

Opioids In Eyecare
2 hours CE - COPE Category: PH
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Description:

Opioids have and will continue to have their place in primary eye care. Prescribing these addictive medications comes with great responsibility on the part of the prescriber. This course will update the clinician on proper prescribing protocol for narcotic analgesic medications, including common indications, contraindications, dosage amounts, and pregnancy considerations. There will be case presentations for audience participation interspersed within.

Learning Objectives:

- Learn about the most common scenarios in primary eye care in which a narcotic analgesic would be indicated.
- Understand common dose amounts and frequencies for the most commonly prescribed analgesics.
- Gain comprehensive understanding as to the contraindications of these medications and what to warn the patient of when these medications are prescribed.
- Review, through a rapid-fire grand rounds approach, when a narcotic should be considered or when other means of analgesia can be effectively attained.
- Follow current protocol for scenarios in which a patient acts as though he or she may have developed (or be developing) a narcotic dependency.
- Review the Drug Enforcement Agency and its role as it relates to these medications.

Course Outline:

I. Introduction

A. The science of pain

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1. Definition of pain and pain categories as defined in healthcare
2. Why pain is necessary
3. The body's endogenous response to pain
4. Relationship with opioids and pain threshold

B. Pain in or around the eye

1. Cornea
 - a. Corneal abrasion
 - b. Inflammation (and various causes)
 - c. Laceration

- d. Corneal perforation (penetrating ocular injury)
- 2. Pain to adnexa
 - a. Injury (location and implications)
 - b. Nerve pain (post-herpetic neuralgia, etc.)
 - c. Inflammation to local tissue
- 3. Intraocular pain
 - a. Injury
 - b. Inflammation or neuralgia
- 4. Retrobulbar pain
 - a. Retrobulbar injury / inflammation

II. Opioid Pharmacology

- A. Morphine: standard to which other opioids subscribe
- B. Opioids bind to endogenous opioid receptors mimicking morphine

III. Prescribing considerations

- A. Dosing considerations
 - 1. Adjusted / augmented based on pain threshold or other patient factors
 - 2. Hardly any eye / adnexa conditions require long-term opioid therapy
 - 3. q4h to q6h
 - 4. In combination with non-narcotic
 - a. Codeine / acetaminophen
 - b. hydrocodone / acetaminophen
- B. Contraindications
 - 1. Pregnancy considerations (when opioid is and is not appropriate)
 - 2. Respiratory considerations
 - 3. Alcoholism
 - 4. Addiction to “painkillers” / history (when evidence points to addiction)
- C. Dependence
 - 1. Repeated intake causes diminished effect
 - 2. More opioid needed to produce desired effect
 - a. More molecules needed at opioid receptor to trigger response
 - 3. Neurological / psychological effects
 - a. Effect on central nervous system
 - b. Alteration of pain perception

IV. Addiction

- A. Detecting patients who “shop around” for opioids

B. Behavioral cues

1. Patients know what type of opioid and/or dosage they need
2. When signs and symptoms don't match
3. Early / frequent calls for refills
4. Symptoms of withdrawal manifest during doctor visit

V. Overdose signs / symptoms

- A. Depressed respiration
- B. Confusion / mood change
- C. Pupillary miosis
- D. Severe constipation
- E. Nausea / vomiting
- F. Lethargy

VI. Overdose Treatment

- A. Medical emergency – activate emergency response
- B. Ranges from monitoring to emergency life support
- C. Naloxone (opioid effect reversal)

VII. Intervening when addiction is present

- A. Communicating with patient / family
- B. Communicating with patient's primary care doctor
- C. Support system is key
- D. It is key to become familiar with your local resources