

PATIENT INFORMED CONSENT

Patients living with chronic pain have a variety of treatment options. Many of those options may have been tried and found ineffective. Other treatment options may not be desired or reasonably available. The use of opiate (narcotic) medications on a continuous basis in hopes of controlling pain is one treatment option. There are advantages, and serious disadvantages to the use of controlled substances for the control of pain.. You should be aware of both, in order to consider your options, and make a genuine “informed consent” regarding your care.

ADVANTAGES:

Uncontrolled pain is frequently associated with depression, anxiety, sleep disturbance and may limit functional capacity. Uncontrolled pain with its associated stress may limit life expectancy in patients with cancer or cardiovascular disease. Opiate medications when used appropriately and as prescribed may improve a patients' quality of life, increase functional capacity (activity level) and facilitate continued employment or participation in activities with family or friends.

DISADVANTAGES:

Opiate analgesics (narcotics) are potent "controlled substances" associated with significant risks. The most frequently cited risks include tolerance, dependence or addiction. Most patients will develop some degree of tolerance. More medication may be required to achieve the same clinical effect. Most patients will develop some degree of dependence. Dependence is not addiction. It is the occurrence of increased pain or flu-like “withdrawal syndrome” associated with nausea and vomiting noted upon the discontinuation of narcotic therapy.

Addiction involves an abnormal social behavior to obtain medications in excess of those prescribed. Addiction frequently involves doctor shopping, lying, stealing and medication or polysubstance abuse.

ADDICTION is a serious medical condition with LIFE ALTERING CONSEQUENCES.

CONSEQUENCES

The true incidence of addiction is not known but likely varies dramatically with age, length of medication utilization, disease state, psychological state, and complex psychosocial factors. There is evidence that the type and frequency of medication utilized may be important in the development of addiction. The repetitive use of multiple short-acting opiates such as hydrocodone, oxycodone etc. may actually be more addictive than the use of a more potent but long acting sustained release opiate such as morphine extended release or transdermal fentanyl (Duragesic patch).

All opiates may cause the following well documented side effects:

1. Sleepiness, sedation, respiratory depression or DEATH
2. Constipation, nausea, vomiting
3. Impaired judgment, impaired motor skills with increased risks of injury while driving a motor vehicle or operating machinery

4. Potential interaction with other medications or substances such as alcohol increasing potency or side effects
5. Tolerance, dependence and/or addiction
6. Overdose particularly associated with abuse of short-acting narcotics or crushing/chewing extended-release medications (oxycontin, morphine, fentanyl 'Duragesic' patch) etc.
7. Allergic reactions as with any medication

Opiates may be associated with:

1. Hormonal abnormalities leading to sexual dysfunction, urinary retention, osteoporosis, impaired stress response or dental decay.
2. Depression
3. Increased pain
4. Increased risk of obstructive sleep apnea with associated hypertension, cardiac disease or death.
5. Increased incidence of liver failure primarily in those agents containing acetaminophen (Tylenol) particularly with long term use or the concomitant use of alcohol.
6. Cardiac irregularities and/or death particularly noted with the use of Methadone.

Other treatment options that may exist include:

1. Cognitive and Behavioral therapies (psychological and behavioral medicine techniques to aid in lessening the effects of chronic pain).
2. Alternative strategies for pain management (e.g. acupuncture, biofeedback etc.)
3. Physical therapy, chiropractic manipulation, massage therapy, TENS
4. Surgical treatment (if condition is reasonably amenable to surgical intervention)
5. Spinal cord stimulation or implantable therapies (medical devices to help control pain).

If this form accurately represents the discussion and your understanding of the opioid (narcotic) treatment option and you understand the material risks please check one:

I am satisfied with the explanation of treatment options and relative risks and desire no further information.

I requested and received additional information/explanation regarding material risks and alternatives and believe I am fully informed.

Patient Signature: _____

Provider Signature: _____

Date: _____