and benefit”

(U.S. Department of Health and Human Services, 2019, p. 53)



238

Risk Assessment

Risks:

- Side effects of medication
- Toxicity of medication

(U.S. Department of Health and Human Services, 2019, p. 53)



241

Risk Assessment

Areas of risk balanced with:

Benefits of treatment would include:

- Improved function including ADLs and work
- Quality of life
- As well as improvement in medical condition

(U.S. Department of Health and Human Services, 2019, p. 53)



245

Recommended tools for assessing benefits

Pain Average, Interference with Enjoyment of Life, and Interference with General Activity Assessment Scale (PEG Screening Tool)

1. What number best describes your pain on average in the past week:
 0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

(Krause et al., 2008, p. 734)

(U.S. Department of Health and Human Services, 2019, p. 56)



246

Recommended tools for assessing benefits

Pain Average, Interference with Enjoyment of Life, and Interference with General Activity Assessment Scale (PEG Screening Tool)

OR

The practitioner may ask about client's daily function

(U.S. Department of Health and Human Services, 2019, p. 56)



247

Points to Ponder

What is the clinical implication of assessing function when considering opioid therapy ?

251



Practical Application:
Reflection

How many prescribing providers you work with are writing functional goals?

252



Practical Application

Problem: How can prescribing providers assess function and write functional goals?

Solution!

OCCUPATIONAL THERAPY

255

Practical Application



Opportunity for Advocacy?!



Hello! Do you need help assessing how your patients with pain are functioning before and while on opioid medication?

Occupational therapy could help you with that!



OT

Prescriber

260



Practical Application:

Reflection

What functional assessments are you utilizing in your setting now?

Are they validated for pain?

Are you collaboration with prescribing providers in your treatment setting?

Could this be an opportunity to promote your services?

264



Coming soon from
ASPIRE OT

Occupational Therapy and Pain Management



265

Risk Assessment

- Defining Risk Assessment
- **Prescription Database Monitoring Program**
- Screening and Monitoring

267



Risk Assessment: PDMPs

Prescription drug monitoring programs (PDMPs) are electronic databases of controlled substances dispensed within a particular state.

(U.S. Department of Health and Human Services, 2019, p. 53)



268

Risk Assessment: PDMPs

49 states, most of Missouri, and District of Columbia have PDMPs

(U.S. Department of Health and Human Services, 2019, p. 53)



269

Points to Ponder

What types of behaviors would a PDMP prevent?

276

Risk Assessment: PDMPs

PDMP can prevent:

- Patients from **obtaining medication prescriptions from multiple providers** at the same time



277

Risk Assessment: PDMPs

PDMP can prevent:

- Patients from obtaining medication prescriptions from multiple providers at the same time
- **Overlap of filling prescriptions** which could put patients at risk for adverse events



278



Practical Application:
Reflection

How do PDMPs impact our clients directly?

283



Image Credit: Opendiart

284



Concerned for safety of the client

Image Credit: Opencilipart

285

South Carolina Considerations

SCRIPTS

Prescribers and dispensers should review the patient's profile on PDMP prior to:

- Prescribing opioids for greater than 5 day supply
- For Chronic conditions if relationship is established
 - Check every 5 months



(Image Credit: ClipArt Library)

286

Risk Assessment

- Defining Risk Assessment
- Prescription Database Monitoring Program
- Screening and Monitoring

300

Risk Assessment: Screening and Monitoring

Screening and monitoring in pain management seeks to:

- Identify and reduce the risk of substance misuse, abuse, and overdose
- Improve overall patient care

(U.S. Department of Health and Human Services, 2019, p. 53)



303

Risk Assessment: Screening and Monitoring

Screening approaches can include efforts to assess for concurrent substance use and mental health disorders

Screening Tools Urine Drug Tests (UDT)

(U.S. Department of Health and Human Services, 2019, p. 55)



305

Screening and Monitoring: Screening Tools

Screening tools can:

- Help providers with the identification of individual risks
- Be a single question regarding any history of misuse

(U.S. Department of Health and Human Services, 2019, p. 55)



306

Practical Application:
Screening and Monitoring



Urine drug tests (UDTs)

“can provide information about drug use that is not reported by the patient”

(U.S. Department of Health and Human Services, 2019, p. 55)



316

Practical Application:
Screening and Monitoring



Urine drug tests (UDTs)

Inform treatment decisions with data regarding the patient’s drug metabolism rates

(U.S. Department of Health and Human Services, 2019, p. 55)



317



Practical Application:
Reflection

How will urine drug tests affect our clients who are receiving long term opioid therapy?

318

Practical Application: UDTs




OT assessment and treatment should address toileting.

More on this soon!



320

Mitigation of Risk

- Initiation of Opioids
- Pain/Treatment Agreements
- Overdose Prevention
- Storage and Disposal

333

Mitigation of Risk: Initiation of Opioids

Opioids should be initially prescribed when:

- Benefits outweigh the risks
- Function and quality of life is affected by pain
- Client will engage with multidisciplinary team
- Client has established goals, close follow up and regular risk assessment

(U.S. Department of Health and Human Services, 2019, p. 28)



338

South Carolina Opportunity?

South Carolina House of Representatives Opioid Abuse Prevention Study Committee

"DHHS is actively seeking input from the provider community for non-opioid pain management as reasonable alternative treatments that are currently not covered by the agency and how to promote that diversion. The Committee recommends that DHHS perform a timely and extensive review of options available for non-opioid pain management and implement policy and coverage changes related to their findings."(p 19)



(Image Credit: ClipArt Library)

339



Occupational Therapy

Practical Application:
What does this mean for your clients?

340

Practical Application

Passive vs Active Treatment




- Self-management
- Active participant in their own pain management
- Clients expectations may result in frustration





Images Credit: Opencorpant

345

Mitigation of Risk

- Initiation of Opioids
- **Pain/Treatment Agreements**
- Overdose Prevention
- Storage and Disposal

348

Mitigation of Risk:
Pain / Treatment Agreements

Written agreements between providers and patients are intended to mitigate risks associated with opioid pain medication prescribing



349

Mitigation of Risk:
Pain / Treatment Agreements

Agreements may:

- Reduce risk of opioid misuse
- Facilitate communication for the clinician and patient
- Assist understanding of patient as well as the provider to responsibilities



(U.S. Department of Health and Human Services, 2019, p. 55) Image Credit: Openclipart



353

Mitigation of Risk

- Initiation of Opioids
- Pain/Treatment Agreements
- **Overdose Prevention**
- Storage and Disposal

363

Mitigation of Risk: Overdose Prevention

“The use of naloxone to treat those who have overdosed on opioids by family members, bystanders, and first responders can save lives”

(U.S. Department of Health and Human Services, 2019, p. 30)



365

Mitigation of Risk: Overdose Prevention Education and Naloxone®

Naloxone “is a medication designed to rapidly reverse opioid overdose”

Brand names: Evzio® and Narcan®

(U.S. Department of Health and Human Services, 2019, p. 30)



366

South Carolina Considerations

Naloxone

- Established Community Distributors



(Image Credit: ClipArt Library)

367

Mitigation of Risk

- **Initiation of Opioids**
- **Pain/Treatment Agreements**
- **Overdose Prevention**
- **Storage and Disposal**

373

Disposal and Storage of Medications

Patients lack education for safe storage and disposal of medications

This can lead to:

- Diversion
- Inadvertent access by children and other vulnerable members of household

(U.S. Department of Health and Human Services, 2019, p. 29)



374

Disposal and Storage of Medications

Recommendation to increase awareness through:

- Outreach programs and materials
- Take back facilities
- Resources for safe drug storage, labeling, and disposal

(U.S. Department of Health and Human Services, 2019, p. 29)



379



Occupational Therapy

Practical Application:

What should our clients know about safe storage and disposal of opioid medication?

380

Disposal and Storage of Medications



The CDC is a good resource for practitioners and clients for ways to store medications safely.

<https://www.cdc.gov/features/medicationstorage/index.html>



386

Pain Management Best Practices Final Report

Comment on the CDC Guidelines

398

The Task Force Review of the CDC Guidelines for the Prescribing of Opioids for Chronic Pain

Misapplication or misinterpretation of guideline including how limitation on dosage was applied to palliative and cancer pain

(U.S. Department of Health and Human Services, 2019, p. 69)

399

CDC Guidelines

- Only for PCPs
- To be used as a tool to facilitate discussion between provider and patient
- Did discuss a recommended dosing for opioids

28 states adopted legislation

Legislation applied broadly to many providers

Payers and even retailers acted as well

400

The Task Force Review of the CDC Guidelines for the Prescribing of Opioids for Chronic Pain

Identified consequences of these actions:

- Forced tapering of individuals
 - lower doses of opioids or to no opioid treatment
- Patient abandonment

(U.S. Department of Health and Human Services, 2019, p. 70)



409

Unintended Consequences

Percentage of suicide deaths to people who had evidence of chronic pain increased from 7.4 in 2003 to **10.2% in 2014**

(U.S. Department of Health and Human Services, 2019, p. 12)



417

Final Thoughts...



419

Sooo much information...
How can I actually use this?????



421



422

Case Example: Mary Jo 

Mary Jo is an 85-year-old female

- With chronic back pain and rheumatoid arthritis mostly affecting her hands
- Does not drive
- No family assistance at home
- Limited income
- Uses a rolling walker for functional mobility inside and outside the home.



423

Case Example: Mary Jo



Mary Jo is an 85-year-old female

- Receiving long term opioid pain medication that has been ordered to be taken up 3 times a day for pain management
- She reports this helps her to complete her daily activities
- The state she lives in now limits the prescription of opioids to no greater than 30 days.
- Her provider also now requires monthly pill counts.



424



Practical Application:
Reflection

What will the implications be for Mary Jo with obtaining and filling prescriptions?



425



Mary Jo will have many changes including:

- Going to her provider's office at least every 30 days
- Possibly having a co-pay each visit
- Finding transportation for those visits
- Remembering to bring her medication with her
- Having expectations on her for correct pill counts



430

Mary Jo will have many changes including:

- Possibly having to provide a urine sample
- Possibly having to complete a questionnaire or sign a pain contract (agreement)
- Possibly having to take a written prescription to the pharmacy and provide ID
- Need to take her medication as prescribed



434

Let's look at some potential situations that could occur



435


Practical Application:
Reflection

What if Mary Jo forgets to write down her appointment and misses it?



436



Practical Application:
Reflection

What if Mary Jo does not have a ride to the doctor's office for her appointment?



437



She may have a lapse in time before her visit can be rescheduled and a new prescription written for pain medication.

Her previous prescription may run out before she can be rescheduled which means she will be without pain medicine.



438



Practical Application:
Reflection

What if Mary Jo's pill count is not accurate?



442

There are multiple situations that could result in a pill count being short.

Let's look at a few possibilities:



443



Someone or something could be taking her medication



444



Someone or something could be taking her medication

(Diversion)



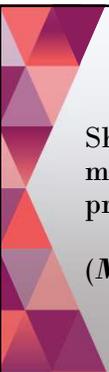
445



She could be forgetting she has taken her medication and taken more than prescribed per day for her pain



446



She could be forgetting she has taken her medication and taken more than prescribed per day for her pain
(Misuse)



447



She could be dropping her medication frequently due to decreased coordination



448



She could be dropping her medication frequently due to decreased coordination
(Diversion)



449



Practical Application:
Reflection

With all these possibilities, what would a prescribing provider do in the case of an inaccurate pill count?



450



Provider concerns:
Misused or Diverted



Image Credit: Opencilipart



451

Some providers may choose to...



Provide additional education and then closely monitor



452

Some providers may choose to...



Provide additional education and then closely monitor

Decide Mary Jo is no longer a candidate for prescription opioid medication



453

OT Opportunity



This could be a great opportunity for OT intervention if the provider is aware that OT practitioners can address medication management and help Mary Jo better manage her medications safely.



454



Let's look at some specific ideas for OT assessment and treatment



476



Possible OT Assessment: Self-Management

Assess Mary Jo's **literacy, health literacy, cognition including executive function, vision, handwriting:**

- What are her current organizational strategies for managing medical information, scheduling and attending medical appointments?
- Can she understand and complete the required paperwork and questionnaires at the appointment?



479



Possible OT Assessment: Self-Management

Assess **transportation** factors

- How will she get to and from her appointments?
- Can she apply for and manage scheduling of public transportation if needed?
- Can she complete transfers in/out of transport vehicle?



483

**Possible OT Intervention:
Self-Management**

Intervention ideas for self-management

- Creation of binder for medical information




485

**Possible OT Intervention:
Self-Management**

Intervention ideas for transportation

- Determine transportation options
- Consider compatibility with rolling walker
- Training and developing strategy for loading/unloading of walker




489

**Possible OT Assessment:
Self-Management**

Assess for **mobility** considerations
(functional mobility, transfers, safety)

- Can she safely mobilize to /from the provider's office?
- Can she complete safe transfers in and out of the provider's seating options?
- What does she need to bring with her? Can she safely manage those items with her rolling walker? How will she carry them? Does she have a walker basket?




493

**Possible OT Assessment:
Self-Management**



Assess for **communication**
(**hearing, comprehension, speech, memory**)

- How does/will she communicate questions or concerns to the provider?
- Does she keep a list of her questions? Should she keep a list?
- Is she able to effectively call the provider's office (use phone, hear the other speaker, recall information)?



497

**Possible OT Intervention:
Self-Management**



Intervention ideas for mobility

- Work on obtaining a walker basket
- Train for transfers to/from chairs without arms if applicable



500

**Possible OT Intervention:
Self-Management**



Intervention ideas for communication

Mary Jo reports she often forgets to ask questions during her pain management appointments because she "feels rushed"

- Work with Mary Jo to keep a written list of questions
- Work with Mary Jo on asking for written recommendations and instructions to compile in her binder



504

**Possible OT Assessment:
Self-Management**

Assess for **toileting**




505

**Possible OT Assessment:
Self-Management**

Assess for **toileting**

- Can Mary complete toilet transfers safely?
- Will she have room to take her rolling walker into the stall or bathroom?
- Can she complete toilet hygiene independently?
- Will she have the set up that she is used to at home (grab bar, elevated toilet height)?
- Will she be able to collect the sample effectively? If not did she call ahead to let them know that she will need another option to collect her sample?
- Will she need to put the lid on the container for her sample? Does she have the coordination to do that?




511

**Possible OT Intervention:
Self-Management**

Intervention ideas for toileting

- Toilet training with practice of obtaining a sample
- Simulation may not be sufficient




514

**Possible OT Assessment:
Medication Management**



Management of prescriptions, tracking medication, storage of medication

- How is Mary Jo managing her written prescriptions
- How is she tracking the pain medication she takes
- How is she making sure she has the correct amount of pills left
- How is Mary Jo storing her pain medication? Is it stored in a secured or locked location?



519

**Possible OT Intervention:
Medication Management**



Intervention ideas for medication management

- Work to help Mary Jo place her prescriptions in her binder at each appointment
- Train Mary Jo to the use of a pill organizer
- Provide active problem-solving assistance to identify a place to secure medication



523



Practical Application:
Reflection

So what have we left out?



524

**Possible OT Assessment:
Medication Management**



Medication Management- Taking Medication

- Coordination
 - Can she open medication containers and manipulate pills?
- Environment: If the medication were to drop or spill where would it go?
 - Would it be easy to see and locate?
 - Would it be easy to retrieve?
- Adherence: Is she supposed to take her medication with food or at a certain time?



528

**Possible OT Intervention:
Medication Management**



Medication Management- Taking Medication

- Work with Mary Jo to request easy to open medication containers
- Train to use an easy open pill organizer.
- Train Mary Jo to avoid opening and taking her medication in certain areas
- Train to using a tray to keep any dropped medication from rolling off a table



533

Discussion- Aspire Community

Are there interventions that you are utilizing that we did not mention?

Do you have some ideas that you would like to share with other OT practitioners?



534

Aspire Community

Are there interventions that you are using that were not mentioned?



ASPIRE OT

535

WHY DID WE SPEND ALL THIS TIME ON THESE GUIDELINES ?



ASPIRE OT

539

PROMOTING OUR PROFESSION



ASPIRE OT

540



You are key to overcoming not only the opioid epidemic, but in creating healthier societies

Your profession is a leader that should be at the table for a wide range of health policy discussions

Its an indisputable fact that you are well-positioned to change the culture around pain management



541



US Surgeon General Jerome Adams, MD, MPH



542



US Surgeon General Jerome Adams, MD, MPH was discussing physical therapy in those statements!

Not OT



543

Physical therapists are key to overcoming not only the opioid epidemic, but in creating healthier societies

Physical therapy is a leader that should be at the table for a wide range of health policy discussions

Its an indisputable fact that physical therapists are well-positioned to change the culture around pain management



544

Presentation Outline

- What are opioids?
- Difference between physical dependency and addiction
- Statistics about the opioid epidemic
- National guidelines and recommendations for opioid prescribing
- Key concepts and relevance to OT



552

Learning Objectives

- Define the difference between the treatment for opioid use disorder and the treatment for chronic pain
- Discuss the national guidelines and recommendations for prescribing opioids
- Describe how guidelines for the prescribing of opioids are relevant to occupational therapy



555



562
