

Table 2. Nonopioid Medication Options*

Medications	Examples
Anticonvulsant	Gabapentin (Neurontin®)
Nonopioid Analgesic	Acetaminophen (Tylenol®)
NSAID	Naproxen (Aleve®) Ibuprofen (Motrin®)
SNRIs	Duloxetine (Cymbalta®) Venlafaxine (Effexor®)
Topical Agents	Lidocaine (Lidoderm®) Capsaicin (Zostrix®)
Tricyclic Antidepressants	Amitriptyline (Elavil®)

*Table does not reflect all nonopioid medication options

Definitions: NSAID - Nonsteroidal Anti-inflammatory Drug; SNRIs - Serotonin-norepinephrine reuptake inhibitors

OTHER OPTIONS FOR PAIN

- There are non-opioid medications which are preferred as first or second choice over opioids. (Table 2)
- Non-opioid medication therapy such as exercise, behavioral therapy may at times be just as effective for pain

WHAT CAN YOU DO IF YOU ARE PRESCRIBED AN OPIOID?

- Know the **name, dose, and how** you are supposed to take your opioid
- Do not take more than is prescribed
- Do not sell or use another person's prescription
- Store your opioid in a safe and secure place that is not accessible to your family or friends, especially children
- Avoid alcohol, benzodiazepines (Xanax®), muscle relaxants (Flexeril®), hypnotics (Ambien®), other opioids
- Discuss with your physician that opioids can reduce **short-term** pain, but there is not much evidence on them helping with long-term pain

LOCAL RESOURCES

- **Poison Control Center**
1-(800) 222-1222
- **Community Behavioral Health Center**
1-(800) 690-6639
- **Department of Mental Health Services**
1-(916) 322-7445
- **Fresno County Mental Health – Substance Use Disorder Treatment Services**
<http://www.co.fresno.ca.us/DepartmentPage.aspx?id=61936>

References

- Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.
- <http://www.medicaldaily.com/generic-pill-size-and-shape-could-determine-whether-patient-will-adhere-medication-regimen-292958>
- CDC. *Prescription Opioids: What you need to know.* <http://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf>



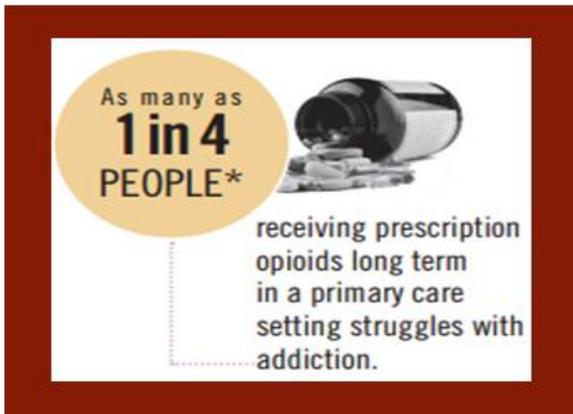
THE OPIOID EPIDEMIC:

How It Affects You



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THE OPIOID EPIDEMIC

An opioid is a type of medication used for moderate to severe pain. Opioids carry serious risks such as addiction. In the United States, opioid sales have quadrupled since 1999. Studies have shown that 1 in 4 people become addicted to opioids when receiving these prescriptions long-term. As well as 40 people die every day from opioid overdose. Common opioids include: Vicodin® (hydrocodone/Tylenol), Norco® (hydrocodone/Tylenol), Morphine, and Oxycontin®.

RISKS OF OPIOID USE

- **Addiction:** Over time, you may develop a reliance (physical or mental) on opioids
- **Dependence:** You may experience withdrawal symptoms when the opioid is stopped
- **Tolerance:** It may take more medication to have pain relief after long term use of opioids

- **Pain sensitivity:** You may be more sensitive to pain after taking opioids
- **Overdose:** Taking too many opioids can have harmful effects (Table 1)

SIDE EFFECTS OF OPIOIDS

- Constipation
- Nausea, vomiting, dizziness
- Confusion and depression
- Low energy and strength
- Itching and sweating
- Physical dependence

HOW CAN YOUR PHYSICIAN HELP?

- Your physician should consider non-opioid medications first. (Table 2)
- Your physician should evaluate the risks for harm from opioid therapy:
 - Family history of drug abuse
 - Anxiety/depression
 - Pregnancy
 - Age 65 years or greater
 - Lung disease
 - Liver dysfunction

- Your physician should discuss the goal of opioid therapy (i.e., pain relief, physical function).
- Your physician should first prescribe immediate release (e.g., oxycodone) opioids instead of extended release opioids (e.g., Oxycontin®).
- Your physician should start with the lowest effective dose then reevaluate and increase the dose based on your pain level.
- Your physician should discuss any side effects and signs of overdose you may experience with opioids (see “Side effects of opioids”)
- Your physician should discuss the need to taper and discontinue opioid therapy if the opioid is harming you.
- Your physician should evaluate your pain and its effect on your daily life:
 - How bad has your pain been? How has your pain interfered with your enjoyment of life? How has your pain interfered with your general activities?

Table 1. Opioid Overdose	
Signs and Symptoms	What to do
<input type="checkbox"/> Being awake, but unable to talk	<input type="checkbox"/> Check to see if the person is breathing
<input type="checkbox"/> Limp body	<input type="checkbox"/> Rub knuckles into their chest to see if they respond
<input type="checkbox"/> Face becomes pale	<input type="checkbox"/> If they respond, check for speech and breathing
<input type="checkbox"/> Breathing becomes slow or stops	<input type="checkbox"/> If they do not respond, have shortness of breath, or have chest tightness, call 911!
<input type="checkbox"/> Heart rate slows down	
<input type="checkbox"/> May have choking with gurgling	
<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Loss of consciousness	