

PEAR VS. THE PANDEMIC

SUPPORTING OUR PHARMACY STAKEHOLDERS DURING THE COVID-19 CRISIS

SUPPORTING PAIN MANAGEMENT AND SAFE OPIOID USE

During the COVID-19 pandemic, isolation and physical distancing have reduced patient contact with healthcare providers, and this has led to undertreatment of some conditions, including chronic pain.¹ In addition, increased stress, isolation, and loss of work have resulted in an elevation in opioid-related overdoses across the country.² Pharmacists can facilitate continuity of care and provide ongoing support to patients affected by these issues.

This document will address the following questions:

- 1 What are the factors that impact pain management and opioid use, and how have they changed during the pandemic?
- 2 How can pharmacists proactively address pain management and opioid use to prevent negative consequences, including overdose and death?

The Pandemic Pain Experience

Chronic pain may cause immunosuppression in some people, leading to a greater risk of complications due to COVID-19.³ To add to this, many people who live with chronic pain are older and have multiple comorbidities, so their risk of COVID-19 complications may be elevated.^{4,5} Risk factors for poorer outcomes with COVID-19 are somewhat aligned with those of individuals who experience chronic pain, including older age, lower socioeconomic status, smoking, chronic disease, and limited access to healthcare.^{4,5}

1 PANDEMIC-RELATED PAIN MANAGEMENT CHALLENGES

Pain medications can intersect with COVID-19 in different ways.

Opioid use can impact the risks and experience of COVID-19. Chronic opioid use has been shown to cause immunosuppression,⁶ and it can also increase the risk of respiratory depression, which can lead to more severe outcomes in people with COVID-19.⁷ Fentanyl patch absorption may be



increased in a person who has a fever, necessitating close monitoring and/or dose reduction.¹

Other pain medications have also been examined with respect to their impact on COVID-19 and related risks. Anti-inflammatory drugs such as NSAIDs were in the spotlight early in the pandemic when it was suggested that their use may augment COVID-19 risks due to increasing levels of angiotensin-converting enzyme 2 (where the SARS-CoV-2 virus binds). As of May 2020, however, a negative association between NSAIDs and COVID-19 has not been found.⁸ It is important to note that the analgesic and antipyretic effects of NSAIDs may mask fever and myalgia in people with COVID-19.¹

Patients taking corticosteroids for pain may experience reduced immune function as a result of suppression of the hypothalamic-pituitary-adrenal (HPA) axis.⁹ This association is well-documented for systemic steroids but less clear for intra-articular and epidural steroid injections; however, there is some evidence that intra-articular injections have been associated with higher influenza risk.¹⁰ The lowest dose possible should be used when corticosteroids are necessary.⁹

Delayed pain assessment and treatment can have serious consequences.

In addition to experiencing ongoing or increased pain, people who wait six months or longer to be evaluated are at risk of deteriorating quality of life and depression.¹¹ When patients with chronic pain have severe pain that is not controlled, the risk of depression and suicidal ideation is high, and there is an increased mortality rate when these patients have cancer-related pain.⁹

Opioid overdoses have increased throughout the pandemic.

In various locations across the country, there has been a trend towards an increased number of opioid-related overdoses and deaths.² It has been noted that people who are taking prescription opioids may use them not only for pain but also for issues such as depression, sleep

problems, and anxiety that are exacerbated during a health crisis like the current pandemic.⁹ Overdose may be more likely to be fatal when the person affected is socially distanced or isolated from others.⁷ As a result of social distancing, people who use illicit drugs may not be able to acquire their supply from their usual sources and may be using unknown combinations of other illicit drugs of unknown potency, thus increasing their risk of overdose.²

Patients who run out of opioid medication or miss doses of opioid agonist therapy (OAT) may be at risk of withdrawal.

Opioid withdrawal is not usually fatal, but it can be uncomfortable for the patient and may occur if they were taking opioids every day, then stopped abruptly. Symptoms such as diarrhea, abdominal pain, diaphoresis, elevated heart rate, and agitation can occur.⁹ Patients who are receiving OAT are also at risk of destabilization if doses are missed.¹²

2 HELPING YOUR PATIENTS MANAGE THEIR PAIN AND MEDICATIONS

Whether you are supporting your patients in person or through virtual consultations, it is important to assign a high priority to those who have a high burden of pain or who may be at risk of opioid overdose. Most pharmacists have limited access to regulated online patient care platforms, so unregulated platforms such as Zoom and Microsoft Teams should be used with cautious consideration of patient privacy. If meeting in person with patients to help manage pain and medications, review physical distancing measures with patients in advance and consider making appointments or setting aside quieter times of the day to meet. The use of email and text messaging should also be approached carefully to protect patient confidentiality. The chart below provides counselling topics and tips to guide you in following up with your patients.

TOPIC	TIPS
<p>Assess pain using a simple tool.</p>	<ul style="list-style-type: none"> • While telephone interactions do not offer visual cues to assess pain, it is still possible to ask about pain severity by telephone, or other virtual means, if necessary. • Reach out to those who may be at higher risk of serious consequences of untreated pain such as those with depression, limited resources, or functional impairment, or who are unable to work because of untreated pain.⁹ • Simple, single-dimensional pain scales only assess pain intensity but may be sufficient to identify changes over time. Examples are the numeric pain scale (no pain to worst possible pain on a scale of 0 to 10) and the simple descriptive scale (no pain, mild pain, moderate pain, etc.).¹⁴
<p>Review safe use of opioids.</p>	<ul style="list-style-type: none"> • Anyone using opioids regularly may be at risk of unintentional overdose. • Remind patients to avoid taking more opioids than what was prescribed for them, not to crush extended-release formulations, and not to combine opioids with benzodiazepines, muscle relaxants, other sedatives, or alcohol.¹⁵
<p>Review signs and symptoms of opioid overdose.</p>	<ul style="list-style-type: none"> • These include difficulty walking, talking, and staying awake; blue lips or nails; very small pupils; cold and clammy skin; dizziness and confusion; extreme drowsiness; choking, gurgling or snoring sounds; slow, weak, or no breathing; or inability to wake up even when shaken or shouted at.¹⁵ • Advise the patient/caregiver to call 9-1-1 in the event of a suspected or actual overdose.
<p>Offer naloxone and teach patients and caregivers how to use it.</p>	<ul style="list-style-type: none"> • Anyone using chronic opioids or receiving OAT should have a naloxone kit on hand.¹⁶ • In a suspected overdose situation, the patient/caregiver should be advised to call 9-1-1, then administer naloxone (may need more than one dose), and then support the person until emergency first responders arrive.¹⁶ • Reassure patients that the risk of aerosolizing droplets carrying the COVID-19 virus while administering naloxone is minimal. Administering intranasal naloxone is not considered an aerosol-generating medical procedure.¹⁷ • Naloxone nasal spray is simple to administer: Peel the package to remove the device; place and hold the tip of the nozzle in one nostril until your fingers touch the person's nose; press the plunger firmly to release the medication into the person's nose.¹⁸
<p>Help ensure continuity of care for patients taking opioids for chronic pain or OAT.</p>	<ul style="list-style-type: none"> • In response to the pandemic, Health Canada has provided temporary exemptions for opioid and OAT prescribing. With these exemptions to the Controlled Drugs and Substances Act, physicians can provide verbal prescriptions for OAT, and pharmacists can extend, renew, or transfer OAT prescriptions. Pharmacy employees can also be authorized by a pharmacist to deliver OAT prescriptions to a person's home or another location, rather than requiring that the dose be witnessed in the pharmacy.¹³

TOPIC	TIPS
<p>Help ensure continuity of care for patients taking opioids for chronic pain or OAT (cont.)</p>	<ul style="list-style-type: none"> • If your pharmacy offers OAT, discuss with your team how to ensure that patients continue to receive the required doses. If you are unable to accommodate, consider transferring the patient’s prescription to a pharmacy that can do so, temporarily.¹⁹ • Check in with patients who take opioids and other medications for chronic pain. Identify when exercising the exemption on the Controlled Drugs and Substances Act should be used to extend prescriptions for those who need to continue with therapy but have not been able to see their physician. • For patients receiving OAT, review eligibility for carries, pick-up, or delivery of doses, and method of observation (i.e., video or in person in pharmacy). Consider ways to reduce contact during in-person observation by taking care with disposal of cups and not requiring signatures for doses taken.¹⁹
<p>Discuss stress reduction strategies.</p>	<ul style="list-style-type: none"> • Some patients may be more susceptible to increased opioid use as a result of stress or isolation during the pandemic. • Offer suggestions for how to cope with stress and loneliness, including using meditation or mindfulness apps; getting enough rest and sleep; daily exercise (walking or indoor activities depending on the patient’s abilities); phone or video communication with family or friends; hobbies; listening to, or creating, music; and other strategies.
<p>Offer a medication review.</p>	<ul style="list-style-type: none"> • For patients taking multiple medications, offer to provide a medication review to update their medication list. If the patient is able to come to the pharmacy, review infection control precautions (i.e., physical distancing, wearing a face covering, use of hand sanitizer). Otherwise, consider using video technology to perform the medication review.

Pain management can be challenging even outside of a pandemic. The added stress and isolation that the COVID-19 crisis has brought has amplified issues related to uncontrolled pain and has created the unfortunate environment for an increase in the number of opioid overdoses and deaths. Pharmacists continue to contribute to public health every day and have a unique opportunity to reach out, support, and educate people with chronic pain to promote better quality of life and safe medication use.

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References

1. Shanthanna H, Cohen SP, Strand N, et al. Recommendation on chronic pain practice during the COVID-19 pandemic. A joint statement by American Society of Regional Anesthesia and Pain Medicine (ASRA) and European Society of Regional Anesthesia and Pain Therapy. (ESRA). March 27, 2020. American Society of Regional Anesthesia and Pain Medicine. <https://www.asra.com/page/2903/recommendations-on-chronic-pain-practice-during-the-covid-19-pandemic>. Accessed July 28, 2020.
2. Government of Canada. Statement from the Chief Public Health Officer of Canada on COVID-19. May 29, 2020. <https://www.canada.ca/en/public-health/news/2020/05/statement-from-the-chief-public-health-officer-of-canada-on-covid-198.html>. Accessed July 28, 2020.
3. Ren K, Dubner R. Interactions between the immune and nervous systems in pain. *Nat Med*. 2010;16(11):1267-76. Doi:10.1038/nm.2234. Epub 2010 Oct 14.
4. Blyth FM. The demography of chronic pain: an overview. In: Croft P, Blyth FM, van der Windt D, editors. *Chronic pain epidemiology: from aetiology to public health*. New York: Oxford University Press, 2010. ISBN 9780199235766.
5. Eccleston C, Blyth F, Dear BF, et al. Managing patients with chronic pain during the COVID-19 outbreak: considerations for the rapid introduction of remotely supported (eHealth) pain management services, *Pain*: May 2020 - Volume 161 - Issue 5 - p. 889-893. Doi:10.1097/j.pain.0000000000001885.
6. Plein ML, Rittner HL. Opioids and the immune system - friend or foe. *Br J Pharmacol*. 2018;173(14):2717-25.
7. Volkow ND. Collision of the COVID-19 and Addiction Epidemics. *Ann Intern Med*. 2020;173(1):61-62. Doi:10.7326/M20-1212. Accessed July 29, 2020.
8. Pergolizzi JV Jr, Varrassi G, Magnusson P, et al. COVID-19 and NSAIDs: A Narrative Review of Knowns and Unknowns [published online ahead of print, 2020 May 24]. *Pain Ther*. 2020;1-6. Doi:10.1007/s40122-020-00173-5.
9. Cohen SP, Baber ZB, Buvanendran A, et al. Pain Management Best Practices from Multispecialty Organizations During the COVID-19 Pandemic and Public Health Crises, *Pain Medicine*, Volume 21, Issue 7, July 2020, Pages 1331-1346. <https://academic.oup.com/painmedicine/article/21/7/1331/5817092>. Accessed August 19, 2020.
10. Sytsma TT, Greenlund LK, Greenlund LS. Joint corticosteroid injection associated with increased influenza risk. *Mayo Clin Proc Innov Qual Outcomes*. 2018;2(2):194-8. Doi: 10.1016/j.mayocpiqo.2018.01.005.
11. Choiniere MD, Dion P, Peng R, et al. The Canadian STOP-PAIN Project-part 1: who are the patients on the waitlists of multidisciplinary pain treatment facilities? *Can J Anesth*. 2010;57:539-48.
12. ISMP Canada. ISMP Canada Safety Bulletin. Volume 20. Issue 6. June 9, 2020. Delivery of opioid agonist treatment during a pandemic. <https://www.ismp-canada.org/download/safetyBulletins/2020/ISMPCSB2020-i6-Opioid-Agonist-Therapy.pdf>. Accessed July 29, 2020.
13. Government of Canada. Subsection 56(1) class exemption for patients, practitioners and pharmacists prescribing and providing controlled substances in Canada during the coronavirus pandemic. April 21, 2020. <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html>. Accessed July 29, 2020.
14. Pain BC. Assessment tools & clinical guidelines. 2020. <https://painbc.ca/health-professionals/assessment-tools>. Accessed July 29, 2020.
15. Government of Canada. Opioid overdose. 2019. <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/overdose.html>. Accessed July 28, 2020.
16. U.S. Food and Drug Administration. FDA recommends health care professionals discuss naloxone with all patients when prescribing opioid pain relievers or medicines to treat opioid use disorder. July 23, 2020. <https://www.fda.gov/media/140360/download>. Accessed July 29, 2020.
17. Public Health Ontario. Focus on COVID-19: Aerosol generation from coughs and sneezes. April 10, 2020. <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/report-covid-19-aerosol-generation-coughs-sneezes.pdf?la=en>. Accessed July 28, 2020.
18. ADAPT Pharma Canada Ltd. Narcan® nasal spray. 2019. <https://www.narcannasalspray.ca/en>. Accessed July 28, 2020.
19. The Centre for Addiction and Mental Health. Early guidance for pharmacists in managing opioid agonist treatment during the COVID-19 pandemic. March 27, 2020. <https://www.camh.ca/-/media/files/camh-covid-19-oat-guidance-for-pharmacists-pdf.pdf?la=en&hash=ECEB406CEB7E973EE4A3B637520AAA974D642B7>. Accessed July 29, 2020.