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OPIOID MANAGEMENT

When managing the patient with opioids, it is important to establish the differences among physical dependence, tolerance and addiction. The American Society of Addiction Medicine as well as the American Pain Society and American Academy of Pain Management define physical dependence as a state of adaptation that is manifested by a drug class for which specific withdrawal syndrome can be produced by abrupt cessation, rapid dose reduction, decreasing blood levels of the drug, and/or administration of an antagonist. Tolerance, however, refers to a state of adaptation in which exposure to a drug induces changes that result in diminution of one or more of the drug effects over time. Neither dependence or tolerance in and of itself is indicative of addiction.

Addiction is defined by the American Academy of Pain Management and American Pain Society as well as the American Society of Addiction Medicine as a primary chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: Impaired control over drug use, compulsive use, continued use despite harm, and cravings. Abuse, however, is generally characterized by conscious, often psychosocial motivated use of illicit substances and medication outside the scope of usual medical practices, but the patient has the ability to stop the drug when harmed. Addicts, however, cannot stop use despite harm.

The majority of legitimate pain patients do not develop an addiction to their analgesic medication. There is a biological normal phenomenon to develop issues related to tolerance and dependence. It is the physician's responsibility to address issues related to tolerance and dependence by monitoring patients carefully on a regular basis and adjust medication accordingly to avoid sequelae of tolerance as well as dependence.

Dictated but not proof read.

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