Foreword

Changing the Management of Pain in Otolaryngology

Sujana S. Chandrasekhar, MD, FACS, FAAOHNS
Consulting Editor

Physicians the world over have come to understand the role we have played in contributing to the current opioid epidemic. There are an estimated 2 million patients in the United States who have an opioid use disorder, with approximately 90 deaths occurring every day in the United States from an opioid overdose.[1] However, the roots of this crisis are deeper than a single factor would explain. This issue of *Otolaryngologic Clinics of North America*, guest edited by Drs Eloy, Svider, and Pashkova, takes the reader on a journey to understanding acute and chronic pain, pain psychology, and opportunities for improvement of the quality of care and patient comfort outcomes in Otolaryngology.

Fear of pain is deeply rooted among patients who are about to have surgery. *The Lancet* published a series of articles looking at pain from the surgical perspective. Key statements from the Commentary[2] are as follows: (1) Satisfactory perioperative pain management is crucial; (2) Despite decades of research showing the benefits of various new analgesic strategies, many patients continue to endure severe postoperative pain, and this holds true across all age groups and continents, even after "minor" surgery; and (3) Even as recently as 2016, a study of 799,449 patients in the United States showed that reliance on opioid analgesics remains the mainstay for perioperative pain management,[3] highlighting the ongoing pivotal role of the health care system in this epidemic.

The US epidemic is felt to have 3 phases.[4]) The first phase began in the 1970s with overprescription of opioids for acute pain, and the secondary diversion, misuse and abuse of these legal drugs. It was compounded by the 1990s as chronic pain management needs increased due to greater patient expectations for pain relief and greater survivorship after cancer and complex surgery, among other factors. When effective behavioral therapies, such as cognitive behavioral therapy, were no longer covered adequately by insurers, the pharmaceutical and device industries burgeoned in this

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sector, and chronic pain became big business by 2000. This, coupled with withdrawal from the market of some nonopioid medications and some unethical kick-back schemes, led to the dramatic rise in rates of overdose and addiction. Phase 2 started around 2010, based on concerns about intertwined opioid analgesic and heroin abuse. Heroin overdose deaths spiked, tripling between 2010 and 2015. This was attributed to an expanded pool of individuals with rising dependency and tolerance, who turned to the cheaper and easier available heroin on the street, as well as the increasing concern among physicians and policymakers regarding opioids. The third phase began in 2013 and continues to today. This phase includes a shocking rise in deaths attributed to illicitly manufactured fentanyl analogs: 540% in the United States between 2013 and 2016. Contrary to the single-blame model that health care overprescription is the gateway to addiction, individuals entering drug treatment nowadays are more likely to report that their first exposure was to heroin and not to a prescribed analgesic.

In 2012, US pharmacies and long-term care facilities dispensed 4.2 billion prescriptions, 289 million (6.8%) of which were opioids. Primary care specialties accounted for nearly half of all dispensed opioid prescriptions. The rate of opioid prescribing was highest for specialists in pain medicine (48.6%); surgery (36.5%); and physical medicine/rehabilitation (35.5%). The rate of opioid prescribing rose during 2007 to 2010 but leveled thereafter as most specialties reduced opioid use. The greatest percentage increase in opioid-prescribing rates during 2007 to 2012 occurred among physical medicine/rehabilitation specialists (+12.0%). The largest percentage drops in opioid-prescribing rates occurred in emergency medicine (−8.9%) and dentistry (−5.7%).[5]

Although otolaryngologists are not the main drivers of the opioid epidemic, we must be cognizant and ensure that we are active participants in managing our patients' acute and chronic pain. This issue of *Otolaryngologic Clinics of North America* covers the issues in actionable detail, and I urge you to read it through. Your patients will thank you.

Sujana S. Chandrasekhar, MD, FACS, FAAOHNS
Consulting Editor, Otolaryngologic Clinics of North America

Past President, American Academy of Otolaryngology–Head and Neck Surgery

Secretary-Treasurer, American Otological Society

Partner, ENT & Allergy Associates LLP
18 East 48th Street, 2nd Floor, New York, NY 10017, USA

Clinical Professor, Department of Otolaryngology–Head and Neck Surgery
Zucker School of Medicine at Hofstra-Northwell, Hempstead, NY, USA

Clinical Associate Professor, Department of Otolaryngology–Head and Neck Surgery
Icahn School of Medicine at Mount Sinai, New York, NY, USA

E-mail address:
ssc@nyotology.com

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