

Volume 3 No 1

January 2009

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“I guess I’m addicted, but . . .”

There are plenty of ways this theme is brought up. “I’m so afraid I’ll get hooked.” “Isn’t that the drug all those teenagers got addicted to?” “Wait a minute, I thought that’s what addicts take!” “Oh, no. I’m not going to take that. I’ve heard about people getting in trouble with it.” “I guess I’m addicted, but when I try to cut back the pain comes back.”

Patients, health care workers, the media, and the general public often confuse the appropriate medical use of opioids with the problematic use that leads to substance abuse and addictive illness. One problem is terminology. As discussed in [last month’s](#) *YaleCares*, the words we use are important. The following definitions come from a [consensus statement](#) developed by three major professional organizations, the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine:

- **Addiction** is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors . . . It is characterized by behaviors that include . . . impaired control over drug use, compulsive use, continued use despite harm, and craving.
- **Physical dependence** is a state of adaptation that is manifested by a . . . withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.
- **Tolerance** is a state of adaptation in which exposure to a drug induces changes that result

in a diminution of one or more of the drug’s effects over time.

Dependence is an expected pharmacodynamic effect of use of opioids for a week or more. When no longer needed, they should be gradually reduced to avoid an uncomfortable withdrawal syndrome. Tolerance is more complex and cannot be predicted in a given patient. Other causes should be ruled out before deciding that tolerance is responsible for increased pain after a period of stable dosing of opioid analgesics.

Another problem is the failure to recognize that opioids are important medicines that often are the most appropriate treatment for moderate to severe pain, and should not be considered a ‘last resort’ option. As with any medicine, the patient should be evaluated frequently to see if the treatment goals are being reached and whether problematic side effects are adequately managed. Although addiction is relatively rare and cannot legitimately be said to be “caused” by pain treatment, it is prudent, given public health concerns about improper use, to screen and monitor for potential misuse and abuse. The references on the last page of this issue may assist the clinician in this regard.

In the News

- [Diet tied to survival in breast cancer patients.](#)
- Never too late: January was [Cervical Health Awareness Month](#), declared by the National Cervical Cancer Coalition to draw attention to the need for both Pap smears and HPV vaccination.
- Hospice & Palliative Nurses Association (HPNA) has recognized a provisional group organizing a HPNA Connecticut chapter. Contact Susan Cooke at suecooke [@] gmail.com.

- The Oncology Nursing Society ([ONS](#)) has announced the launch of a [cancer survivorship initiative](#).
- **Yale Cancer Center Annual Cancer Survivors Day** will be Wednesday June 3 on the West Campus. Stay tuned for details.
- **Cancer pain study seeking Spanish-speaking participants.** This NIH-funded study will test a Web-based program designed to help Spanish-speaking people cope better with cancer pain. Info: Rita Reznikova 800-848-3895 x 278 - Para español ext 213. reznikova [at] inflexxion [dot] com.
- **Deadline extended for Connecticut End-of-Life Education Needs Survey.** The Connecticut Comprehensive Cancer Control Program has awarded a grant to conduct a [state-wide survey](#) of the professional educational needs of clinicians across all settings throughout the state. ***Please complete the survey & forward the link to clinicians who care for patients at the end of life.***
- Registration is open for the 2009 [Connecticut Challenge](#) bicycle ride on Saturday July 25. This 5th annual ride will raise money for cancer education, research, and survivor care at Yale Cancer Center, the HEROS pediatric survivorship clinic at Yale-New Haven Hospital and other survivorship programs in Connecticut.
- Back AL, et al. Communication about cancer near the end of life. *Cancer*. 2008 Oct 1;113(7 Suppl):1897-910.
- Dietrich J, et al. [Clinical patterns and biological correlates of cognitive dysfunction associated with cancer therapy](#). *Oncologist*. 2008;13(12):1285-95 (Free full text; CME available)
- Walton A, Broadbent AL. Radiation-induced second cancers. *Journal of Palliative Medicine*. 2008;11(10):1345-52.
- Chung HM, et al. Palliative care in BMT. *Bone Marrow Transplantation*. 2009 Jan 19. [Epub ahead of print]

Online Resources

- [Patient/Family Teaching Sheets](#) on symptom management and care issues, most in Spanish & English, are available on the HPNA web site.
- [Winter issue](#) of *CR Magazine* (for patients, [AACR](#))
- [Surviving & Thriving](#)—series of 6 podcasts for survivors from [AACR](#) and [Wellness Community](#).
- [Primary Anorexia-Cachexia syndrome in cancer patients](#). [HemOncToday](#).

Continuing Education

Yale

- Yale Bioethics Center's End of Life Issues Study Group monthly presentations. 5:30pm, 77 Prospect Street, Rm B012. CME
 - Feb 3 *Translating Hope Theories into Clinical Palliative Care Practice* Todd Cote
 - Feb 17 *Practical and ethical challenges in the Iranian model of regulated and compensated kidney donation*. Asghar Rastegar, MD & Peggy Bia, MD
- Mar 2, 8:45am – 5:00pm. [Creating an Outstanding Cancer Survivorship Program](#). Yale Cancer Center's 3rd Annual Cancer Survivorship Program. Anlyan Center. (CME, CNE, SWCEC). 203-785-6595; hilarie[dot]carrieri[at]yale[dot]edu
- Proceedings of the 2rd Annual Cancer Survivorship Conference at Yale, March 2008. 10 hours of presentations on **free CD set**. \$50 for 10 CME. Contact: hilarie[dot]carrieri[at]yale[dot]edu.

Connecticut

- Apr 3, 8:00am – 4:30pm. *Advances in End of Life Care*, 6th Annual Conference of [Connecticut Coalition to Improve End-of-Life Care](#). Cromwell. CME, CNE, CSWE.
- Basic Oncology Core Course Mar 6, 13, 20, 27, Apr 3. St. Raphael's. 203-789-3391. (CNE)

Journal Watch

- Kwan ML, et al. Dietary Patterns and Breast Cancer Recurrence and Survival Among Women With Early-Stage Breast Cancer. *Journal of Clinical Oncology*. 2008 [Epub ahead of print]
- Gold EB, et al. Dietary Pattern Influences Breast Cancer Prognosis in Women Without Hot Flashes: The Women's Healthy Eating and Living Trial. *Journal of Clinical Oncology*. 2008 [Epub ahead of print]
- Byock, I. Palliative Care and Oncology: Growing Better Together. *Journal of Clinical Oncology*. 2008 [Epub ahead of print]
- Gosney M. General Care of the Older Cancer Patient. *Clinical Oncology*. 2008 Dec 5. [Epub ahead of print]
- Wismer WV. Assessing alterations in taste and their impact on cancer care. *Current Opinion in Supportive & Palliative Care*. 2008 Dec;2(4):282-7.
- Heaney ML, et al. Vitamin C antagonizes the cytotoxic effects of antineoplastic drugs. *Cancer Research*. 2008 Oct 1;68(19):8031-8.
- Albanes D. Vitamin Supplements and Cancer Prevention: Where Do Randomized Controlled Trials Stand? *Journal of the National Cancer Institute* 2009;101(1):2-4.

References

Addiction in Pain Management

[Definitions Related to the Use of Opioids for the Treatment of Pain](#)

[The Intersection of Pain Management and Addictive Illness](#)

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- Ballantyne JC. Opioid misuse in oncology pain patients. *Current Pain and Headache Reports*. 2007 Aug;11(4):276-82.
- Bruckenthal P. Controlled substances: principles of safe prescribing. *Nurse Practitioner*. 2007 May;32(5):7-11.
- Burton AW, et al. Chronic pain in the cancer survivor: a new frontier. *Pain Medicine*. 2007 Mar;8(2):189-98.
- Butler SF, et al. Development and validation of the Current Opioid Misuse Measure. *Pain* 2007 July;130(1-2):144-156.
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- Passik SD, et al. (2007) Substance abuse issues in palliative care. In Berger A. et al, Eds. *Principles and Practice of Palliative Care and Supportive Oncology*. 3rd Ed. Philadelphia: Lippincott Williams & Wilkins. pp 457-466
- Passik SD, Theobald DE. Managing addiction in advanced cancer patients: why bother? *Journal of Pain & Symptom Management*. 2000 Mar;19(3):229-34.
- Savage SR, Joranson DE, Covington EC, Schnoll SH, Heit HA, Gilson AM. Definitions related to the medical use of opioids: evolution towards universal agreement. *Journal of Pain & Symptom Management*. 2003 Jul;26(1):655-67.
- Webster LR, Dove B. (2007) [Avoiding Opioid Abuse While Managing Pain: A Guide for Practitioners](#). North Branch, MN: [Sunrise River Press](#).