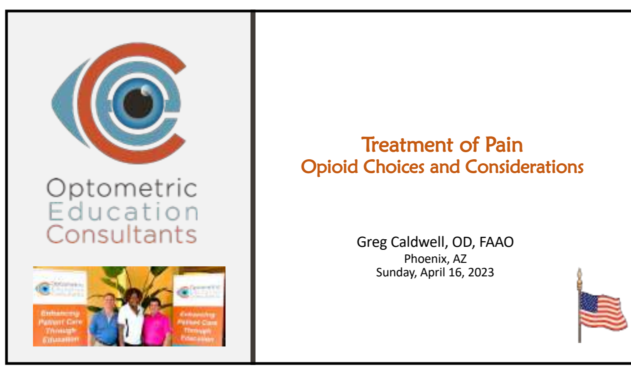

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Disclosures- Greg Caldwell, OD, FAAO

All relevant relationships have been mitigated

- Lectured for: Alcon, Allergan, Aerie, B&L, BioTissue, Kala, Maculogix, Optovue, RVL, Heru, Santen
  - Disclosure: Receive speaker honorariums
- Advisory Board: Allergan, Alcon, Dompe, Eyenovia Tarsus, Visus
- I have no direct financial or proprietary interest in any companies, products or services mentioned in this presentation
  - Disclosure: Non-salaried financial affiliation with Pharmanex
- Envolve: PA Medical Director, Credential Committee
- Healthcare Registries – Chairman of Advisory Council for Diabetes and AMD
- The content of this activity was prepared independently by me - Dr. Caldwell
- The content and format of this course is presented without commercial bias and does not claim superiority of any commercial product or service
- Optometric Education Consultants – Pittsburgh, PA, Sarasota, FL, Muncie, IN, Scottsdale/Phoenix, AZ, Orlando, FL, Mackinac Island, MI, Nashville, TN, and Quebec City, Canada - Owner

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Course Description

- This course will describe how to appropriately choose a pain medication based upon individual patient and drug factors.
- Additionally, opioid medications will be evaluated in terms of risk versus benefit, with an emphasis on pain levels and the potential for addiction.
- Case anecdotes will include management of ocular pain, with specific emphasis on oral/systemic medications and how to protect both patient and practitioner.

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Learning Objectives

- When given a patient case, choose an appropriate pain treatment plan for the management of ocular pain, in terms of drug choices based on pain level, dosing issues, and a monitoring plan for efficacy and toxicity.
- Identify and describe some of the potential signs, symptoms, and behaviors associated with opioid or substance abuse, and describe ways to respond to this issue.
- List systems available to evaluate a patient for potential opioid/substance abuse.
- Describe the treatment issues and options associated with the treatment of ocular pain in a patient with a drug abuse history.

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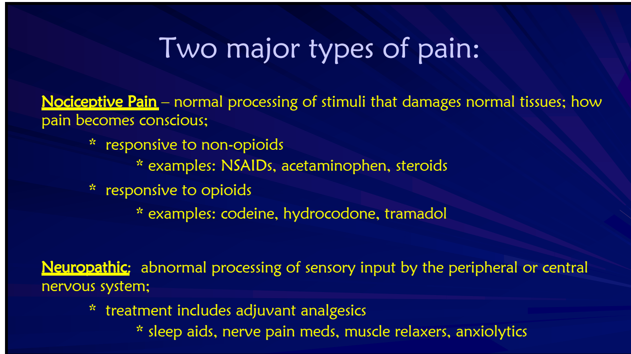

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Nociceptove Pain- I was hit in the eye with a tree branch, and I think my eye is scratched

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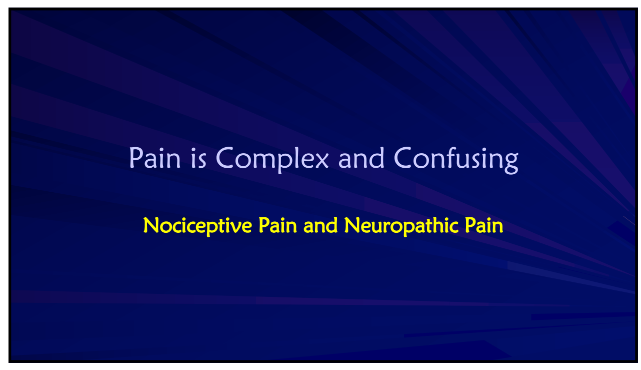

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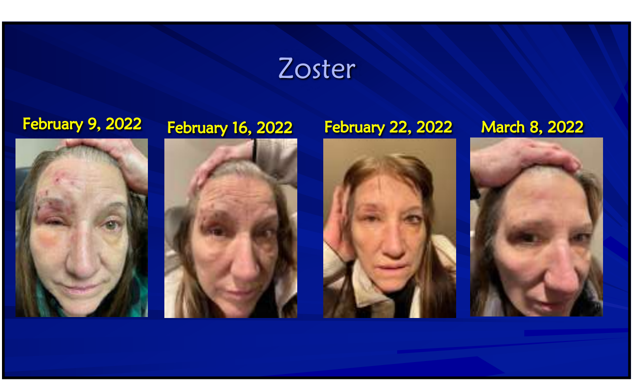

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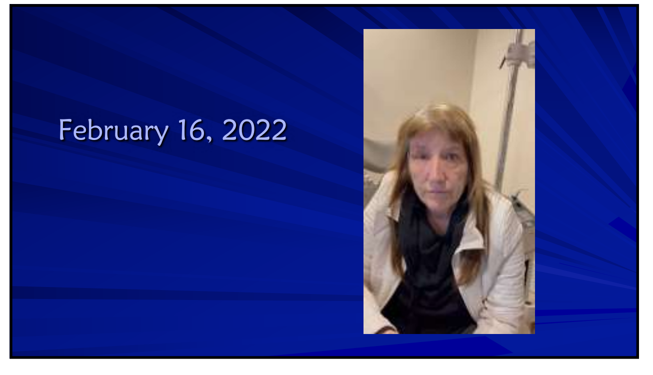

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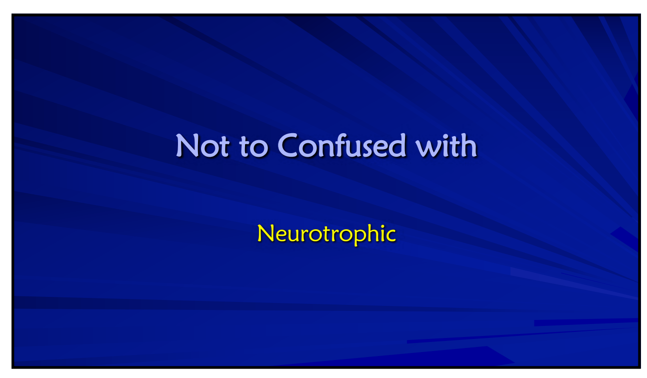

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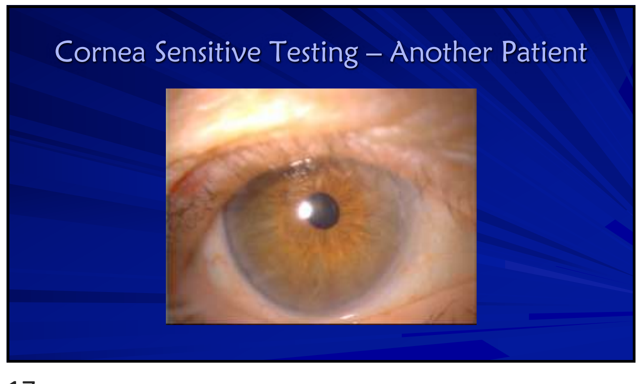

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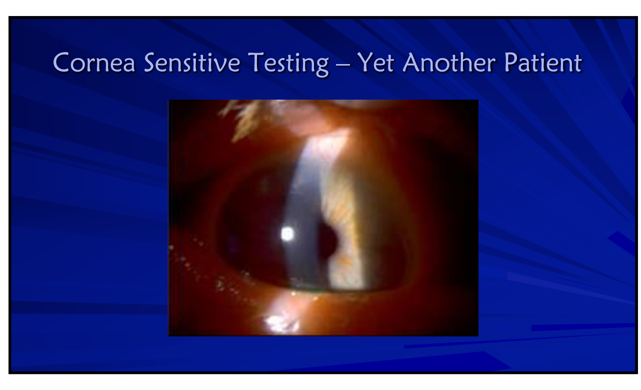

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Pain Assessments and Scales

- Adds objective data to a patient's feeling of pain
  - It is a subjective problem to assess!
  - Remember…no patient should needlessly suffer!
- "Does the injury or wound or diagnosis fit the patient's presentation?
  - It is important to be able to assess the degree of pain in a patient.

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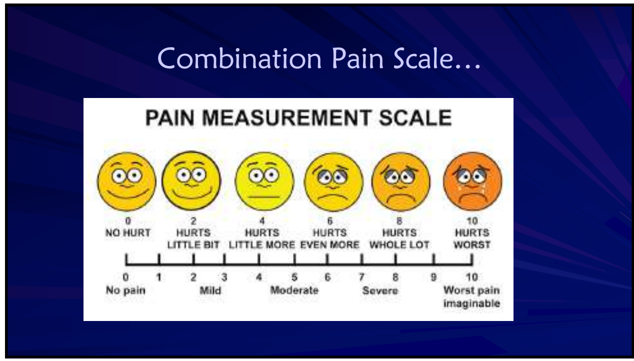

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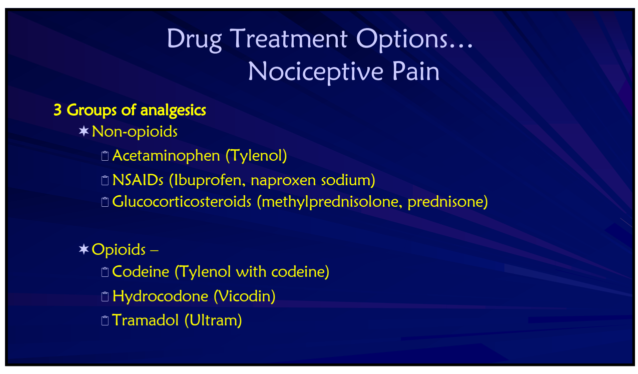

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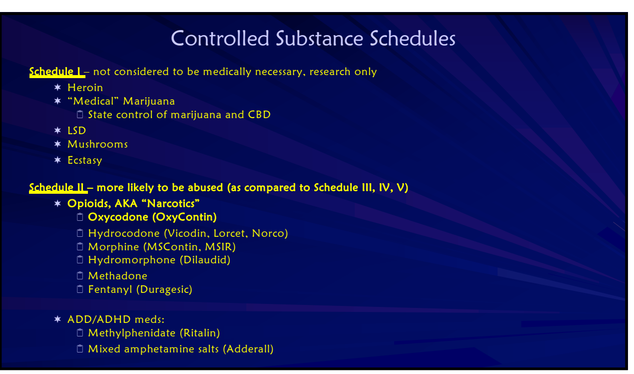

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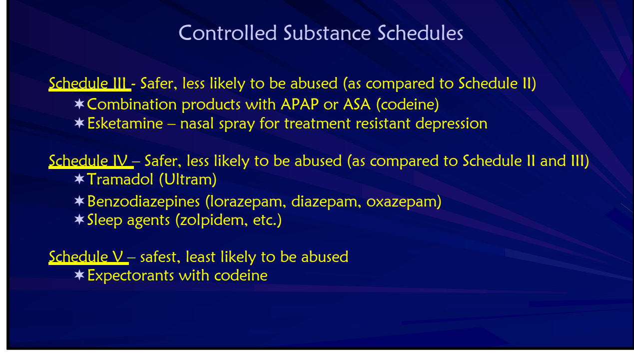

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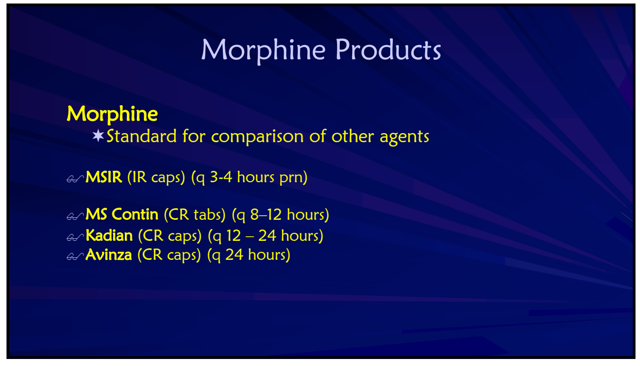

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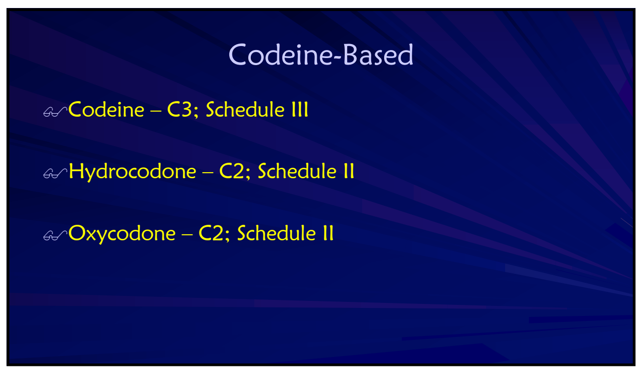

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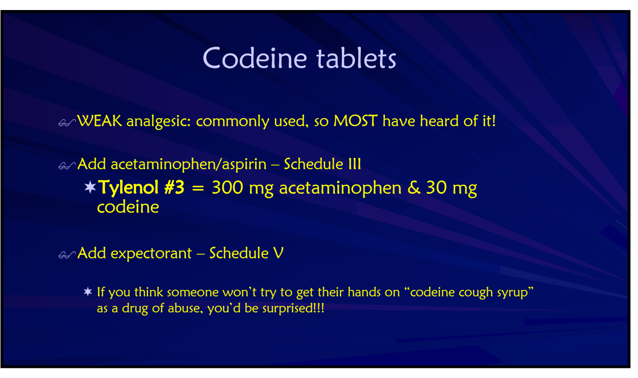

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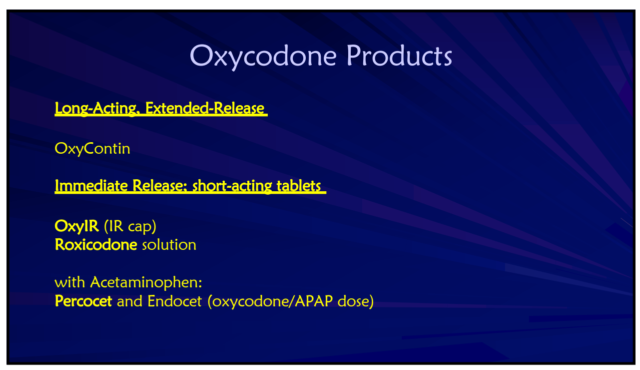

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Methadone tidbits…

- Chronic pain or opioid abuse deterrent
- 2-phase elimination
  - Alpha phase = 8 hrs
    - Offers pain control
  - Beta phase = 16+ hrs
    - Mitigates withdrawal symptoms
- Patient 1: On a short-acting pain med = likely being used to treat chronic pain
  - Twice per day dosing
- Patient 2: On methadone ONLY; lower doses
  - Once daily dosing

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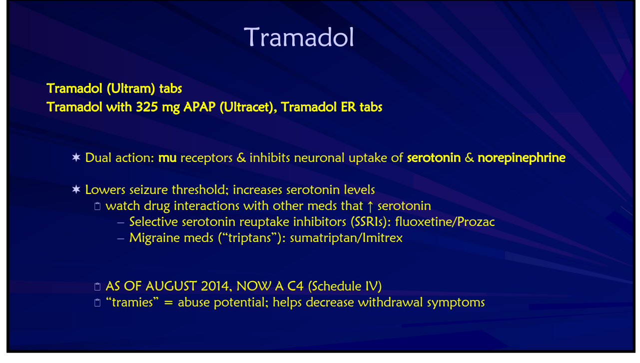

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Opioid Allergies

- If a patient states "codeine allergic", ask appropriate questions…
  - "You have indicated that you have an allergy to codeine, can you describe what happens when you take codeine?"
    - This is SIGNIFICANT, because if a patient is truly allergic to codeine, then they are most likely allergic to morphine, hydromorphone, oxycodone, hydrocodone, and tramadol
    - AND…if they had an opioid IV after surgery, then their "reaction" may have been due to histamine release…
      - NOT always an allergic reaction

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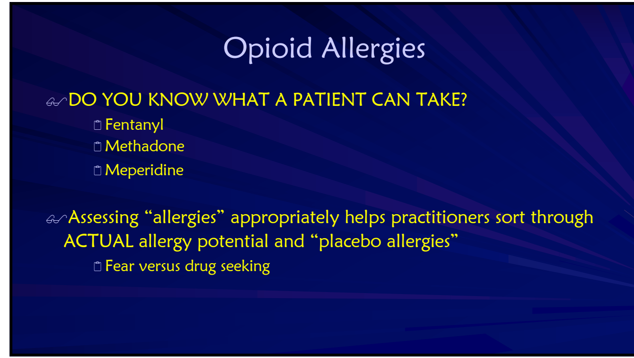

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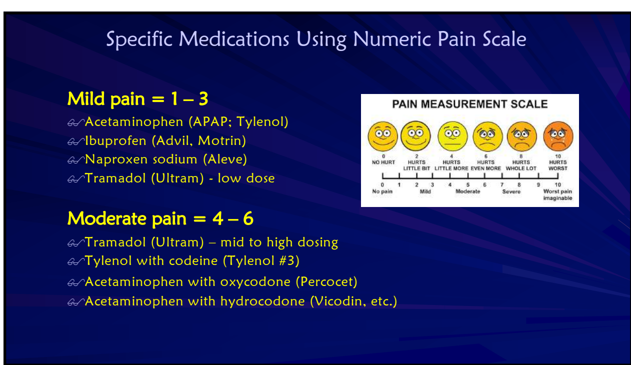

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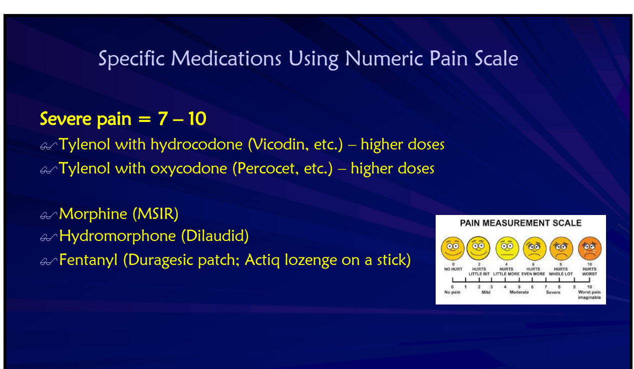

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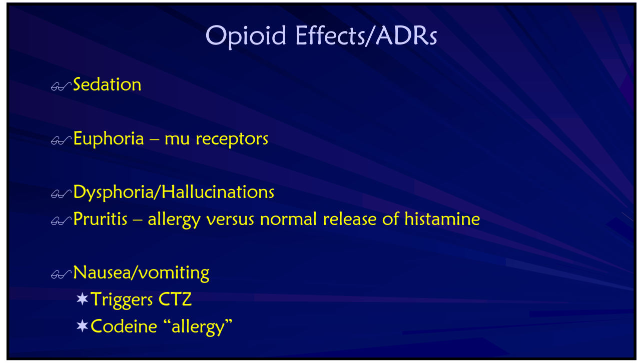

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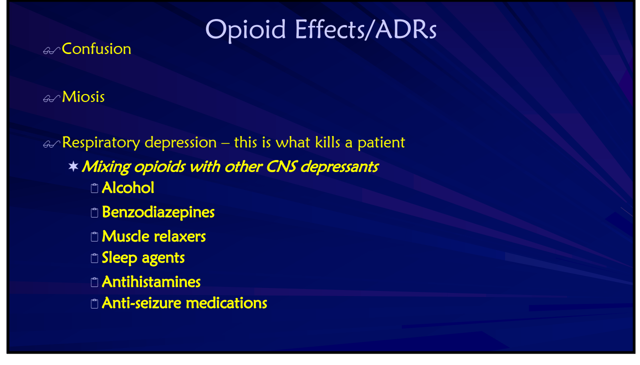

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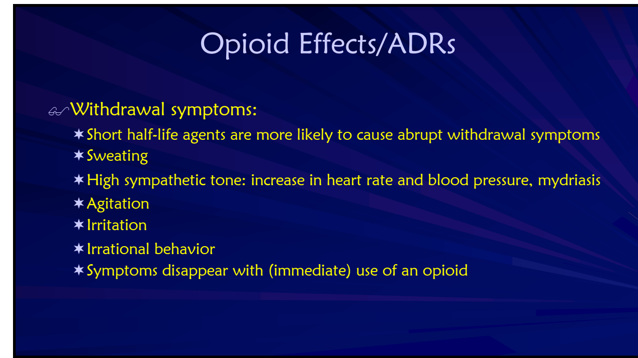

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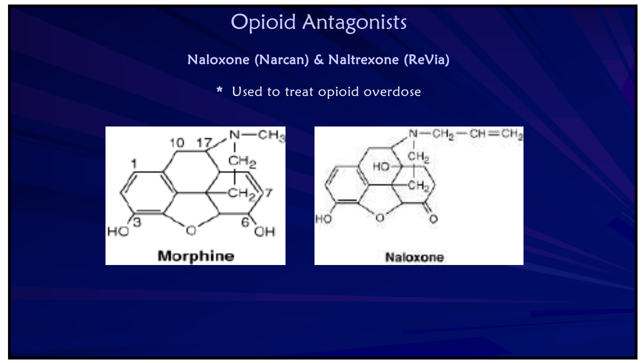

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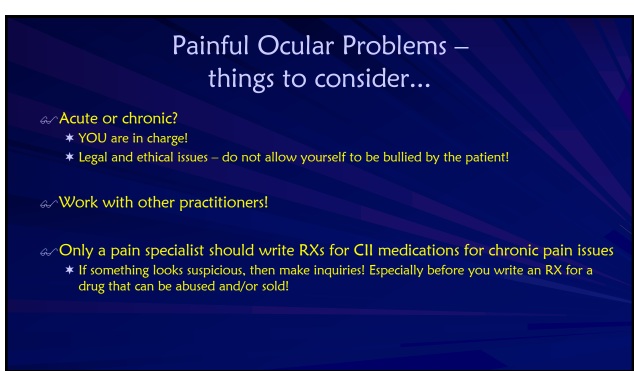

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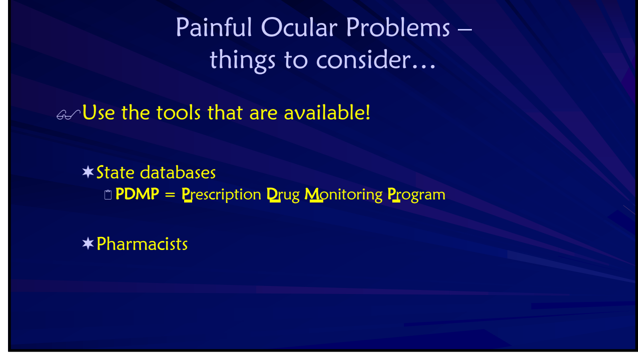

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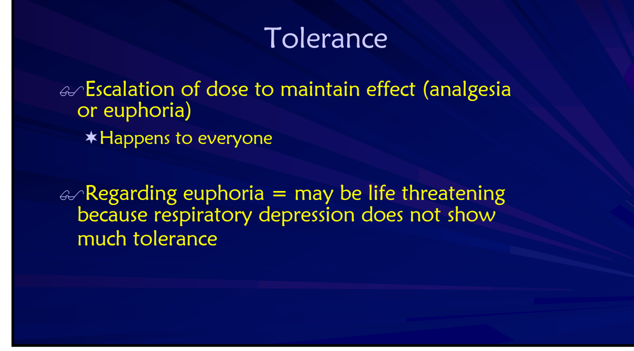

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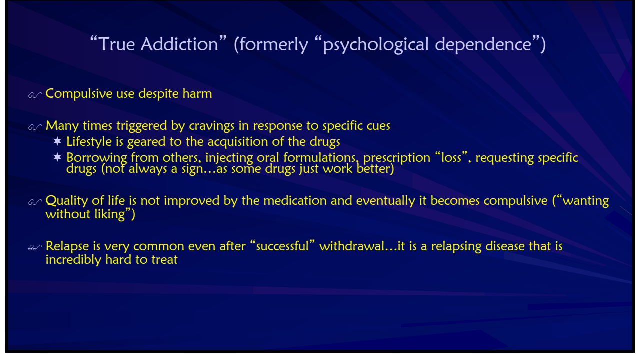

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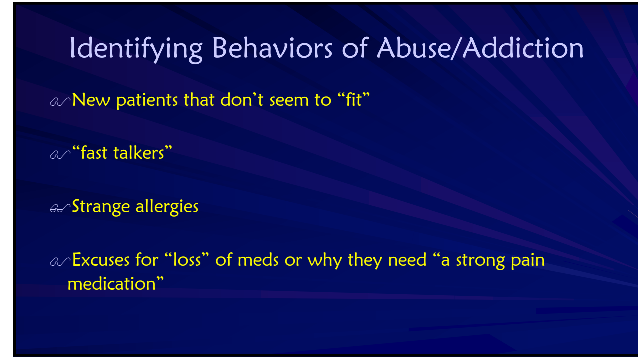

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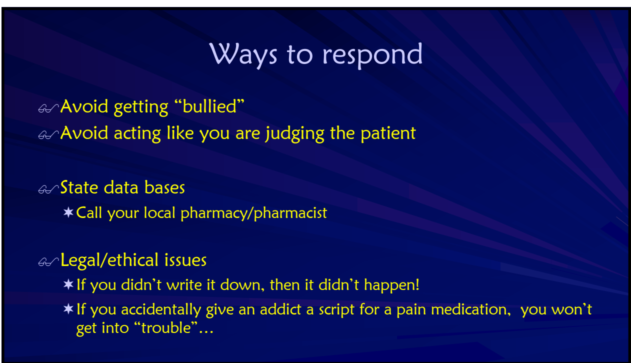

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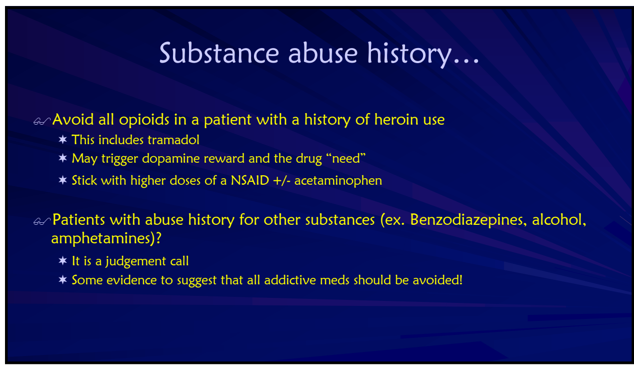

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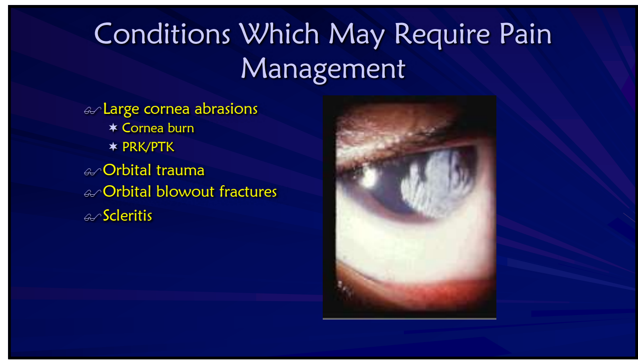

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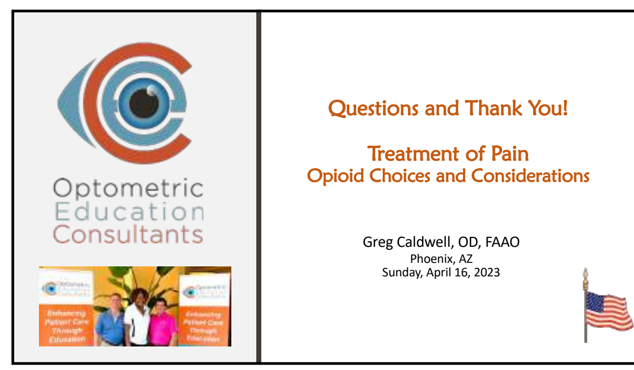

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