



Clinical Implications of Opioid-Induced Hyperalgesia

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Disclosure of Conflict of Interest

None

ACHIEVEMENTS
New additions to various categories of pain medications

Opioid analgesics

NSAIDs; COX-2 inhibitors

Ion channel (Ca⁺⁺, Na⁺) blockers

Antidepressants (TCA, SSRI, SNRI)

Triptan drugs (5-HT_{1b}, 1d receptor agonists) for migraine *

Others (gabapentin, pregabalin) *

ACHIEVEMENTS
Innovative drug delivery methods and interventional procedures

Topical agents (lidocaine, diclofenac, capsaicin)

Intrathecal pump (opioid, local anesthetic, clonidine, baclofen)

Neuro-modulation (spinal cord and deep brain stimulation)

Transcutaneous electrical nerve stimulation (TENS)

Others (RFL, sympathetic block, ESI, IDET, etc.)

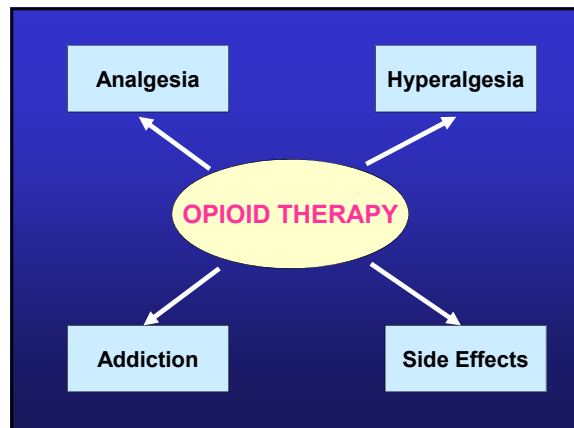
ACHIEVEMENTS
Improvement in acute and postoperative pain management

PCA (patient-controlled analgesia)

Regional nerve block

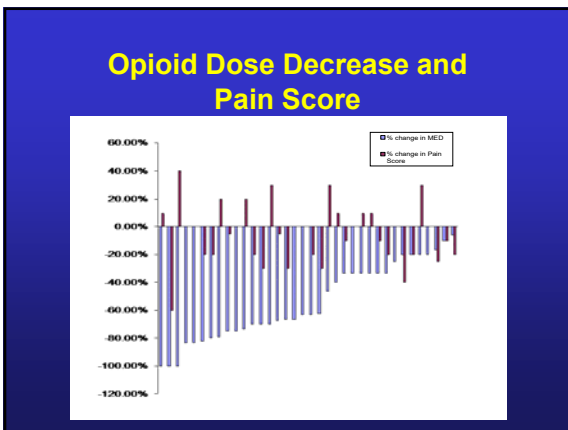
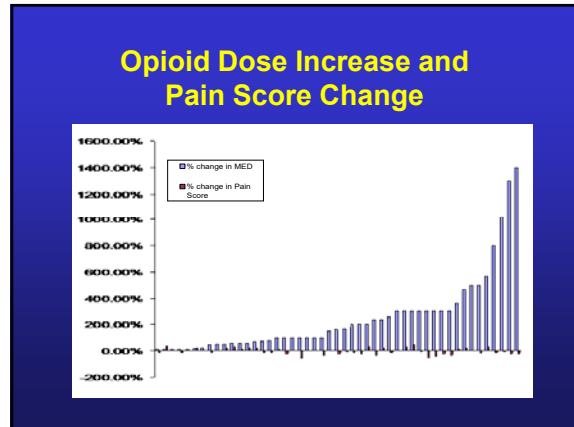
Neuraxial block (epidural, spinal)

Medication (ketorolac – an intravenous NSAID)

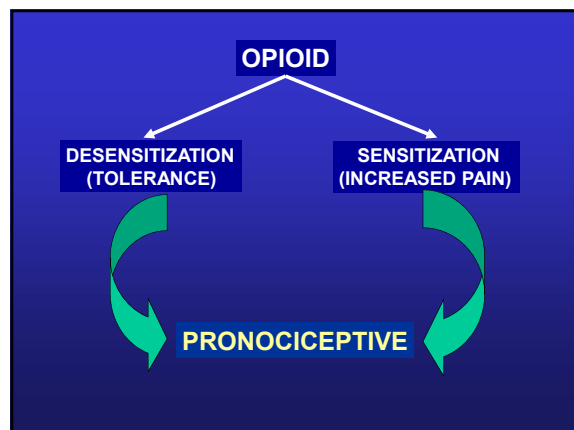
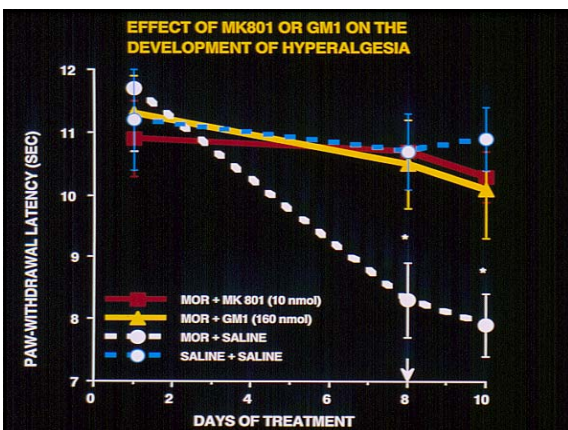


Does opioid dose adjustment change clinical pain score?

An analysis of a subgroup of over 100 chronic pain patients

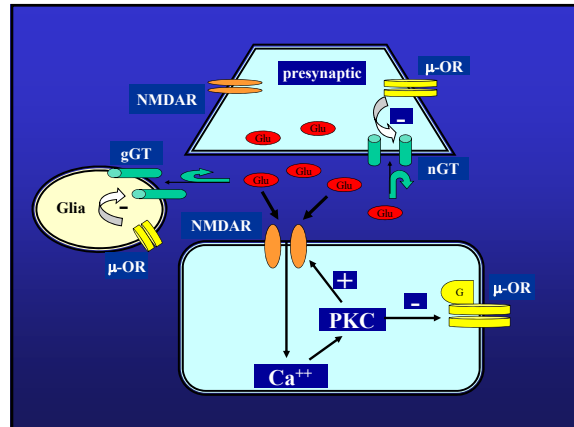


Opioid-Induced Hyperalgesia



NEURAL & MOLECULAR MECHANISMS

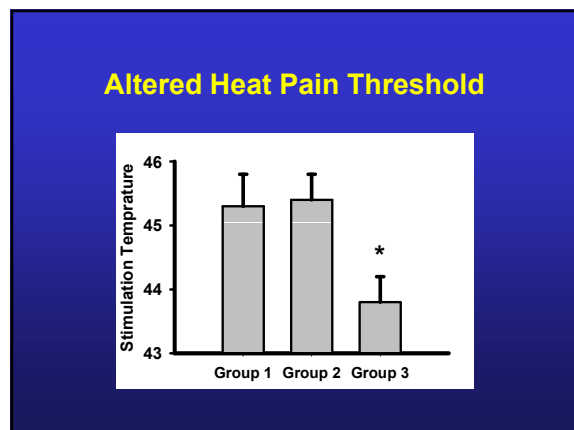
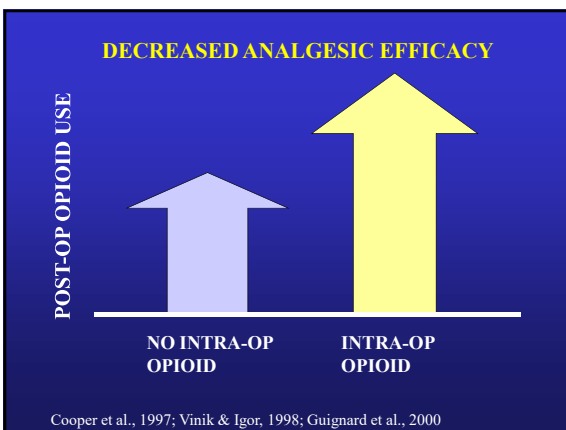
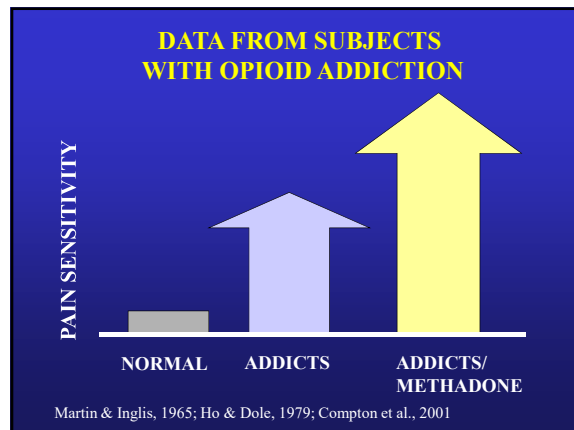
- Dynorphin
- Descending facilitation
- Alpha-2 Adrenergic receptor
- **Glutamatergic system**

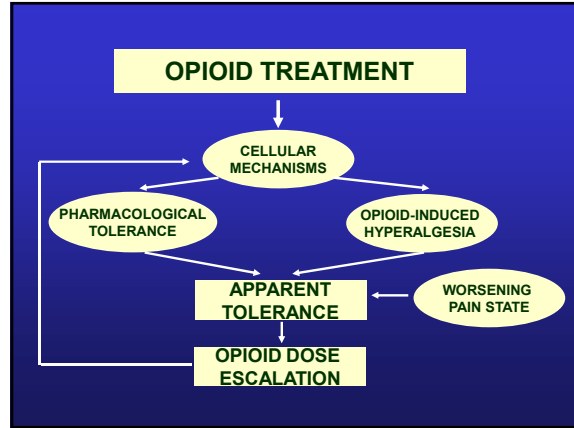
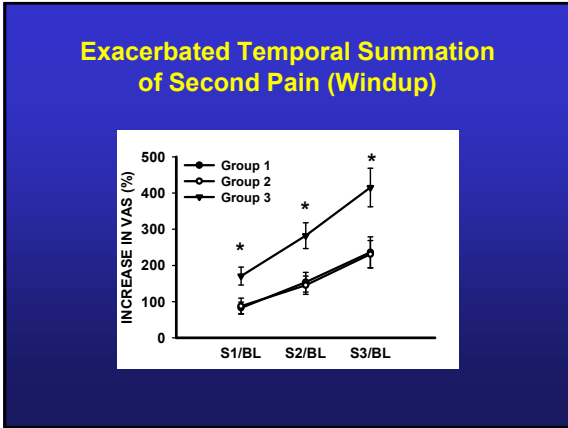


REPEATED OPIOID EXPOSURE

↓

A PATHOLOGICAL PAIN STATE





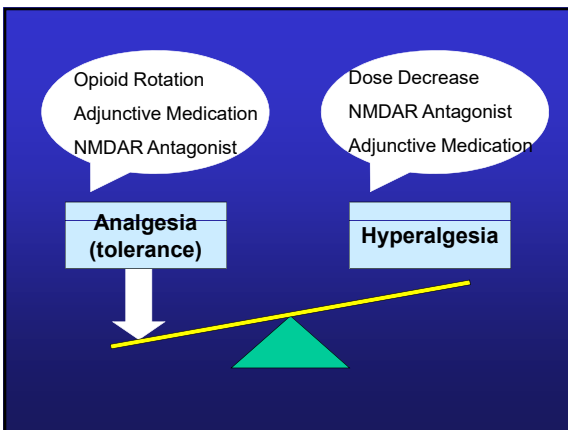
	OIH	Opioid tolerance
Exacerbated temporal summation of second pain	Yes	No
Decreased pain threshold	Yes	No
Decreased pain tolerance	Yes	No
Opioid dose (the higher, the more likely)	Yes	Yes
Duration of opioid therapy (the longer, the more likely)	Yes	Yes
Dose escalation	Limited improvement in clinical pain	Improvement in pain relief
Dose reduction	Improved opioid analgesia	Reduced opioid analgesia
Pain quality	Spontaneous, burning, diffuse pain similar to neuropathic pain	No change from pre-existing pain
Pain location	may ↑ dermatome distribution of the pre-existing pain	No change (from pre-existing pain)
Pain intensity	Similar to or greater than pre-existed pain	Similar to preexisted pain condition

Category I

- Low dose
- Initial titration phase

Category II

- High dose; Long-term use
- Little change after dose titration
- Change in pain pattern
- *Buprenorphine; methadone*



RELEVANCE: rat ≠ human

- No complaint (affect, emotion)
- No secondary gain
- No comorbidity
- No addiction
- No legal issues
- No illicit drug abuse
- No socioeconomic challenge

FUTURE DIRECTION

Animal models and assessment tools

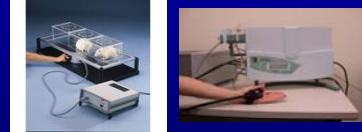
We must consider pain-related comorbidities in animal models (e.g., depression, anxiety, drug addiction)!

Explore and validate new assessment tools (e.g., conditioned place preference; concurrent assessment of nociceptive and comorbid behaviors)

PAIN ASSESSMENT TOOL

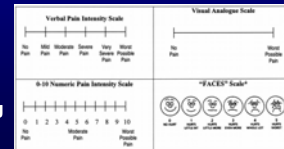
Bench

Evoked response



Clinical

Pain rating
Pain questionnaires
Quantitative sensory testing



WHAT DOES PAIN SCORE TELL US?



VAS:
10/10



VAS:
??

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