

2018 INTERNATIONAL CONFERENCE ON OPIOIDS

Posters Presented June 10–12, 2018

DOI: 10.5055/jom.2018.0444

Poster #1

Associations of Single-Nucleotide Polymorphisms, Buprenorphine vs Methadone Maintenance Therapy, and Other Factors with Clinical Outcomes of Neonatal Abstinence Syndrome (SNP-NAS)

John Standridge, MD, DFASAM; Jordan Kim, MD

Associations affecting the clinical outcomes of Neonatal Abstinence Syndrome (NAS) were examined to establish best practices methodology to proactively alleviate NAS severity. Based on these new and those historic associations referenced, a binomial theorem can be offered as a NAS Risk Index worthy of future study.

Poster #2

Academic Detailing Service to Support Appropriate Opioid Prescribing for Chronic Pain Patients

Victoria Burton, BMOS; Lena Salach, MA; Lindsay Bevan, BA; Katie Hagel, MSc; Claire Stapon, BSc

An academic detailing service has been implemented to support family physicians care for their patients living with chronic non-cancer pain on opioid therapy. This support is provided through one-on-one discussions with a clinical pharmacist regarding objective, balanced, evidence-based information, tailored and delivered in each physician's practice setting.

Poster #3

Risk Factors for Prescription Opioid Overdose: Is it All Substance Use Disorder?

Jacqueline Cleary, PharmD; Heather Thomson, MS; Jeffrey Gudin, MD; Barbara Zedler, MD; Andrew Joyce, PhD

This post-hoc retrospective database analysis looked for evidence of potential effect modification of a diagnosis of SUD on other risk factors for opioid overdose to suggest that factors other than the known or potential abuse of opioid medications may be clinically relevant.

Poster #4

Impact of Opioid Dose Limits on Patients with Chronic Pain

Michael DeGeorge, PharmD; Christy Thompson, PhD; Michael Shrum; Steven Passik, PhD

Federal guidelines and payors have released policies forcing reduction in daily morphine milligram equivalent (MME) dosing for patients with chronic pain that may be adversely affecting patients. The purpose of this study was to assess the impact on reduction of MME dosing on patients.

Poster #6

A Majority of Long-term Pain Patients Terminate Buprenorphine Patch Treatment Within Three Years of Use: The Role of Allergy and Skin Reactions

Lenka Katila MD; Annica Rhodin, MD, PhD; Torsten Gordh, MD, PhD

Retrospective cross-sectional quality control investigation of buprenorphine patch treatment for long-term pain patients.

Poster #7

The Effect of Food on the Pharmacokinetic Characteristics of Morphine ARER (MorphaBond™ ER), an Abuse-deterrent Formulation of Extended-Release Morphine

Eric R. Kinzler, PhD; Carmela Pantaleon; Matthew Iverson, MPH; Stefan Aigner, MD
Morphine ARER (MorphaBond ER, Daiichi Sankyo, Inc.) is an abuse-deterrent, extended-release (ER) opioid formulation with physicochemical properties that make manipulation difficult and maintains ER characteristics if manipulated and insufflated. This study demonstrates that Morphine ARER can be administered without regard to food.

Poster #8

Abuse-deterrent Morphine ARER (MorphaBond™ ER) Tablets Do Not Swell or Become Sticky to Hinder Oral Administration

Eric R. Kinzler, PhD; Carmela Pantaleon; Stefan Aigner, MD

Morphine ARER (MorphaBond ER, Daiichi Sankyo, Inc.) is an abuse-deterrent, extended-release (ER) opioid formulation with physicochemical properties that make manipulation difficult and results in maintenance of ER characteristics if manipulated and insufflated. This in vitro study demonstrates that Morphine ARER is not expected to swell/become sticky/hinder oral administration when wet.

Poster #9

Pharmacist Driven Naloxone Distribution in a Federally Qualified Health Center Through Risk Index

Verina Mansour, PharmD (cand.); Caitlin Chauhan, PharmD (cand.); Larissa Clark, PharmD (cand.); Jacqueline H. Cleary, PharmD, BCACP

The purpose of this study is to demonstrate the value of a clinical pharmacy team facilitating identification, dispensing, and education of in-home naloxone for chronic opioid patients in a primary care setting.

Poster #10

Acute Hyperglycemia Secondary to Opioid Overdose

Imran Unal, MD; Rachana Mundada, MD; Hooria Manzoor, MD;

Richard Plotzker, MD

This is a retrospective clinical study looking at abnormally elevated glucose levels in a patient with acute opioid intoxication. It was conducted in 2 Community-based Hospitals in Southwest Philadelphia, Pennsylvania.

Poster #11

Extended-Release/Long-Acting and Immediate-Release/Short-Acting Opioids Dispensed Among Patients in HealthCore Integrated Research Database, 2013-2017

Geetanjoli Banerjee, PhD, MPH; Daniel Beachler, PhD; Stephan Lanes, PhD
Characterizing rates of prescribing immediate-release/short acting (IR/SA) and extended-release/long-acting (ER-LA) opioids can help us evaluate whether efforts to reduce inappropriate prescribing, while also maintaining patient access to pain medications, are successful. We saw a decrease in rates of IR/SA and ER/LA prescribing between 2013 and 2017 among commercial insured patients.

Poster #12

Predicting OUD: Leveraging Artificial Intelligence to Prevent Future Harm and Costs

Joseph Boschert, MBA; Dustin Verzal, BS

A large national claims database was used to build a machine learning algorithm that predicts the likelihood of an individual getting an OUD diagnosis in the next 90 days. Results can be used to inform future prescribing patterns and clinical treatment modalities.

Poster #13

A Phenomenological Study of the Early-Life Experiences and Interpersonal Relationships Among Individuals with Childhood Trauma and Opioid Use Disorders

Eric Collins, BHSc, MSc, PhD (c)

This is a qualitative study, which seeks to investigate the early life experiences of individuals with opioid use disorders. This study attempts to fill an important gap in the literature, and to help inform researchers, educators, primary care providers, intervention and prevention strategies, drug treatment centers, and health policy makers.

Poster #14

Do No Harm: A Symposium Series for Safer Prescribing

Angela Conover

The Do No Harm symposium series launched in New Jersey in 2013 to educate prescribers on the need for safer prescribing of opioids. The initiative is a collaboration between the Partnership for a Drug-Free, Drug Enforcement Administration -NJ Division, and HIDTA NY NJ.

Poster #15

Prevent Opioid Abuse: Patient Notification

Angela Conover; Elaine Pozycki

Prevent Opioid Abuse, a national organization working to educate patients and parents about the risks of opioid-based painkillers and the availability of non-opioid alternatives at the time of opioid prescribing by the prescriber.

Poster #16

Patient Satisfaction with Chronic Pain Management in a Pharmacist-Physician Collaborative Care Model Within Primary Care

Michele Matthews, PharmD, CPE, BCACP, FASHP;

Alex Gianfrancesco, PharmD Candidate; Adina Petrosan, PharmD Candidate
Alev Atalay, MD

The opioid epidemic across the country and Massachusetts laws restricting the prescribing of opioids are causing uncertainty about the role of opioids for chronic pain management. Previous studies only examine the treatment efficacy between opioid and non-opioid therapy, without looking at patient satisfaction. Pharmacist-physician collaboration can optimize pain management and minimize risks of treatment.

Poster #17

An Innovative Nationwide Digital Platform (RebuILD) to Monitor the Utilization, Long-Term Effectiveness and Safety Profile of Tapentadol in a Real Life Setting in Belgium

Guy Hans, MD, PhD; Davina Wildemeersch, MD; Joris Wille; Dries Oeyen

Since May 2018 the drug tapentadol has become available and reimbursed in Belgium. Considering the recent revelations concerning the increasing use of opioids it was decided that the introduction of this new analgesic drug would be closely monitored through an online platform. This nationwide digital database shall be completed both by the prescribing physician as well as the patients. As such, important data will be gathered concerning the indication for initiation of tapentadol treatment, its effectiveness in the different pain syndromes and long-term safety profile. Patients will be followed-up during at least three years.

Poster #33

Toxicology Matrices in Pain Management and Medically Assisted Treatment of Addiction: New Technology Addresses Diversion and Toxic Levels

M. P. George, MS; Daniel Schwarz, MD

Opiates/opioids are still required medications for pain and addiction medicine. The blood test is the best tool to predict whether patients are diverting. Unintentional overdose of opiates/opioids are at an epidemic level. Monitoring the blood concentrations of these drugs using a highly sensitive method would greatly help reduce overdose. Also, the blood concentrations of opiates/opioids are highly useful before escalating their dose. The capillary blood collection is simple, does not require a licensed phlebotomist and it's a directly observed collection. The costs are same as the UDT.

Poster #34

Effect on Key Respiratory Measures of Intravenous CR845: A Peripherally-restricted, Selective Kappa Opioid Receptor Agonist (KORA)

Joseph W. Stauffer, DO, MBA; Marc C. Torjman, PhD; Sukirti N. Bagal, MD, MPH;

Catherine L. Munera; Beatrice S. Setnik, PhD; Eugene R. Viscusi, MD

CR845 is a peripherally-restricted, highly-selective kappa opioid receptor agonist (KORA) that is being developed for the treatment of pain and pruritus. In this randomized, placebo-controlled clinical study both i.v. bolus doses of CR845 i.e. 1 mcg/kg and 5 mcg/kg had no effect on end-tidal CO₂, arterial oxygen saturation, or respiratory rate.

Poster #35

The Role of Family in Adolescent Opioid Usage

Eman Tadros, MS, MFT

Adolescents are a high-risk population for substance use, particularly during the current opioid epidemic. The literature on adolescent opioid usage is lacking on discussions of the role of family members in adolescent opioid usage. The literature on prevention and treatment is mostly individualistic in nature, and there is a need to better understand the systemic dynamics of opioid use among adolescents. After an in-depth review of the literature, researchers found that family involvement in treatment can yield more successful results.

Poster #36

Perianesthesia Nurses' Knowledge and Promotion of Safe Use, Storage, and Disposal of Opioids

Jan Odom-Forren, PhD, RN, CPAN, FAAN; Joni M. Brady, DNP, RN-BC, CAPA;

Mary Kay Rayens, PhD; Paul A. Sloan, MD

The purpose of this descriptive study to determine perianesthesia nurses' knowledge and promotion of safe use, storage and disposal of opioids to patients in the ambulatory surgery setting. In addition, we would like to see if these concepts are related to each other and to practice factors.

Poster #38

DENKI (Dual ENKephalinase Inhibitors), a New Class of Painkillers Devoid of Abuse Potential and of Opiate Side-Effects

Michel Wurm, MD; Tanja Ouimet, PhD; Nicolas Marie, PhD; Florence Noble, MD;

Rafael Maldonado, MD, PhD; Emily Jutkiewicz, PhD; Hervé Poras, PhD

Dual ENKephalinase Inhibitors, a novel pharmacological class of painkillers currently in clinical development, act by protecting enkephalins from degradation. They show efficacy in animal and human studies and are devoid of exogenous opiates' side effects. They induce no tolerance or dependence and represent a solution to the opioid crisis.

Poster #39

The Relative Bioavailability of Oxycodone ARIR (RoxyBond™), a Novel Abuse-deterrent Formulation of Immediate-Release Oxycodone, Compared to Immediate-Release Oxycodone

Lynn Webster, MD; Eric R. Kinzler, PhD; Carmela Pantaleon;

Matthew Iverson, MPH; Stefan Aigner, MD

Oxycodone ARIR (RoxyBond, Daiichi Sankyo, Inc.) is an abuse-deterrent immediate-release (IR) opioid with physicochemical properties that make manipulation difficult and results in lower and slower oxycodone release if manipulated and insufficient. When taken as intended, Oxycodone ARIR has similar relative bioavailability as IR oxycodone.

Poster #40**Supervised Injection Sites (SIS) in Philadelphia- Lifesaver or Doping Madness?**

Sonul Gulati, DO; Peter Clark, PhD; Samuel Schadt; Arun Minupuri, MD; Olivia Nguye; Paven Patel, DO; Brian Dooner
Committee from Saint Joseph's University's Institute of Clinical Bioethics proposing specific recommendations on how Philadelphia is to implement SIS. Our study analyzed the clinical, ethical, and economic considerations associated with SIS's in Philadelphia.

Poster #41**A Multi-Dimensional Approach to Developing an Opioid Tapering Tool for Primary Care**

Hannah Loshak, MI; Gnanushan Krishnapillai, BSc; Amanda van Hal, BSc; Arun Radhakrishnan, MSc, MD, CM CCFP; Sadaf Ullah, MI; Lena Salach, MA; Margaret Jin, PharmD
This poster will provide an overview of the development process for a clinical tool developed by the Centre for Effective Practice (CEP) that supports primary care providers, specifically family physicians and primary care nurse practitioners, with reducing opioid dosages in a safe and effective way.

Poster #42**Lowest Effective Dose of Buprenorphine in Stable Office Based Opioid Maintenance Treatment**

Ted Parran, MD; Hishita Parikh, MD; Will Goldman, MD; Chris Adelman, MD; Gaurav Mathur, MD
Examination of the dose adjustment approaches and documentation of long term outcomes at St Vincent Charity Hospital Rosary Hall to: (1) evaluate a long term stable dose, (2) try to limit any long term side effects of bup/NX, (3) position the patient onto a lower level of physical dependence.

Poster #43**Identification of Key Pitfalls to Prevent Opioid Overdose in Patients Presenting to the Emergency Room with Overdose**

Christopher McElrath; Enas Kandil, MD, MSc; Carol Chamberlain, PharmD; Abu Minhajuddin PhD; Emily Melikman, MD; Cheryl Edwards, PharmD; Kristin Alvarez, PharmD
At Parkland Memorial Healthcare System (PHS), the Opioid Stewardship (OST) Team previous interventions facilitating compliance to national opioid prescribing guidelines and opioid safety. This study aims to quantify the effects of the OST interventions in the ambulatory care as it pertains to patients admitted to the Parkland ER for opioid overdose (OD).

Poster #44**Charting Knowledge into Practice: Assessing Opioid and Chronic Pain Management Performance in ECHO Ontario, a Retrospective Chart Review**

Jane Zhao, MSc; Bayley Ostenfeldt, MPH; Bryan MacLeod, MD; Yalnee Shantharam, BSc; Santana Diaz, MD; Maria Laura Santos, MD; Andrea Furlan, MD, PhD
Assessment of knowledge translation by a telemedicine education model (Extension for Community Healthcare Outcomes) in opioid and chronic pain management. Chart reviews were conducted of patients prescribed opioids managed in primary care clinics. Practice changes found: 36 percent tapered opioids Post-ECHO, 21 percent reduced dangerous polypharmacy, and 29 percent increased Urine Drug Screening.

Poster #45**Cross-Sectional Study to Measure Rate of Opioid Use Disorder in Patients on Long Term Opioid Analgesic Therapy for Management of Chronic Cancer Pain**

Nandan Choudhary, MD; Sushma Bhatnagar, MD; Shalini Singh, MD
Opioid analgesic prescriptions are increasingly being linked to rising rates of opioid use disorder around the world. This is the first Indian study to measure rate of opioid use disorder in cancer patients. This study will directly be helpful to patients with chronic cancer pain such that they would not need to be vulnerable to inadequate pain management.

Poster #46**Efficacy of Psychological Treatments for Co-Occurring Post-Traumatic Stress Disorder and Chronic Non-Cancer Pain: A Systematic Review and Meta-Analysis**

Ellen Goldstein, MFT, PhD; Christina McDonnell, MSc; Kathleen Dorado, BA
Currently no formal treatment guidelines exist for treating co-occurring PTSD and chronic pain. Because a better understanding of adequate treatments are needed, we conducted a systematic review and meta-analysis to evaluate the evidence for psychological interventions to treat co-occurring PTSD and non-cancer chronic pain.

Poster #47**Different Factors for Different Problems: Illicit Drug Dependence and Prescription Opiate Misuse**

Wasantha Jayawardene, MD, PhD; Jon Agle, PhD; Ruth Gassman, PhD
This ecological analysis of U.S. counties and county-equivalents (N=3,138) aimed to compare population-level factors associated with prescription opiate misuse and illicit drug dependence among persons who are 12 or older. Differential associations demonstrated for these two opiate-related problems may provide insights into needs for divergence in future research and practice.