

Buprenorphine Patient Education



Treating Chronic Pain

The management of chronic pain often takes a multidisciplinary approach in order to be more effective. In other words, it takes more than one technique used in combination with others to effectively reduce pain and improve your function and quality of life.

For example, at Javery Pain Institute we often utilize various injection techniques to target the specific pain problem, in order to reduce the pain at its source. But often, that alone is not enough, and then we typically will recommend and prescribe different types of medications to help further reduce pain. Our focus is always on improving your quality of life and ability to do the things you want to do, when you want to do them!

Side Effects of Traditional Narcotic Pain Medications

There are occasions when narcotic pain medications (opiates) are prescribed to help with these goals. But like anything we put into our bodies, medications can have both beneficial as well as potentially harmful effects.

For the past 20 years, conventional medical wisdom felt that narcotics could be used in the treatment of chronic pain, for long periods of time, in ever increasing dosages with little worry for problems as long as the patient was carefully monitored for proper use, side effects, and potentially dangerous physical effects of addiction and dependency. Other problems that were often not given a lot of thought were the nuisance issues of constipation/obstipation. The problem is that addiction to pain narcotics has become an issue of staggering proportion reaching the level of an epidemic in our country. It kills tens of thousands of people every year! Even those who take their medicines "exactly as prescribed" and many more who don't follow their doctor's orders are harmed by and may die from these narcotic medications.

Medical science has learned vast amounts about chronic pain and particularly the use of narcotics over the past few years alone. Even this past year we have seen tremendous strides in the knowledge of narcotics/opiates in the treatment of chronic pain.

For instance, we only recently found out that even when taken as prescribed, the use of opiates for more than just several weeks at a time, causes significant physical changes to the brain and body. One of the most profound effects is that after a time, your narcotic pain pills, while seemingly helpful for a few to several hours at a time in reducing your immediate pain, will almost always produce INCREASED pain throughout your entire body, the minute your pain pills start to wear off. This is called HYPERALGESIA. This happens when cells in the brain, called Glial cells, get

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'overexcited' and cause every nerve cell in the brain to react more vigorously to any painful stimulus. This is why patients who have had to take pain pills for months or years, experience an overall feeling of diffuse pain, all over body pain, and a general lack of "just feeling good" the very moment their pain pills start to wear off and eventually they don't feel well even when their pain or why their pain is only mildly reduced when their pain pills are still active.

Another recently known fact is the bad effects narcotic pain medicines have on your hormones. Hormones are very important natural chemicals that make our bodies work properly. There are all sorts of different hormones. Hormones run your body's metabolism. Other hormones help make your bones strong. Lots of different kinds of hormones are adversely affected by the use of chronic narcotics. "Gonadotropins" are one of them. They are your male or female hormones. These types of hormones make you feel full of "vim and vigor", and while we slowly lose them as we age, taking chronic narcotics greatly accelerates these good hormones losses. Without these "gonadotropins" hormones, you feel tired, lack motivation, gain weight, lose muscle, bones start to get weak and then brittle, and marital relations can even suffer as a direct result. Most narcotic pain pills reduce the good hormones in your body, and this can lead to disease and not feeling well.

Other very recently known bad side effects of opiate pain medications include the pain medicines ability to repress and hurt your body's own immune system. This is what helps us fight everything from the germs we encounter every day, from the common cold, influenza, to things like fighting cancers that sometimes we don't even know we ever had, because our immune system kills those bad cells and bad germs before they ever cause a problem for us! Without a good functioning immune system, we get sick more, don't feel well, and are not able to live life to its fullest.

Of course, we all know about the problem of physical dependency if we take narcotic pain medicines. You may get sick if you forget to take a dose as directed or miss a dose. This is a normal and expected reaction. However, addiction is the disease, where we cannot control our own use of a drug or substance, which then alters our mood. We "lose control", and no matter how hard we may try, we just can't seem to follow the directions of the prescription ordered by the doctor. This is deadly and kills many people every year. It kills more people than gun-related violence or even car accidents!

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What is Buprenorphine?

With all of these newly found issues, we at Javery Pain Institute want to offer our patients the latest in pain treatment options. We have always performed pain reducing procedures in order to help decrease your reliance on narcotic pain medications needed to treat your pain.

There is now a new and very effective medication choice in the treatment of chronic pain. It is called Buprenorphine. Buprenorphine has been around for many decades. It has been used in the United States and throughout the world to treat pain. It is relatively newer in our country. However, the United States is now in the grips of a severe narcotic epidemic. The treatment of chronic pain is our mission at JPI, but we must also treat pain without making this epidemic worse. We at JPI have decided that we will continue to be part of the solution and not the problem!

Buprenorphine itself is still an opiate medication. It is much stronger than most pain medicines available today - even much stronger than morphine, on a 'pound per pound' basis! This big difference is that it works in the body in a very different way than standard narcotic pain medications. This means it blocks pain very strongly, but it doesn't block the brain's ability to think, or even the ability to breathe! This is how most people die, if they take narcotics. Buprenorphine does not have that kind of effect and allows us to treat your pain in a much safer manner!

It also doesn't seem to produce the HYPERALGESIA. Every other regular pain pill produced hyperalgesia. Most patients feel much better overall after just a few weeks of buprenorphine therapy as their brains recover from the bad effects of the opiates (including hyperalgesia) on the glial cells inside your brain.

Buprenorphine also doesn't seem to produce the hormonal or the immunosuppression that ALL other narcotics produce after being on them for many weeks or longer.

Sometimes buprenorphine is used along with naloxone (which is an opiate blocker) to treat the disease of narcotic addiction. JPI does not treat addiction - we treat chronic pain. We do not use Suboxone or naloxone to treat pain. We only recommend the use of the pain-relieving medicine buprenorphine if long-term narcotic therapy is needed.

Why We Recommend Buprenorphine

Your doctor may recommend buprenorphine therapy for a number of different reasons because we now know that the use of traditional opioids like Morphine and Norco are more dangerous than was thought in the past. Your doctor may also recommend

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buprenorphine therapy because your doses of narcotics put you at a higher risk of the previously mentioned side effects. Sometimes your doctor will recommend buprenorphine because you still are having lots of pain, despite all the best efforts, including narcotics, and we think you can do better! Sometimes we will recommend buprenorphine pain therapy because the dosage of narcotics you are on is no longer recommended by most governmental regulatory agencies. Instead of just stopping your narcotic prescription(s) and having your pain increase, we now have a new option for treating your pain with buprenorphine therapy.

What Needs To Be Done Before Starting Buprenorphine

To start buprenorphine therapy, your body must be completely free of any and all narcotics and opiates for a minimum of 2.5 to 3 days - sometimes longer. Don't worry, we will help you with your wean and if needed can prescribe medicines to make this transition much more comfortable.

To start buprenorphine and determine your response in a safe way, you will come into our clinic once you have been off of your narcotics for those few days. We will start an IV line to administer your first few buprenorphine doses. It is on this day that we will be able to determine how much to prescribe to you based upon your individual pain relief received from the intravenous buprenorphine we will give you. This process takes up to 4 hours and sometimes less. We then will prescribe the proper dose of buprenorphine for you to take on your own at home going forward. It is vital to know that buprenorphine ONLY works when given either IV or sublingual (under the tongue). This is a very fast and effective way of administering pain relief, and is the only way with this medicine is effective. So, DON'T SWALLOW IT! Nothing bad will happen if you swallow the tablet; it just won't work for you at all!

As always, we ask that you follow your doctor's orders on how much and how often to take your new medication. Most patients are finding their pain is under very good control, but more importantly, they feel better in more ways than they thought were possible. This is due to the novel way the medicine works in the body, and the fact that it is not harmful to your body, like other narcotics.

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FAQ's

“Do I need a driver for my buprenorphine IV induction?”

While we don't require it, we do strongly recommend it! Remember, your body will be off all your pain pills for at least 2 days and you may not be feeling up to driving to the clinic. While most patients feel much better after their induction, sometimes, they are simply just too tired after this transition.

“How long should I plan to be at the office on the day of my buprenorphine IV induction?”

Most patients don't require more than 2 total hours, but we recommend reserving at least 4 hours. We want to make sure we have enough time to dose you appropriately to get all of your pain under control.

“How long do I have to stop my narcotic pain medications before my IV induction?”

It is extremely important that you COMPLETELY abstain and not take NARCOTICS OF ANY KIND, for a minimum of 48-72 hours. There are a few patients that require longer abstinence, but that is very rare. Please follow your doctor's instructions as discussed at your consult appointment.

“How much does buprenorphine cost?”

The staff at JPI has researched the cost of buprenorphine from pharmacies in Kent County. The prices vary significantly. They range from as low 75 cents per pill to 2 dollars per pill, depending on the pharmacy. We can provide you with information from some of the pharmacies with better pricing options if requested.

“Does my insurance cover buprenorphine therapy?”

Like many medical insurance questions, the response to this question varies. Some insurance plans cover buprenorphine therapy and others do not – we will help you determine a strategy to pay for this medication.

“Can I use my own pharmacy or am I required to use a specialty pharmacy?”

Any licensed pharmacy should be able to dispense this medication. If they do not have it in stock, they will usually be able to order it for you. If not, our staff would be happy to recommend pharmacies that will assist with your needs.

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“Can buprenorphine be ‘called-in’ or will I have to pick up my prescription every month?”

I am happy to report, that although buprenorphine is a DEA controlled substance, it CAN be called in for you! This means fewer trips to the clinic for refills!

“How quickly can I expect to feel better after starting this medicine?”

You will feel better almost immediately on the day of your IV induction. Once you get home, you may have some episodes of varying pain levels for a few weeks at most, but a majority of patients feel better right away!

“Can I have pain medication if I have surgery?”

Of course! The mission at JPI is to treat chronic pain. There is no need to suffer with pain, even with surgery. If surgery is planned, your doctor would be happy to help suggest a post-surgical pain medication plan for your surgeon, if requested.

“How long will I have to be on buprenorphine?”

You only need to take buprenorphine if you need a medicine to reduce your pain. If our other non-medication techniques are enough to reduce your pain, we can easily transition you off your buprenorphine.

“If I do stop taking buprenorphine, do I have to wean off like my other pain medications?”

Although any narcotic, including buprenorphine, will produce withdrawal, most patients find that weaning off buprenorphine is much easier and more comfortable than traditional narcotic pain medications.