

Benign Chronic Pain and Addiction

Robin Riebsomer RN CAS LMHC ISNAP Intake Coordinator

One of the difficulties with which some nurses have to cope is chronic benign pain syndrome. It is also one of the precipitators that can lead to either physical dependence on opiates and/ or benzodiazepines due to indefinite prescription drug use or actual prescription drug abuse.

Many nurses are now working 12 hour shifts. All nurses walk on concrete when working in hospitals and nursing homes. Nurses often injure their backs, shoulders, knees, or feet while working. As nurses age the cumulative stress of the physical labor inherent in nursing often leads to a chronic benign pain syndrome. As nurses grow older, many will struggle with arthritis and/ or fibromyalgia. Other nurses suffer with chronic migraine headaches or TMJ.

Many pain specialists who work with benign chronic pain have treatment centers which are abstinent based. These treatment centers use alternative methods for treating chronic pain and will not place their clients on controlled substances. They also tend to be more holistic in their treatment interventions.

These specialists start with a detailed assessment which includes the client's prior treatment. They explore which interventions and medications have been the most efficacious for their clients during the assessment process. .

If the client agrees to enter treatment with an abstinent based provider, they usually have the client keep a journal of their pain level on a daily basis along with the stresses they encountered, and what interventions were beneficial.

Alternative interventions that they may prescribe include one or a combination of the following:

**Prescriptions for antidepressants Long acting NSAID medications
Steroid injections For migraine headaches Beta blocker or a vasoconstrictor ie
Imitrex**

**Physical Therapy/TENS units Stretch Exercises Facet Rhizotomy Massage
Therapy
Acupuncture Yoga Biofeedback/Relaxation therapy Cold packs Heat Packs**

Pain specialists who are not abstinent based usually prescribe a long acting opioid with a short acting opioid for break through pain.

Pregnant women with benign chronic pain who are taking controlled substances put the fetus at greater risk for complications including addiction. Opiate withdrawal during pregnancy can lead to miscarriage. Therefore these women have high risk pregnancies and must be monitored carefully by their obstetrician.

Unfortunately for some nurses, long term use of prescriptions for controlled substances leads to increased tolerance and eventually, physical dependence and/or prescription drug abuse. Some nurses with these prescriptions eventually divert controlled substances from their employer.

Due to the increased risk for patient safety and due to the increased risk of substance dependence in nurses, any nurse seeking treatment for benign chronic pain would be well advised to seek out a pain specialist who is abstinent based.

Nurses with benign chronic pain have informed our treatment providers that 12 hour shifts markedly exacerbate their pain. Many nurses with chronic benign pain have to seek nursing positions which are far less physically taxing due to increasing limitations

Many nurses are poor at caring for themselves because they have a pattern of taking care of everyone and everything but themselves. Nurses who do not adequately care for themselves are at greater risk for reinjuring themselves on the job especially if they are taking controlled substances while working. They are also at risk for exacerbating their pain because they have difficulty accepting the limitations inherent with benign chronic pain.

Any nurse with long term use of opiates for chronic pain who wants to discontinue the use of opiates and/or benzodiazepines should do so under the close supervision of a physician. Withdrawal from opiates can be painful. The rebound pain during withdrawal can become intolerable for some nurses and other complications such as suicidal thoughts can occur. Withdrawal from benzodiazepines can be life threatening especially if the nurse has elevated vital signs and/or seizures.

If a nurse who has been taking opiates for more than 6 months has a complaint filed on his or her license or is scheduled to appear before the Board of Nursing, it is in that nurse's best interest to contact ISNAP so that a substance abuse assessment can be completed prior to that nurse's appearance or to help resolve the complaint filed against the nurse's license. If that nurse is assessed as having a substance use disorder by the ISNAP team, it is in that nurse's best interest to come into monitoring with ISNAP.

If you or any of your peers need assistance with the discontinuance of controlled substances due to physical dependence and/or prescription drug abuse, please contact Robin Riebsomer the intake coordinator for ISNAP at 1-800-638-6623 extension 107 or Chuck Lindquist the ISNAP program director at extension 101. ISNAP is the monitoring program for nurses with substance use disorders. The ISNAP team refers nurses to treatment providers and then monitors each nurse's recovery progress. You can learn

more about the ISNAP program at the ISNA website indiananurses.org. The ISNAP link is located at the bottom right of the website.