Physician’s Office: Friend or Foe

Dawn Farm Education Series
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Declarations of Potential Conflicts of Interest

• I have no financial relationship with any pharmaceutical company
• The content of this presentation is non-commercial and does not represent any conflict of interest or commercial bias
• I will mention the use of medications for indications that are not FDA approved (but you will be informed when that happens)

Objectives

• Learn how drugs act on our brains
• Very, very basic neurobiology of relapse
• Be able to tell your doctor you are in recovery
• Discuss issues regarding pain, insomnia, anxiety and depression in addiction
• LOTS of time for Q & A

Basic Neurobiology of Addiction

• Addiction requires activation of the “pleasure center” circuit
• This is a normal useful part of the brain which enhances our survival
• It make us feel good when we do things that keep us alive or reproducing (food, sex, shelter, etc)
• Involved in SALIENCE

Basic Neurobiology of Addiction

• It is a very powerful modulator of memory, emotions, motivation and logic
• In addiction, this center is high-jacked and results in harm
• Once activated by addiction, it’s response is permanently altered
• It can be easily reactivated by drugs, cues and stress

What is Salience

• Important
• That which is remembered most
• Meaningful
• Example of normal salience [ripe fruit -> good to eat -> color, location, season]
Ventral Tegmental Area (midbrain) "Pleasure Circuit"

Nucleus Accumbens (striatum)

VTA

"Pleasure Circuit"

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Cortex (logic)

Amphetamine
Cocaine
Opiates
Cannabinoids
Phencyclidine
Ketamine

Opiates
Ethanol
Barbiturates
Benzodiazepines
Nicotine
Cannabinoids

Hippocampus (memory)

Ventral Pallidum (motivation)
VTA

Nucleus Accumbens (striatum)

Ventral Tegmental Area (midbrain)

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Abnormally Salient

• SO Important -> essential for life
• LONGEST LASTING MEMORIES
• “As important as oxygen”
• A Description of Abnormal Salience

Are Prescription Drugs a “Drug Problem”

• YES!

How to Tell Your Doctors You Are In Recovery

• Tell them early
• “Doc, I am in recovery from drugs and alcohol. I need your help by not prescribing drugs that are addictive. Do you know enough about addiction to keep me safe?”
• Repeat yourself
• Repeat yourself

Should Addicts and Alcoholics Be Denied Treatment

• NO!
• An addict or alcoholic, especially in early recovery, deserves the exact same care and relief of pain, insomnia, depression, anxiety, etc
• Ignoring these symptoms creates an unstable situation (likelihood for relapse)
• The care is different (can be better in some ways) than the care of the non-addict
Why Do People In Recovery Go To The Doctor

• The same reason everyone does:
  – Pain (back, joint, headache, teeth => dentist)
  – Sleep problems
  – Concentration problems
  – Depression
  – Anxiety
  – Colds, coughs, etc.

What is Narcotic / Non-Narcotic?

• Not a very useful term
  – A controlled substance (legal)?
  – A prohibited drug (legal)?
  – Causes sleep (ancient term)?
• Tramadol / Ultram
• Carisoprodol / Soma

Take Home Point: Non-narcotic does NOT mean non-addictive!

Types of Problematic Medications

• Opiates
  – Vicodin, Vicoprofen, Norco, Lorcet, Percocet, Morphine, rx cough syrup
• Benzodiazepine Sedatives
  – Xanax, Ativan, Valium, Restoril, Ambien, Lunesta, Sonata
• Other sedatives
  – Fiorocet, Benedryl, many antihistamines
• Dissociatives
  – OTC cough syrup, dextromethorphan, DXM
• Steroids – prednisone???

Types of Problematic Medications

• Stimulants
  – Adderal, Concerta, Ritilan
• Alcohol Containing Medication / Items
  – NyQuil 25% alcohol = 50 proof
  – Listerine 26.9%, Scope 18.9%, Signal 14.5%, Cepacol 14.0%, Listermint 6.6%
  – Beer 4-6%
  – Wine 13-15%
  – Brandy 35%

Types of Problematic Medications

• Natural and Herbal
  • Does not mean it is safe
  • Valerian Root
  • Kava Kava
  • Anything that makes one sleepy, awake, changes mood or energy level is suspect

Treating Pain In Addiction

• Fallacy: The best pain meds are opiates and we are saving them for the non-addicts
• The pain relieving effects of opiates involve direct action on the brain
• Many other drugs are more effective at controlling pain (naproxen, Tylenol®) without CNS effects
Treating Pain In Addiction

• The use of opiate pain medications (including tramadol) can lead to extreme cravings in addicts/alcoholics no matter how long they have been sober
• Patients who have had both experiences tell me the craving is far more miserable than any physical pain

• Acute pain Treatment
  – NSAIDs – Motrin, Naproxen, Toradol
  – Other – Tylenol 8 hour
  – Ice
  – Rest, splint
• Chronic Pain
  – Buprenorphine? --- not necessarily safe, but definitely safer if opiates are being considered

Anxiety In Addiction

• Social anxiety is nearly universal
• Newly recovering addicts have lost many friends and feel alone
• The drugs and alcohol were an effective coping mechanisms (with deadly side effects)
• This anxiety usually goes away with time

• We should not ignore the fact that 2-5% of people have generalized anxiety disorder
• Many primary care doctors and psychiatrists will prescribe addictive sedatives
• Benzodiazepines (Xanax, Klonopin, Ativan) often produce extreme cravings for alcohol

Anxiety In Addiction

• There are MANY safe and non-addictive treatments for anxiety disorder
• Sedatives are slowly falling out of favor as even psychiatrists see the problems of abuse and dependence without relief of sx
• The symptoms of benzo withdrawal are indistinguishable from anxiety disorder
• May require assessment from and addiction psychiatrist

Insomnia

• Very common in early recovery
• Natural sleep centers are not functioning properly
• Improves universally without medicine but may take a long time
• Most common sleeping medications can activate the addiction center
• May require assessment from and addiction psychiatrist
Insomnia

- If problems persist and are interfering with job, responsibilities, etc., there are many safe alternatives
- Unfortunately many doctors believe that some very addictive sleeping meds are safe (Ambien, Lunesta, Sonata)
- Some natural supplements can be helpful (melatonin)

Depression

- Essentially universal in early recovery
- Often resolves quickly with full engagement in 12-step recovery
- If persistent, counseling or psychiatric assessment is warranted
- Medications may be necessary but often are not

Depression

- Without an understanding of addiction, many psychiatrists arguably overprescribe leading to overmedication and poorer cognitive and social functioning

Is There Such Thing As A Drug Of Choice?

- Any substance that activates the addiction center can cause relapse
- Generally the memory centers will drive the addict to a specific reinforcing drug
- Shark Tank Example

Is There Such Thing As A Drug Of Choice?

"The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called will power becomes practically nonexistent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink."

- Alcoholics Anonymous p. 24

So What Do I Do Now?

- Be very careful about medication use
- Consult with a board certified Addiction Medicine doctor
- Call your Addiction Medicine doctor PRIOR to taking any new pills for pain, insomnia, sleep, depression, etc
So What Do I Do Now?

• It is probably not a good idea to get advice on whether to start or stop any medication from your sponsor or recovery supports
• What is Tradition 10?
  “Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.”

Q&A

How to Contact Me

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The End

Thank You!!!!