



## Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice 2024

San Diego, CA  
September 19-21, 2024  
*Pacific Time*

Thursday, September 19, 2024	
6:30 a.m.	<i>Registration and Breakfast</i> <i>Bel Aire Lobby</i>
7:30 a.m.	<b>Welcome and Course Overview</b> <i>Dare O. Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i> <ul style="list-style-type: none"><li>Ice breaker questions</li></ul>
7:40 a.m.	<b>Current State: Guidelines, Regulations, Recommendations, and Challenges (DEA)</b> <i>Benjamin Lai, M.B., B.Ch., B.A.O.</i> <ul style="list-style-type: none"><li>Discuss the current state of the opioid epidemic and how Covid has affected it</li><li>Summarize current legislative efforts to control opioid prescribing</li><li>Synthesize current major guidelines, requirements, and laws regarding chronic opioid prescribing</li><li>Discuss risk of Opioid Use Disorder, tolerance &amp; central sensitization/opioid-induced hyperalgesia with chronic opioid use</li></ul>
8:20 a.m.	<b>CDC Opioid Prescribing Guidelines: Application in Transitions of Care</b> <i>Robert J. Hyde, M.D., M.A. &amp; Gretchen A. Colbenson, M.D.</i> <ul style="list-style-type: none"><li>Describe how the guidelines differ (2016 vs 2022) and how these will affect practices for acute, subacute, and chronic prescribing</li><li>Describe transitions of care related to opioid therapy between the emergency department and inpatient setting with a case scenario</li><li>Review considerations of opioid management at hospital discharge</li></ul>
9:00 a.m.	<b>Clinical Pearls for Opioid Prescribing (DEA)</b> <i>Julie L. Cunningham, Pharm.D., R.Ph.</i> <ul style="list-style-type: none"><li>Differentiate the clinically relevant pharmacology of various commonly used opioids</li><li>Identify rational opioid treatment choices based on patient and medication factors</li><li>Discuss place in therapy for low dose naltrexone (LDN)</li><li>Describe prevalence and risks of concurrently use of opioids with sedating agents</li></ul>
9:40 a.m.	<i>Refreshment Break</i>
9:55 a.m.	<b>Opioids in Medical Illness/Complex Pain Scenarios</b> <i>Dan K. Partain, M.D.</i> <ul style="list-style-type: none"><li>Examine how to prevent avoidable side effects in patients with a serious illness who are being treated with opioids.</li><li>Develop a stepwise approach to the use of opioids in patients with liver &amp; renal failure.</li><li>Discuss how to choose safe prescribing options for opioids in the treatment of non-pain symptoms.</li><li>Discuss the use of methadone for pain management</li></ul>
10:35 a.m.	<b>Medical Marijuana and CBD Products: Pro Con Debate</b> <i>Thomas P. Pittelkow, D.O., M.P.H.</i> <ul style="list-style-type: none"><li>Examine differences between medical marijuana and CBD</li><li>Review Benefits/challenges to common medical indications (e.g. cost, coverage, travel across state lines)</li></ul>



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	<ul style="list-style-type: none"> <li>Describe the steps to evaluate appropriate candidacy, monitor use and evaluate for side effects and drug interactions</li> <li>Summarize the evidence for/against the therapeutic benefits and risks and place in therapy as opioids alternatives or adjuvants</li> </ul>
11:15 a.m.	<p><b>Buprenorphine: Use in Pain Management and Opioid Use Disorder (DEA)</b> <i>Mark E. Deyo-Svendson, M.D.</i></p> <ul style="list-style-type: none"> <li>Summarize the clinically relevant pharmacology of buprenorphine</li> <li>Describe OUD screening/monitoring and when to prescribe buprenorphine</li> <li>Review the available buprenorphine formulations and examine differences</li> <li>Discuss challenges, potential side effects, and contraindications with buprenorphine</li> </ul>
11:55 a.m.	<p><b>Buprenorphine Patient Cases at Transitions of Care: Panel Discussion (DEA)</b> <i>Dare O. Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> <li>Describe transitioning full mu opioid agonist to Buprenorphine Case: Patient with “red flags” for opioid misuse</li> <li>Discuss patients where low dosing of buprenorphine would be preferred over standard initiation dosing Case: Patient with past opioid tapering failures and high degree of distress</li> <li>Review the evidence for duration of use for buprenorphine. Case: patient stable on buprenorphine now wants to discontinue</li> </ul>
12:35 p.m.	<i>Adjourn</i>

<b>Opioids &amp; Pain Management: Interactive Case Reviews &amp; In-Depth Discussion (Optional \$200 Add-on, Lunch Included) (DEA)</b>	
1:00 p.m.	<p>The workshop will focus on opioids and challenging patient cases. Topics will include: tapering, managing patients on multiple controlled substances, unique scenarios across the lifespan, use of buprenorphine across clinical settings, applying 2022 CDC opioid prescribing guidelines in case-based scenarios. An opportunity for audience questions.</p> <p><i>Benjamin Lai, M.B., B.Ch., B.A.O., Dare O. Olatoye, M.D., Julie L. Cunningham, Pharm.D., R.Ph., Andy A. Bock, D.O., Nathan T. Smith, Pharm.D., R.Ph., BCPS, Charles P. Hannon, M.D., M.B.A., Kim A. Bremseth, M.S.N., R.N.</i></p> <p>Learning objectives below:</p> <ul style="list-style-type: none"> <li>Review the role of opioids in acute, subacute, and chronic pain management.</li> <li>Discuss the key components involved in monitoring patients on chronic opioids.</li> <li>Demonstrate how to manage patients with opioid use disorder.</li> <li>Integrate the 2022 CDC opioid prescribing guidelines into clinical practice across the lifespan.</li> </ul>
4:15 p.m.	<i>Adjourn</i>



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Friday, September 20, 2024	
6:30 a.m.	<i>Breakfast</i> <i>Bel Aire Lobby</i>
7:25 a.m.	<b>Welcome</b> <i>Dare O. Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i>
7:30 a.m.	<b>Managing Challenges: Behaviors and Conversations</b> <i>Wesley P. Gilliam, Ph.D., L.P.</i> <ul style="list-style-type: none"><li>• Discuss case examples of difficult patient encounters</li><li>• Describe the concept of <b>central sensitization</b> in chronic pain</li><li>• Identify factors that contribute to difficult encounters with patients</li><li>• Discuss practical strategies for managing difficult patient encounters</li></ul>
8:10 a.m.	<b>CAREFUL Approach to Monitoring Patients on Controlled Substances &amp; the Evidence of Combining the use of Opioids, Benzodiazepines and Other CNS Depressants</b> <i>Nathan T. Smith, Pharm.D., R.Ph., BCPS &amp; Kim A. Bremseth, M.S.N., R.N.</i> <ul style="list-style-type: none"><li>• Describe the role of nurses in monitoring patients on chronic opioids using the CAREFUL approach</li><li>• Describe the evidence that supports the risk of co-prescribing opioids and CNS depressants</li><li>• Discuss the evidence for long-term use of benzodiazepines, muscle relaxants and gabapentinoids</li><li>• Review benzodiazepine tapering best practices and case examples</li></ul>
8:50 a.m.	<b>Interventional Alternatives for Pain Management</b> <i>Tim J. Lamer, M.D.</i> <ul style="list-style-type: none"><li>• Identify some of the most common interventional pain therapies &amp; indications</li><li>• Review an algorithm or framework for incorporating interventional pain therapies</li><li>• Discuss ultrasound guided interventions in office and training</li><li>• Illustrate common precautions &amp;/or contraindications for interventional therapies including pain pump criteria, and peripheral nerve stimulators</li></ul>
9:30 a.m.	<b>Harm Reduction: Naloxone/New Illicit Drugs/Fentanyl Strips (DEA)</b> <i>Christopher J. Arendt, Pharm.D., R.Ph.</i> <ul style="list-style-type: none"><li>• Discuss new formulations of naloxone and when to prescribe</li><li>• Examine how to access naloxone and implication of OTC status</li><li>• Describe the new worrisome illicit substances present and naloxone activity</li><li>• Describe other potential harm reduction strategies such as fentanyl strips and safe supply</li><li>• Discuss emerging street drugs (eg gas station heroin &amp; xylazine)</li></ul>
10:10 a.m.	<i>Refreshment Break</i>
10:25 a.m.	<b>Supplements Commonly Used in Chronic Pain: What is the Evidence?</b> <i>Linda Huang, Pharm.D., R.Ph., BCPS</i> <ul style="list-style-type: none"><li>• Review case base examples for considerations for supplement use in chronic pain patients</li><li>• Identify literature exploring the use of select supplements associated with chronic pain</li><li>• Review a <u>patient case</u> highlighting potential supplement use concerns</li></ul>



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11:05 a.m.	<b>A Surgeon's Perspective on Pain &amp; Opioids: Myths and Pearls (DEA)</b> <i>Charles P. Hannon, M.D., M.B.A.</i> <ul style="list-style-type: none"><li>• Discuss the approach for patient using chronic opioids with surgical needs.</li><li>• Discuss a surgeon's role in opioid stewardship</li><li>• Review the pros and cons of NSAIDs use post-operatively</li><li>• Describe the ideal collaboration between the primary care physician and surgeon for patient pre and post-operative pain management</li></ul>
11:45 a.m.	<b>Nonopioid Adjuvants</b> <i>James C. Watson, M.D.</i> <ul style="list-style-type: none"><li>• Describe common reasons patients fail first line neuropathic pain adjuvants and practical approaches to maximize the chance of success with currently available agents</li><li>• Discuss the limitations of evidence based neuropathic pharmacologic treatment algorithms</li><li>• Review Clinical and Comorbidity variables that inform selection of second line non-opioid adjuvants using a patient case</li></ul>
12:25 p.m.	<i>Adjourn</i>

### Saturday, September 21, 2024

6:30 a.m.	<i>Breakfast</i> <i>Bel Aire Lobby</i>
7:25 a.m.	<b>Welcome</b> <i>Dare O. Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i>
7:30 a.m.	<b>Urine Drug Testing and Patient Conversations (DEA)</b> <i>Loralie J. Langman, Ph.D. &amp; Benjamin Lai, M.B., B.Ch., B.A.O.</i> <ul style="list-style-type: none"><li>• Integrate urine drug testing to support the treatment and monitoring of pain management patients.</li><li>• Describe the limitations of various screening and quantitative urine drug tests.</li><li>• Interpret urine drug testing results from pain management patients.</li><li>• Describe techniques to start conversations for unexpected UDT results</li></ul>
8:10 a.m.	<b>Using Opioids in Older Adults (DEA)</b> <i>Daniel E. Sanchez Pellecer, M.D.</i> <ul style="list-style-type: none"><li>• Develop a general framework to use opioids in older adults by</li><li>• Review normal physiology changes of aging</li><li>• Review polypharmacy implications when treating pain in older adults</li><li>• Describe a practical approach to assess pain in cognitively impaired older adults</li><li>• Review common opioid side effects in older adults</li><li>• Describe how to retain pearls to the use of non-opioid pain adjuvants</li><li>• Describe transitions of care pitfalls</li></ul>
8:50 a.m.	<b>Opioid Side Effects and Management (DEA)</b> <i>Leslie R. Siegel, Pharm.D., R.Ph.</i> <ul style="list-style-type: none"><li>• Recognize which opioid side effects are typically transient and which are pervasive.</li><li>• Discuss management options for each opioid side effect discussed (remove testosterone)</li></ul>



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	<ul style="list-style-type: none"><li>• Compare when to rotate opioid vs. when to treat the symptom.</li><li>• Identify the risk for depression with opioid use, how to evaluate and treatment strategies</li></ul>
9:30 a.m.	<p><b>Biopsychosocial Spiritual Model of Chronic Pain &amp; OUD</b> <i>Holly L. Geyer, M.D. &amp; Robert W. Kirchoff, M.D., M.S.</i></p> <ul style="list-style-type: none"><li>• Discuss Case-based patient: how to manage the biological, psychological, social &amp; spiritual aspects of patients with chronic pain &amp; OUD using a case-based approach.</li><li>• Describe how to assess each of these aspects; what resources might need to be considered to address needs?</li><li>• Discuss provider burnout with the management of chronic pain patients &amp; OUD patients: how providers would also benefit from a biopsychosocial-spiritual approach (to potentially reduce burnout) Resources for patients to manage the biological, psychological, social and spiritual needs of patients to optimize management of chronic pain &amp; OUD</li></ul>
10:10 a.m.	<i>Refreshment Break</i>
10:25 a.m.	<p><b>Acute Pain Management for the Patient on Chronic Opioids (DEA)</b> <i>Dare O. Olatoye, M.D.</i></p> <ul style="list-style-type: none"><li>• Discuss the clinical burden of patients on chronic opioid Therapy</li><li>• Describe medication options used by patients on chronic opioid Therapy</li><li>• Discuss implications of patients on MOUD</li><li>• Review acute pain management strategies of patients on Chronic Opioid Therapy</li></ul>
11:05 a.m.	<p><b>Tapering Opioids (DEA)</b> <i>Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"><li>• Review and discuss the evidence-based literature and guidelines regarding opioid tapering</li><li>• Describe the primary risks associated with opioid tapering</li><li>• Discuss opioid tapering tips, tricks, barriers, and pitfalls</li><li>• Describe best practices for communicating with patients before and during opioid tapering</li><li>• Discuss full mu opioid to buprenorphine taper example</li></ul>
11:45 a.m.	<p><b>Legal Implications of Opioid Prescribing (DEA) (virtual)</b> <i>Erin C. Skold, J.D.</i></p> <ul style="list-style-type: none"><li>• Discuss overview of potential legal implications of opioid prescribing in a case-based scenario</li><li>• Review special considerations for chronic pain prescribing</li><li>• Review special considerations for hospice and palliative care patients</li><li>• Describe current state of telemedicine prescribing for opioids</li><li>• Review overview opioid prescribing and provider responsibility to document and prescribe risk mitigation strategies</li></ul>
12:25 p.m.	<b>Closing Remarks</b>
12:30 p.m.	<i>Adjourn</i>