

# Barton keeping focus on pain management

By Warren Withers

Death by drug overdose has tripled from 1990 to 2008. In 2008, according to the Center for Disease Control and Prevention, 36,450 people died from a drug overdose and 75 percent of overdoses were prescription drug related.

Of the prescription drug-related deaths in 2008, the CDC reports 74 percent were opiate prescription drugs.

Opiate pain medications are prevalent and frequently prescribed. They are sold under many names: Vicodin, Norco, and Lortab are brand names for pills that contain hydrocodone, and Percocet and Oxycontin are brands containing oxycodone.

Other common opiate pain medications include morphine, methadone, and Dilaudid.

Between 1999 to 2010, the CDC claims that the quantity of opiate pain medication prescribed in the United States increased fourfold.

The origin of the increase of opiate pain medication prescribing goes back to the 1990s when pain management was considered not aggressive enough. The medical community, along with encouragement from the pharmaceutical industry, recognized this as an issue that needed to be corrected. Consequently, with the rise in availability of prescription opiate pain medications in the last twenty years, data shows that addiction, overdoses, and death related to prescription opiate pain medicine has increased.

Against this backdrop, the physicians and staff in the Barton Memorial Hospital emergency department acknowledge the

strengths and limitations of opiate pain medications. We have comprehensive knowledge and experience with current opiate medications as a pain relieving strategy. Opiates can be quite potent and effective in certain settings. However, as their use broadens, we have seen diminishing returns and a cost, a cost paid in lives.

With this in mind, the Barton emergency team wants to bring a new perspective to the prescribing of opiates. While we strive to alleviate pain, it is our primary obligation to do no harm. We have committed to the following steps toward reducing opiate abuse in our community.

- We will work closely with community physicians to coordinate care of patients with chronic pain.
- We will identify people with chronic pain and direct them to primary care and/or chronic pain specialists.
- We will identify high risk behavior and use that information in our prescribing practice.
- We will do all for the health and safety of our community.
- We believe one day opiates in the management of chronic pain will become far less common. There will be newer, safer, and more effective medications and therapies to relieve chronic pain. This is not wishful thinking, but is the history of modern medicine. We look back, a decade or two, and see medications and therapies that were standard accepted practice, but now appear old-fashioned or even dangerous.

One day, this will be the history of opiates. For now, we will do our best to consider the safety and well-being of our patients and our community as our highest goal.

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