

**D**r. Catherine Duncan, of Atlantic Spine and Pain in Apex, has been responsibly helping her clients manage and overcome pain for over 20 years.

An osteopathic physician, she is double board-certified in Physical Medicine and Rehabilitation, as well as Pain Medicine. With this background, she offers a comprehensive approach in treating acute and chronic pain, with the twin goals of helping her patients to effectively manage their pain, and to heal.

Now, the Centers for Disease Control has published new medication guidelines that, in effect, endorse the approach Dr. Duncan has employed in all of her years as a pain specialist. Failure to follow these guidelines could have consequences in legal proceedings, she notes, “and most importantly, the guidelines do indeed represent best practices in relieving pain.”

#### PAIN: THE 5TH VITAL SIGN

“The CDC has gotten involved in this issue because of the epidemic of opioid prescriptions and resultant deaths associated with them,” Dr. Duncan explains. “The opioid crisis started when, 15 or 20 years ago, it was decided that doctors were being too stingy with medications, and that pain should be considered as a fifth vital sign. There was a push to be more responsive to patients in acute pain, and to support a patient’s ‘right’ to be pain-free.

“The outcome of this shift in attitude led to a culture of over-prescribing opioids, too often resulting in chronic addiction and an increase use of illicit drugs. There’s a good deal of pressure on physicians to see a large volume of patients,” Dr. Duncan notes, “and the quickest, easiest thing to do when someone says they are in pain is to evaluate that ‘5th vital sign’—a completely subjective measure, and to give them a prescription. It’s the easiest thing to do and it’s a very slippery slope. One of the biggest problems has been an increase in the use of street drugs—and

## CDC Offers New Guidelines In Prescribing Pain Medications

that is why the CDC has now come out with some reasonable guidelines prescribers can use to try and gain control of this problem.”

#### NEW CDC GUIDELINES

Many of the new guidelines focus on patient education, including fully exploring and understanding the risks of specific medications and of long-term opioid use. The guidelines further state that prescribers should prescribe the lowest effective doses, prescribe immediate-release opioids instead of extended-release/long acting medications, establish treatment goals (a collaborative plan for treatment made between prescriber and patient) including realistic goals for pain and functional outcome, and discontinuing opioid use if the benefits do not outweigh the risks.

“The basic guideline now is not to give more than three days’ worth of opiates,” Dr. Duncan says. “If I can demonstrate that

**“One of the biggest problems has been an increase in the use of street drugs.”**



**Back pain is not only common, it can be debilitating and require the attention of an expert such as Dr. Duncan to provide relief.**

#### RELIEVING PAIN

**D**r. Duncan offers many approaches to help patients overcome pain, including:

- **Radiofrequency Ablation:** An electrical current produced by a radio wave to heat up a small area of nerve tissue, thereby decreasing pain signals from that specific area.
- **Botox injections** for the treatment and prevention of migraine headaches.
- **Electromyography (EMG),** to measure muscle response or electrical activity in response to a nerve’s stimulation of the muscle. The test is used to help detect neuromuscular abnormalities.
- **Epidural Steroid Injections (ESIs),** a common method of treating inflammation associated with low back related leg pain, or neck related arm pain.
- **FACET Joint Injections** of a steroid medication to reduce inflammation in the small joints at each segment of the spine that provide stability and help guide motion.

- **Spinal Cord Stimulation,** applying an electrical current to the source of chronic pain. This creates a pleasant sensation that blocks the brain’s ability to sense the previously perceived pain.
- **Viscosupplementation:** an injection of hyaluronic acid into the knee and into the synovial fluid for the treatment of knee osteoarthritis—to increase lubrication in the joint, making joint movement much easier.
- **Prolotherapy:** an injection technique that stimulates growth of cells and tissue that stabilize and strengthen weakened joints, cartilage, ligaments and tendons.
- **A sacroiliac (SI) joint injection—** also called a sacroiliac joint block—primarily used to diagnose or treat low back pain and/or sciatica symptoms associated with sacroiliac joint dysfunction.

the patient has improved function and the medications are beneficial in three days, then I can continue with a moderate prescription to help manage pain in that way. If not, then simply continually increasing the dosage is no longer acceptable. It’s truly a dangerous practice.”

Dangerous though it may be, Dr. Duncan says many of the patients who come to her have been put on unreasonably high doses of medications that threaten the patient’s safety and well-being. “The guidelines now state the target maximum dose should be equal to 90 milligram morphine equivalents. I’ve had patients come to me that were on a dose well over 300 MME! This usually happens because opioid tolerance increases the longer you take opiates, so prescribers just continue to increase the dose. But you have to remember that the risk increases every time the dose increases, regardless of how effectively it’s managing the pain.”

#### PROTECT THE PATIENT

“It’s important to understand that these new guidelines have been put in place to protect the patient,” says Dr. Duncan. “There is a good deal of risk involved in chronic opioid use, in using increasingly strong doses as tolerance to the medication goes up, and to mixing prescription drugs such as Xanax and Percocet, which is something I see happening all the time.”

Dr. Duncan notes that “the new guidelines say that we as prescribers need to educate the patient about the risks of the medication. We need to monitor them by doing random urine drug screens, check the North Carolina Controlled Substance Reporting System to make sure they aren’t getting multiple prescriptions from multiple providers, and do background checks to ensure there’s not a criminal history of drug distribution.”

Dr. Duncan has followed these safe practices throughout her career, and now, she says, increasingly safe practices are mandatory for all prescribers. “The thing is,” she points out, “the good, well-trained, ethical pain management specialists have been following these practices all along. The one major change I’ve made in my own practice as a result of these new guidelines is educating my patients about their existence. All patients who are given an opioid prescription must sign a contract agreeing that they will use only one prescriber and one pharmacy. There will be no changes made to their prescriptions without an office visit, and they will take their medication only as prescribed.”

Importantly, the guidelines not only spell out what prescribers *should not* be doing, but what they *should* be doing as well. “The new guidelines emphasize use of alternatives to opioid medications,” an approach Dr. Duncan has employed in her practice for several decades. “Those alternatives may include injections, physical therapy, exercise, weight loss, smoking cessation, stress management, behavioral therapies—all interventions that may be considered over-the-counter treatments and which can be really very effective in the management of chronic pain depending on the source of the pain.

“Other OTC medications can also be quite useful and should be considered,” she continues, “such as Tylenol and non-steroidal, anti-inflammatory medications (such as Aleve and Motrin). There are also prescription muscle relaxers and several medications that are very good for neuropathic pain such as gabapentin (Neurontin) and some anti-depressants such as duloxetine (Cymbalta). All of these are alternative options to long-term opioid use that should be explored with each patient, and the new guidelines really spell that out.”

**For more information, contact:  
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