Northern Virginia Family Practice *Personalized Preventive Medicine*

HealthWise

News to enrich your lifestyle

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The Painful New Reality of Opioid Prescriptions

Nothing erodes the quality of life faster than pain and unfortunately more than half of American adults report they live with it on a chronic, recurring basis. That makes it easy to understand why, when seemingly safe, effective opioid drugs became widely available in the 1990s, they were quickly embraced by physicians and patients. Considered one of the most promising developments in pain management in decades, opioids such as oxycodone (OxyContin, for example), hydrocodone (Vicodin) or meperidine (Demerol) had already proved highly effective on a short-term basis to treat acute pain. The mechanisms were clear: opioid molecules travel through the bloodstream into the brain, attach to receptors on the surface of certain brain cells and trigger the release of dopamine in the brain's reward and pleasure center.

However, what was not known was how patients reacted to these medications when taken daily for weeks, months and years to treat chronic conditions ranging from headaches and stubborn lower back pain to neuropathy, fibromyalgia and severe degenerative joint disease. As use of opioids for chronic pain (defined as lasting longer than three months) became widespread, reports of unwanted side effects emerged, along with doubts about long-term efficacy and optimal outcomes. Most alarmingly, the potential for abuse and addiction materialized into a full-blown crisis, evidenced by stark statistics like these:

- Opioid prescriptions increased 7.3% from 2007-2012; by 2013, 1.9 million people were reported to be abusing or dependent on opioids. As many as 25% of people prescribed opioids on a long-term basis struggle with addiction.
- 165,000 Americans died from overdosing on prescription opioids from 1999-2014, climbing from 3 deaths per 100,000 people to 9; the highest rates were seen among 25 to 54-year-old white Americans.

Clearly, sweeping changes were needed, and in response, new recommended guidelines for safer pain management were issued by the Centers for Disease Control (CDC) last spring, and received strong endorsement from well-respected organizations including the American Academy of Pain Medicine and the American College of Physicians (ACP). According to ACP, the recommendations are "reasonable, based on the best available evidence, and find the right balance between educating about the hazards of opioids while recognizing special circumstances where such medications may be an important part of a treatment plan."

The recommendations specify best practices for dosage levels and usage, and raise awareness of the risks posed to all patients by the drugs. **Please note that these are recommendations only and may be altered at the discretion of the physician treating you to fit your unique needs.** These include:

- Non-pharmacologic and non-opioid therapy are preferred for chronic pain. Opioid therapy should be used only if expected benefits for both pain and function are anticipated to outweigh risks. If opioids are used, they should be combined with non-pharmacologic and non-opioid pharmacologic therapy, as appropriate.
- Physicians should establish treatment goals with their patients before starting opioid therapy, including realistic and clinically meaningful goals for pain and function, and an 'exit strategy' should the therapy need to be discontinued.
- Use immediate-release opioids instead of extended-release/long-acting opioids.
- Use the lowest effective dosage, and carefully reassess individual risks and benefits when increasing dosage to ≥50 morphine milligram equivalents per day.

- Prescribe immediate-release opioids for acute pain in no greater quantity than needed for the expected duration of pain - three days or less will often be sufficient, more than seven days will rarely be needed.
- A frank physician-patient discussion regarding the risks and benefits of opioids should take place before starting therapy. An evaluation of benefits and harms should be scheduled within one to four weeks of starting opioid therapy, and repeated at least every three months. If benefits do not outweigh harms of continued therapy, physicians should explore alternatives (see sidebar) with patients and work with them to gradually taper off to lower doses and ultimately discontinue use.

Haven't Got Time for the Pain

Alternatives to opioids include over-the-counter medications and more holistic care approaches which can greatly ease chronic pain. Among them are:

- Medicines like acetaminophen (Tylenol®) or ibuprofen (Advil®)
- Muscle relaxers
- Antidepressant medicines
- Pain relief creams
- Physical therapy
- Exercise
- Relaxation techniques
- Meditation
- Acupuncture
- Yoga
- Massage
- Stress management - stress can make your pain worse
- Adequate rest and plenty of sleep
- Positive thinking - focus on how you are getting better
- A hobby or pastime that you can do comfortably
- A support group, either in person or online
- Cognitive behavior therapy - a therapist can help you to learn coping skills
- Keep a pain journal - track how your pain feels after certain treatments or activities to avoid those that make it worse

If you are currently on opioid therapy, you may want to talk to your doctor and express your willingness to explore other ways to recover from and manage your pain.

Source: AFP

From the desk of Northern Virginia Family Practice

Dear Patient:

Every day it seems as if a new medical trial or breakthrough is in the news, and it can often be a challenge for patients to determine what is accurate and meaningful. In this edition of *HealthWise*, we have focused on new guidelines for pain medication and sodium consumption that may be significant for you or someone you know. While these recommendations reflect the most respected current thinking, please know that in our practice, we will always work together to ensure the best plan for your individualized care.

This edition also features a story on a very inspirational Northern Virginia patient and we remember and honor Sandra Ferretti.

Wishing you good health,

Northern Virginia Family Practice

Did you know?

■ 259 million

Number of opioid prescriptions written in 2012, enough for every adult in the US to have a bottle of pills

■ 20%

Percentage of patients with non-cancer pain symptoms who receive an opioid prescription

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Inspiration From One of Our Patients:

by Natasha Beauvais, MD

People come to the doctor every day for advice and direction. What patients don't always realize is just how often our patients inspire and touch their doctors. Nearly every day I am moved by your stories and resilience. From the everyday influence to the profound life-altering changes, I carry these stories home. Mrs. Mary Clifford, age 90, has daily habits which have preserved lifelong mobility.

I had been seeing Mrs. Clifford for at least six years before her daughter surprised me with a photo of her Mom riding a tricycle. I had not realized that Mrs. Clifford was a bike rider. "I have ridden a bike either indoors or outdoors nearly every day for 45 years," she told me in a recent visit. "I was having anxiety in my 40s and my doctor told me to get outside and exercise." While wonderful to imagine exercising into one's 90s, Mrs. Clifford's story is even more notable because she has lived for nearly 50 years with rheumatoid arthritis. "That's another thing," she explained to me, "if you've got arthritis, don't sit still! EXERCISE!"

Mrs. Clifford has taken some advice from 40 years ago and made it part of her everyday life. "I ride my tricycle about 2-3 miles a day. It is possible! It makes me feel a whole lot better to be out in the fresh air, saying 'Hello' to everyone that I meet on the bike trail." She switched to a tricycle about 6 years ago. "I rented a trike on Sanibel Island 5 or 6 years ago. I had been riding an exercycle in my house, and then as soon as they built the bike trail across from my condo, I bought a trike."

Mrs. Clifford, a maritime historian, is currently working on a book about the history of lighthouses during the Civil War. Her daughter is also a historian, an author, and a librarian who sleuths out information to help her Mom. They often write together. Mary takes notes on archived materials using voice recognition software. Typing is not possible due to arthritis which has reshaped her hands. After collecting reams of notes, she will begin writing the stories she has discovered. She predicts that her current project will take her about two years.

I have taken a copy of her most recent book, *Women Who Kept the Lights, an Illustrated History of Female Lighthouse Keepers,* to my favorite beach in Maine, where I check out lighthouses while biking on the coast. But mostly I think of Mrs. Clifford when I get out of my routine and start driving to work too much. Thank you, Mrs. Clifford, for inspiring me to keep moving!

In Memory of Sandra Ferretti:

As many of you may know, we lost a beloved member of the Northern Virginia Family Practice family with the passing of Sandra Ferretti on June 17th, 2016. Our patients benefited from her warmth and compassion during her seven years as Dr. Cornwell's receptionist. She was completely devoted to her husband Pete, daughter Catherine, son Peter, and her four grandchildren, Sara, Tyler, Sophia, and Bella. Whatever interests she pursued, she did it with gusto. Sandra was a fabulous cook, voracious reader, and master of crossword puzzles. We will miss her humor, generosity, and common sense. We are all richer for having known her and fortunate to have called her our friend.

Nutrition Corner

Salt Shake Down: Sodium Reduction is on the Table

Turkey sandwiches…soups…deli meats. Are these the building blocks of a healthy meal or stealthy contributors of excess sodium? Both, according to experts, but improved versions are in the works, thanks to June 2016 Food and Drug Administration (FDA) recommended guidelines and commitments from food manufacturers and restaurant operators to shake down the salt.

Implicated in a litany of ills from increased risk of heart disease and stroke to higher blood pressure, sodium is one of today's major targets for elimination in the quest for a healthy diet. According to the Institute of Medicine, reducing sodium intake to 2,300 mg daily can significantly reduce blood pressure, ultimately preventing hundreds of thousands of premature illnesses and deaths. Currently, Americans consume on average, about 3,400 mg a day (a teaspoon and a half), most of it involuntarily.

"While a majority of Americans reports watching or trying to reduce added salt in their diets, the deck has been stacked against them," the FDA stated. "The majority of sodium intake comes from processed and prepared foods, not the saltshaker."

The guidelines set targets for reducing sodium over the next decade in the majority of processed and prepared foods, including pizza, deli meats, canned soup, snacks, breads and rolls. Already Nestle has reduced the salt in its pizzas, General Mills reduced sodium in more than 350 products, and Mars Food, Unilever and PepsiCo have pledged to follow suit.

Experts at the Harvard School of Public Health and the American Heart Association urge even further downward pressure on sodium in the diet, recommending a limit of 1,500 mg per day. Dr. Frank Sacks, the Principal Investigator in the groundbreaking Dietary Approaches to Stop Hypertension (DASH) Sodium-Trial, concurs, saying the effect of sodium intake on blood pressure is strong and causal, and called the new guidelines "a tremendous step forward to lower heart attacks and strokes in the US."

Start shrinking the sodium in your diet with these simple, tasty strategies:

- Plant-based foods such as carrots, spinach, apples, and peaches, are naturally salt-free.
- Add sun-dried tomatoes, dried mushrooms, cranberries, cherries, and other dried fruits to salads and foods for bursts of flavor.
- Enhance soups with a splash of lemon and other citrus fruits, or wine; use as a marinade for chicken and other meats.
- Avoid onion or garlic salt; instead use fresh garlic and onion, or onion and garlic powder.
- Try vinegars (white and red wine, rice wine, balsamic). Maximize flavor by adding at the end of cooking time.

Did You Know?

2 ounces
Serving of turkey that can contain half of daily sodium allowance

100-940 mg
Sodium in one cup of canned soup

- For heat and spice, try dry mustard, fresh chopped hot peppers and paprika.

On vegetables:

- **Carrots** – Cinnamon, cloves, dill, ginger, marjoram, nutmeg, rosemary, sage
- **Corn** – Cumin, curry powder, paprika, parsley
- **Green beans** – Dill, lemon juice, marjoram, oregano, tarragon, thyme
- **Tomatoes** – Basil, bay leaf, dill, onion, oregano, parsley, pepper

On meats:

- **Fish** – Curry powder, dill, dry mustard, lemon juice, lemongrass, paprika, pepper, saffron
- **Chicken** – Poultry seasoning, rosemary, sage, tamarind, tarragon, thyme
- **Pork** – Cilantro, garlic, onion, sage, pepper, oregano
- **Beef** – Marjoram, nutmeg, paprika, sage, thyme

Sources: National Heart, Lung and Blood Institute, Flavor That Food, American Heart Association, Centers for Disease Control

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