Adolescent Pain

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Disclosures

- Nothing to report
Objectives

• List 3 emerging barriers to the treatment of pain in children and adolescents

• Identify a factor that could increase the risk of an adolescent misusing prescription opioids.

• Describe three interventions in managing pain in adolescents other than opiates
Complexity

• Family beliefs that opiates are the best treatment for both acute and chronic pain
• Different treatment recommendations for pain depending on setting, specialty, and provider in regards to use of opiates.
• Medication seen as first line for most disorders
• Increased opioid misuse, diversion, and accidental overdose deaths
Barriers

Family
Drug Culture
Opiates: too little ... too much
FAMILY

Adolescents have 2 fold risk of developing their own pain syndrome if there is a family history of pain
Family

• Social Learning
  • Observation
    • Adolescents accurately describe their parents pain
• Parental responses to adolescent’s pain
  • Catastrophizing vs minimalizing
• Family’s perception, meaning and fear of pain
Ongoing Family Factors

• Excessive parental anxiety and depression
• Preoccupation with health concerns
• Stressful family life events
• Patterns of family interaction
Drug Culture
AMERICA’S PRESCRIPTION DRUG USE

70% of Americans are taking one prescription drug.

20% of Americans are taking five or more prescription drugs.

SOURCE: MAYO CLINIC STUDY
Too little ….Too much

Opiates
TOO Little...

• Infants do no experience pain and children do not experience pain the same degree as adults
• Limited FDA approved opiate medication under age of 18
• Risks of harm
  • Respiratory depression
  • CV failure
  • Set up for future substance use
Too much

• Increased rates of
  • Adolescent opiate use
  • Non-accidental overdose
  • Transition from opiates to heroin
  • Development of Opioid use disorder

• Research not supporting use of opiates as first line for some episode of acute and or chronic pain
  • Therefore, guidelines are moving away from recommending opiates
  • Regulations with restrictions are being mandated by some states
Risk Factors
Individual Risk Factors

- Family history of substance use
- Personal history of substance use
- Psychiatric history of depression or anxiety
- History of physical or sexual abuse
- Peer Use
- Psychosocial stressors
- Young Age
- Sports injuries
- Past prescription of opiates
Increase availability of opiates
Primary reason for visits during which an opioid was prescribed to adolescents and young adults from 2005 to 2007 in the NAMCS and the NHAMCS.
Percentage of visits during which controlled medications were prescribed to adolescents

Robert J. Fortuna et al. Pediatrics 2010;126:1108-1116
Teens report easiest ways they receive pills

- From a friend or relative: 67.4%
- Purchased from a friend or relative: 9%
- Taken from a friend or relative: 19.1%
- Physician prescribed: 9%
Beliefs

• Adolescents think opiates are not as harmful as other illegal drugs

• Believe that if previously given to them by their physicians therefore “it is ok to use for treatment of other pain”

• Parental beliefs that the cause of the adolescent's pain was "medical only"
Chronic Pain

- Impacts mood, anxiety, school attendance
- Rates from 15 to 30% for adolescents impacted by pain
- Most common types
  - Headache
  - Juvenile idiopathic arthritis
  - Recurrent abdominal pain
  - Musculoskeletal pain
Treatment

• CBT based family therapy to help parents identify strategies to implement behavior changes at home
  • Functional Analysis of both child’s behavior and family interactions
  • Identify and challenge maladaptive attributions
  • Present a social learning explanation for pain
  • Active skills training
Treatment

• Internet based CBT
  • Psychoeducation
    • Educate patients about the risks of misuse and ways to safely use, store and dispose of prescription opioid medications.
  • Mindfulness
  • Distress tolerance skills
  • Relaxation techniques
Nursing Treatment Plan
Focus on increased Quality of Life
Sharon Wrona, MS, RN-BC, PNP

• School for one hour a day
  • On-line, tutor, assignments
• Return to school date
• Out-of-home family activity one time per week
• Patient will participate in PT and home physical exercises
In Summary
Studies Show

• Four out of five Adolescents prescribed opioids in the past year took them appropriately

• Nonmedical use of their own prescribed medication
  • 20 to 30% used too much, to “get high” or to increase other drug or alcohol effects
  • 69% to 76% used for pain relief
18 y/o

- Sports related hip injury with chronic pain presents for evaluation and request for tx with buprenorphine
- Fhx in both parents
  - misuse of Rx opiates
  - suspicion of sharing Rx between his parents
  - Father has hx of failed Suboxone tx and now on methadone
  - Firm fixed belief that he did not have substance use disorder