OPIOID PAIN MANAGEMENT

~ The WHOLE Story ~

Lynda K Williamson, D.O.

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I have no financial disclosures

Objectives

- Discuss 3 or more tools to help the clinician manage the patient with chronic pain
- Distinguish the patient with opioid dependency VS the patient with chronic pain VS substance use disorder
- Washington State Opioid Prescribing Guidelines

KEY CONCEPTS

- No shame ~ No blame
- Sometimes the drug has abused the patient
- RIGHT ~VS~ WRONG conversations are *not productive*

KEY CONCEPTS continued

ALWAYS identify the pain source

Is it acute or chronic?

Pain Sources: physiologic, emotional, spiritual

Physiologic:

Tissue damage/injury/nociception/Acute VS Chronic processes

Injury with or without good repair/recovery, Burns, Surgery, Other tissue damage: Chronic process examples: neuropathy, osteoporosis, arthritis

Emotional: failed expectations

Spirituality: grief, loss

Tools for the Clinician

- Shared Decision-Making
- Pain Scales
- Pain Management Agreement
- Urine Drug Screens

  ~ toxicology
- Opioid Dose

  Calculator
- Counseling

SHARED DECISION MAKING

- Clinicians need to set the expectations for realistic outcomes
- Have a clear conversation prior to any treatment or procedure to calibrate the expected outcomes: *listen carefully*
- Be honest in understanding our own clinical expectations
- What could possibly go wrong?
- Ask: What is a good outcome? What are the expectations of the patient, the clinical team members, the patient's family?

LANGUAGE MATTERS!

- **Aberrancy**
- **Adherence**

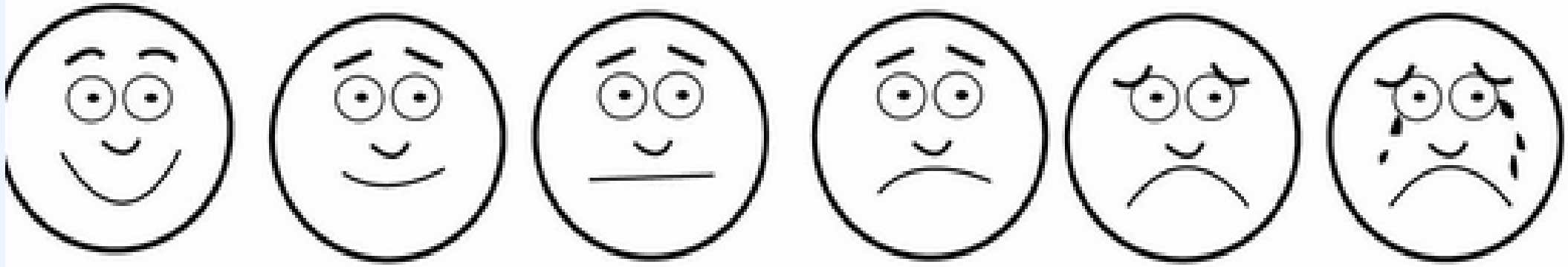
Aberrancy

- different from what is typical or usual, especially in an unacceptable way
- often has a negative connotation
- *Our expectations as clinicians are part of the problem~*

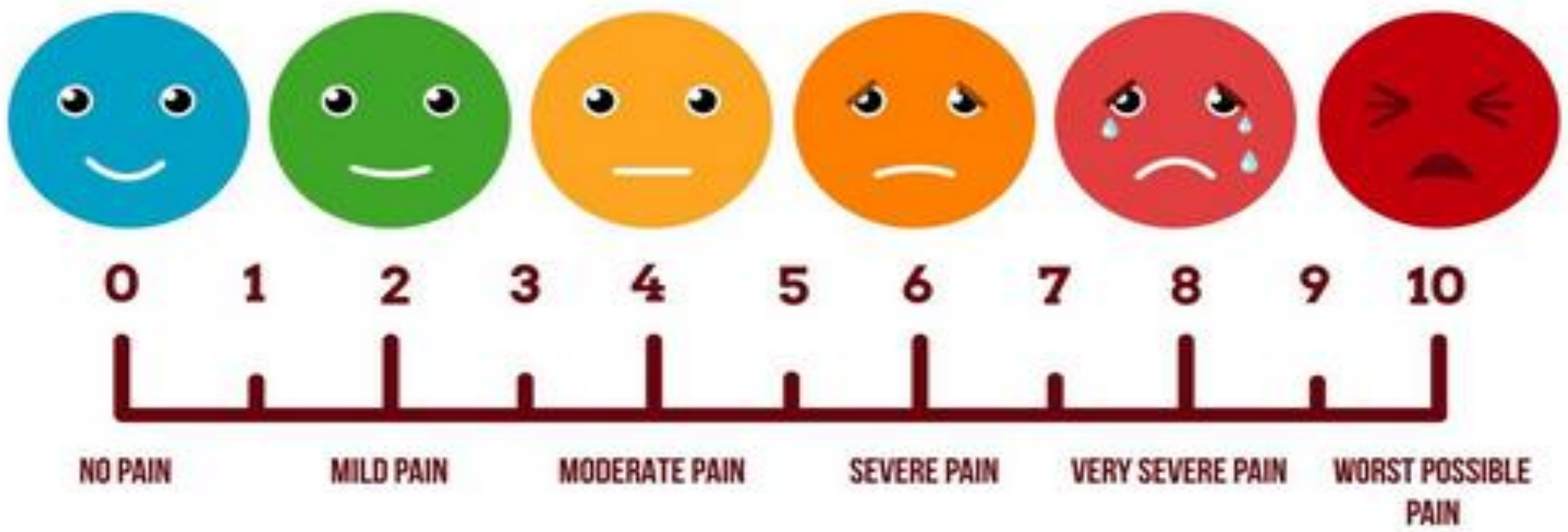
Wong-Baker FACES™ Pain Rating Scale

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Are you in pain?



0	1 - 2	3 - 4	5 - 6	7 - 8	9 - 10
very happy, I do not hurt at all	hurts just a little bit	hurts a little more	hurts even more	hurts a whole lot	hurts as much as you can imagine, you don't have to be crying to feel this bad


0 1 2 3 4 5 6 7 8 9 10
NO PAIN
MILD PAIN
MODERATE PAIN
SEVERE PAIN
VERY SEVERE PAIN
WORST POSSIBLE PAIN

Pain Management Agreements

Concepts in the Pain Management Agreement

- One piece of paper
- 6th grade vocabulary
- One pharmacy
- One prescriber
- UDS anytime requested
- Copies of the agreement will go to all local ED's and all clinicians caring for pt.
- Each concept includes pt education on that concept

Urine Toxicology (drug screens)

- Know your lab's toxicology screening menu
- Get to know your lab's toxicologist
- Know what you are looking for
- Prepare for different testing methods
- Prepare for how you will discuss the results

(pain clinics, self-dealing, HIS patients, cross reating contaminants- cannabis topical, poppy seeds)

<https://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator>

CAUTION: This calculator should NOT be used to determine doses when converting a patient from one opioid to another. This is especially important for fentanyl and methadone conversions. Equianalgesic dose ratios are only approximations and do not account for genetic factors, incomplete cross-tolerance, and pharmacokinetics.

Counseling

or

Licensed therapy

or

12-step programs

The NEW resource*:

RELIEF PAIN HUB

*** it's FREE!**

R = Resources

E = Education

L = Leading to

I = Improved Pain Care

E = Equity

F = For Washingtonians

https://www.painreliefwa.org

For more information:

Contact Marian Wilson, PhD

<marian.Wilson@WSU.edu>

- ✓ Embedded information is evidence-based
- ✓ There are sections for pain patients, clinicians, medical students
- ✓ Multi-dimensional pain assessments
- ✓ Patient self-education, including activity/exercise, nutrition and non-pharmaceutical pain-relief methods

That gut feeling that there is more to the story!

~

Distinguish the Opioid Dependent patient

~OR~

The Chronic Pain Patient

~OR~

Substance Use Disorder

Case Studies & Best Practices

Shimari ~ single mom

(PA's pt, PA's instruction from the boss, use alternative resources)

Which is it?

- Opioid dependency?
- Chronic Pain?
- Substance Use Disorder?
- Failure to navigate life?

June, with fibromyalgia

(legacy, teacher, safe, spouse)

Which is it?

- Opioid dependency?
- Chronic Pain?
- Substance Use Disorder?
- Failure to navigate life?

Tom ~ with a gun

Which is it?

- Opioid dependency?
- Chronic Pain?
- Substance Use Disorder?
- Failure to navigate life?

Bob ~ after 6 back surgeries

(legacy, missing medications, doesn't need it, rageful)

Which is it?

- Opioid dependency?
- Chronic Pain?
- Substance Use Disorder?
- Failure to navigate life?

Jack, dialysis pt

(alternate testing, honesty, mgmt.)

Which is it?

- Opioid dependency?
- Chronic Pain?
- Substance Use Disorder?
- Failure to navigate life?

Washington State Guidelines

For Opioid Prescribing

My apologies, this will be made available in an additional email to all participants.