1
00:00:03,410 --> 00:00:05,970
Hello and welcome
to Mayo Clinic Talks,

2
00:00:05,970 --> 00:00:07,785
The Opioid Edition.

3
00:00:07,785 --> 00:00:09,180
I'm Tracy McCray and with

4
00:00:09,180 --> 00:00:10,710
me today is Dr.
David Patchett,

5
00:00:10,710 --> 00:00:12,810
from Mayo
Clinic in Arizona.

6
00:00:12,810 --> 00:00:14,445
Hello once again,
Dr. Patchett.

7
00:00:14,445 --> 00:00:15,990
Hello! Dr. Patchett

8
00:00:15,990 --> 00:00:17,820
is a family medicine
physician board

9
00:00:17,820 --> 00:00:19,395
certified in
family medicine,

10
00:00:19,395 --> 00:00:21,585
OMT, and
integrative medicine

11
00:00:21,585 --> 00:00:23,370
and we'll be talking
about opioids from

12
00:00:23,370 --> 00:00:26,025

the primary care
physician perspective.

13
00:00:26,025 --> 00:00:28,470
So Dr. Patchett, who
might be part of

14
00:00:28,470 --> 00:00:31,170
a special population
group when

15
00:00:31,170 --> 00:00:36,609
you're considering
opioid therapy?

16
00:00:36,609 --> 00:00:38,930
The three things I think
we should go through are

17
00:00:38,930 --> 00:00:41,300
pregnant patients,
the elderly, and children.

18
00:00:41,300 --> 00:00:43,040
I would imagine that

19
00:00:43,040 --> 00:00:46,370
you do not give opioids
to a woman who,

20
00:00:46,370 --> 00:00:47,570
you know, is pregnant

21
00:00:47,570 --> 00:00:48,920
or is that not a concern?

22
00:00:48,920 --> 00:00:50,660
I'm thinking she gets
pregnant while she's

23
00:00:50,660 --> 00:00:53,045
using this opioid
medication?

24
00:00:53,045 --> 00:00:55,010
Yeah. You do
try to avoid, if

25
00:00:55,010 --> 00:00:56,960
at all possible,
opioids in

26
00:00:56,960 --> 00:01:01,580
pregnancy, as there are
risks for the fetus

27
00:01:01,580 --> 00:01:03,620
with neonatal
withdrawal syndrome,

28
00:01:03,620 --> 00:01:05,240
neural tube defects,

29
00:01:05,240 --> 00:01:07,385
congenital heart defects,

30
00:01:07,385 --> 00:01:10,100
a condition called
gastroschisis,

31
00:01:10,100 --> 00:01:12,920
pre-term delivery,
and stillbirth.

32
00:01:12,920 --> 00:01:14,690
I think the key here is,

33
00:01:14,690 --> 00:01:16,880
is to use as
little as possible

34
00:01:16,880 --> 00:01:18,905
for a short period of time,

35
00:01:18,905 --> 00:01:20,780

if it's needed.
But to really

36
00:01:20,780 --> 00:01:23,105
try to use safer
alternatives

37
00:01:23,105 --> 00:01:25,160
such as Tylenol and

38
00:01:25,160 --> 00:01:26,480
NSAIDs, if

39
00:01:26,480 --> 00:01:29,270
appropriate, in the
various trimesters.

40
00:01:29,270 --> 00:01:30,590
Can you explain
a little bit

41
00:01:30,590 --> 00:01:31,640
why you don't want to

42
00:01:31,640 --> 00:01:34,370
use it with the
elderly population?

43
00:01:34,370 --> 00:01:37,640
Some of the issues with the
elderly population is they

44
00:01:37,640 --> 00:01:40,490
metabolize drugs
different than

45
00:01:40,490 --> 00:01:42,230
the standard
adult population

46
00:01:42,230 --> 00:01:45,455
and a lot of that has
to do with as you age,

47
00:01:45,455 --> 00:01:46,970
you have differences in

48
00:01:46,970 --> 00:01:49,175
both renal and
hepatic function.

49
00:01:49,175 --> 00:01:52,760
There's also change
in lean muscle mass

50
00:01:52,760 --> 00:01:54,080
and so that the drugs are

51
00:01:54,080 --> 00:01:56,900
metabolized differently
at that age.

52
00:01:56,900 --> 00:01:59,300
The key really is
to keep the dose

53
00:01:59,300 --> 00:02:02,795
low and increase it very
slowly if you need it.

54
00:02:02,795 --> 00:02:03,680
And then close

55
00:02:03,680 --> 00:02:05,735
monitoring of side
effect is important.

56
00:02:05,735 --> 00:02:07,730
And some

57
00:02:07,730 --> 00:02:09,305
of those side effects
that are common,

58
00:02:09,305 --> 00:02:10,715

most individuals know,

59
00:02:10,715 --> 00:02:12,905
so sedation and
constipation, are

60
00:02:12,905 --> 00:02:14,240
both common side effects,

61
00:02:14,240 --> 00:02:16,700
but other things you
have to really watch for

62
00:02:16,700 --> 00:02:18,290
are endocrine
dysfunction,

63
00:02:18,290 --> 00:02:20,030
particularly at the
dose we get higher,

64
00:02:20,030 --> 00:02:21,560
you wanna avoid those

65
00:02:21,560 --> 00:02:24,410
high doses. There can

66
00:02:24,410 --> 00:02:25,730
be increased risk of

67
00:02:25,730 --> 00:02:28,400
falls and motor
vehicle accidents.

68
00:02:28,400 --> 00:02:30,110
And lastly, one that

69
00:02:30,110 --> 00:02:31,985
most individuals
don't know about is

70
00:02:31,985 --> 00:02:34,730

disordered breathing,

71
00:02:34,730 --> 00:02:35,780
particularly with sleep,

72
00:02:35,780 --> 00:02:37,040
and so you can get
kind of a form

73
00:02:37,040 --> 00:02:39,365
of sleep apnea with

74
00:02:39,365 --> 00:02:41,240
certain doses of opioids.

75
00:02:41,240 --> 00:02:43,160
And that's just in the
elderly population

76
00:02:43,160 --> 00:02:44,700
or is that all adults?

77
00:02:44,700 --> 00:02:47,360
It's more common
in the elderly,

78
00:02:47,360 --> 00:02:49,700
but it does occur
in all adults,

79
00:02:49,700 --> 00:02:52,130
particularly as the
dose gets higher.

80
00:02:52,130 --> 00:02:53,690
And then really
you want to avoid

81
00:02:53,690 --> 00:02:56,390
using sedative
hypnotic medications,

82

00:02:56,390 --> 00:03:00,590
as we discussed in
the last podcast,

83
00:03:00,590 --> 00:03:02,525
in conjunction
with opioids.

84
00:03:02,525 --> 00:03:04,445
And what about the youth?

85
00:03:04,445 --> 00:03:06,950
I would imagine
that they may

86
00:03:06,950 --> 00:03:08,870
feel inclined to hand

87
00:03:08,870 --> 00:03:10,820
this medication
out to friends.

88
00:03:10,820 --> 00:03:12,980
There are other
reasons why we don't

89
00:03:12,980 --> 00:03:14,750
really understand
what the effect,

90
00:03:14,750 --> 00:03:17,150
the full effect, is on
the growing brain.

91
00:03:17,150 --> 00:03:18,710
And so I think we
would have to be super

92
00:03:18,710 --> 00:03:20,090
careful with giving
these to kids.

93
00:03:20,090 --> 00:03:21,680

And as you mentioned,
there are problems of

94
00:03:21,680 --> 00:03:23,450
addiction overdose in

95
00:03:23,450 --> 00:03:25,565
the pediatric population.

96
00:03:25,565 --> 00:03:27,290
And so I really
encourage use

97
00:03:27,290 --> 00:03:29,330
of Tylenol or non-steroidal

98
00:03:29,330 --> 00:03:30,830
anti-inflammatories,

99
00:03:30,830 --> 00:03:33,514
primarily in the
pediatric population

100
00:03:33,514 --> 00:03:36,935
for, for pain control,
if at all possible.

101
00:03:36,935 --> 00:03:39,140
I mean, there are
some indication

102
00:03:39,140 --> 00:03:40,220
for opiates for

103
00:03:40,220 --> 00:03:41,480
sure and

104
00:03:41,480 --> 00:03:43,700
when appropriate,
they should be given.

105
00:03:43,700 --> 00:03:45,560

But what I see is

106
00:03:45,560 --> 00:03:48,830
often children or
parents haven't really

107
00:03:48,830 --> 00:03:51,140
given the child
therapeutic doses

108
00:03:51,140 --> 00:03:52,925
of either Tylenol or

109
00:03:52,925 --> 00:03:55,520
an NSAID such
as ibuprofen

110
00:03:55,520 --> 00:03:58,925
prior to moving to
something like an opiate.

111
00:03:58,925 --> 00:04:02,270
Interestingly,
a recent study

112
00:04:02,270 --> 00:04:04,370
showed that Tylenol
and ibuprofen are

113
00:04:04,370 --> 00:04:06,740
as effective as opioids for

114
00:04:06,740 --> 00:04:07,910
pain control in

115
00:04:07,910 --> 00:04:10,715
pediatric population
for extremity injuries,

116
00:04:10,715 --> 00:04:12,200
which I think that's what

117

00:04:12,200 --> 00:04:14,780
you see fairly commonly,

118
00:04:14,780 --> 00:04:16,160
at least in the
primary care setting

119
00:04:16,160 --> 00:04:17,750
from a pain standpoint,

120
00:04:17,750 --> 00:04:20,210
we see more of those
extremity injuries.

121
00:04:20,210 --> 00:04:23,880
Yeah. If you're a parent,
you can appreciate that.

122
00:04:24,310 --> 00:04:28,700
Is the kids' growing brain

123
00:04:28,700 --> 00:04:30,290
to know as an adolescent,

124
00:04:30,290 --> 00:04:32,675
it continues to grow

125
00:04:32,675 --> 00:04:34,505
until they're in
their twenties.

126
00:04:34,505 --> 00:04:36,290
What is understood
about the effect of

127
00:04:36,290 --> 00:04:38,600
the opioids just on their
brain development.

128
00:04:38,600 --> 00:04:39,815
Do we know anything
about that?

129
00:04:39,815 --> 00:04:41,540
We don't know. We don't
really understand

130
00:04:41,540 --> 00:04:42,920
what happens with
the brain though.

131
00:04:42,920 --> 00:04:44,480
That's really the
issue that is not

132
00:04:44,480 --> 00:04:46,430
fully understood how this

133
00:04:46,430 --> 00:04:48,590
effects their growing
brain because

134
00:04:48,590 --> 00:04:49,610
those receptors are in

135
00:04:49,610 --> 00:04:51,020
the brain and we don't
know what happens.

136
00:04:51,020 --> 00:04:53,330
You know, certainly
particularly children

137
00:04:53,330 --> 00:04:55,325
who have a family
history of

138
00:04:55,325 --> 00:04:56,509
opiate dependency

139
00:04:56,509 --> 00:04:57,740
or addiction or
other problems with

140
00:04:57,740 --> 00:05:00,200

addiction, care should
be taken even more

141
00:05:00,200 --> 00:05:01,760
in that population. Or if

142
00:05:01,760 --> 00:05:03,770
the youth has had issues
with addiction,

143
00:05:03,770 --> 00:05:05,600
extreme care should
be taken

144
00:05:05,600 --> 00:05:08,030
before giving any
type of opioid.

145
00:05:08,030 --> 00:05:10,250
I wonder if there's

146
00:05:10,250 --> 00:05:12,680
anything that spans
all those populations

147
00:05:12,680 --> 00:05:14,974
when it comes to
pain, for example,

148
00:05:14,974 --> 00:05:16,550
does a person's diet

149
00:05:16,550 --> 00:05:18,560
affect their pain levels?

150
00:05:18,560 --> 00:05:21,260
You know, I have seen
that a lot clinically.

151
00:05:21,260 --> 00:05:22,820
The trials,
they are small,

152
00:05:22,820 --> 00:05:25,370
but from my clinical
perspective,

153
00:05:25,370 --> 00:05:27,620
if a patient will go on

154
00:05:27,620 --> 00:05:30,050
a low glycemic
Mediterranean diet that

155
00:05:30,050 --> 00:05:31,790
seems to help a
tremendous amount

156
00:05:31,790 --> 00:05:33,740
for individuals because

157
00:05:33,740 --> 00:05:35,120
they get the
inflammation down

158
00:05:35,120 --> 00:05:36,875
by being on a
healthier diet.

159
00:05:36,875 --> 00:05:38,555
Some individuals have

160
00:05:38,555 --> 00:05:41,645
food intolerance
or true food allergies,

161
00:05:41,645 --> 00:05:43,730
and if they have a
true food allergy

162
00:05:43,730 --> 00:05:44,870
than they need to
eliminate the food,

163
00:05:44,870 --> 00:05:46,250

but if there's
an intolerance

164
00:05:46,250 --> 00:05:47,480
for some individuals,

165
00:05:47,480 --> 00:05:50,150
it's a worthwhile
trial to do

166
00:05:50,150 --> 00:05:52,085
an allergy elimination diet

167
00:05:52,085 --> 00:05:54,275
and see, does that
help my pain.

168
00:05:54,275 --> 00:05:55,910
And to give that a 3-6 week

169
00:05:55,910 --> 00:05:58,130
trial to see if that helps.

170
00:05:58,130 --> 00:06:00,529
The other thing that
I...I tell my patients

171
00:06:00,529 --> 00:06:04,340
is that, don't
smoke because I have

172
00:06:04,340 --> 00:06:05,750
very difficult
time controlling

173
00:06:05,750 --> 00:06:07,280
people's pain if they smoke

174
00:06:07,280 --> 00:06:08,855
or use tobacco products.

175
00:06:08,855 --> 00:06:10,820

and remaining physically active,

176
00:06:10,820 --> 00:06:12,530
is important. It's

177
00:06:12,530 --> 00:06:13,670
interesting to think about

178
00:06:13,670 --> 00:06:16,460
that the
inflammation aspect

179
00:06:16,460 --> 00:06:17,480
of a diet because most

180
00:06:17,480 --> 00:06:18,560
people don't even consider,

181
00:06:18,560 --> 00:06:20,420
you know, how much
sugar or sodium is

182
00:06:20,420 --> 00:06:22,685
in the diet that
they're consuming.

183
00:06:22,685 --> 00:06:25,550
But when you look
at the inflammation

184
00:06:25,550 --> 00:06:27,050
that your diet
might contribute

185
00:06:27,050 --> 00:06:28,835
to your body, do you

186
00:06:28,835 --> 00:06:30,740
have...do you have a lot
of patients who are

187
00:06:30,740 --> 00:06:32,720

interested in going to, "I

188
00:06:32,720 --> 00:06:33,830
will change the way that

189
00:06:33,830 --> 00:06:34,910
I'm eating if it affects

190
00:06:34,910 --> 00:06:36,500
my pain level"
or are they do

191
00:06:36,500 --> 00:06:39,200
say just give me some
medication instead?

192
00:06:39,200 --> 00:06:41,075
I think I see both.

193
00:06:41,075 --> 00:06:41,270
Right.

194
00:06:41,270 --> 00:06:42,619
I see some people that just
want the easy solution

195
00:06:42,619 --> 00:06:44,600
and don't want to
change their diet.

196
00:06:44,600 --> 00:06:47,180
Sugar can be very
inflammatory,

197
00:06:47,180 --> 00:06:49,445
particularly when
eaten at high dosages.

198
00:06:49,445 --> 00:06:51,650
And because you get
a lot of changes in

199

00:06:51,650 --> 00:06:54,020
the way your blood
sugars rise and fall

200
00:06:54,020 --> 00:06:56,270
when you eat a lot of sugar,
it changes mood too.

201
00:06:56,270 --> 00:06:58,490
And we already know
that depression and

202
00:06:58,490 --> 00:06:59,540
anxiety are higher

203
00:06:59,540 --> 00:07:00,815
among chronic
pain patients.

204
00:07:00,815 --> 00:07:03,770
So, a healthy
diet goes a long

205
00:07:03,770 --> 00:07:04,790
way towards health and

206
00:07:04,790 --> 00:07:07,160
that is the same a
chronic pain patients.

207
00:07:07,160 --> 00:07:09,560
It's amazing. Diet's related

208
00:07:09,560 --> 00:07:11,015
to so many different
things, isn't it?

209
00:07:11,015 --> 00:07:13,220
Go figure it's

210
00:07:13,220 --> 00:07:15,335
the fuel, right? That's right.

211
00:07:15,335 --> 00:07:18,410
How often do you
reassess the risks and

212
00:07:18,410 --> 00:07:21,140
benefits during continual
opioid therapy?

213
00:07:21,140 --> 00:07:22,805
Is it do you see a patient

214
00:07:22,805 --> 00:07:25,080
once a week or once a
month? What do you do?

215
00:07:25,080 --> 00:07:27,820
So in the initial opiate
titration time period,

216
00:07:27,820 --> 00:07:29,320
you really wanted to
do them every one to

217
00:07:29,320 --> 00:07:31,270
four weeks to reevaluate.

218
00:07:31,270 --> 00:07:33,250
If you're going to
place a patient on

219
00:07:33,250 --> 00:07:35,410
a chronic opioid therapy
then you need to see

220
00:07:35,410 --> 00:07:39,220
them quarterly or
more frequently if

221
00:07:39,220 --> 00:07:41,590
the person has
higher risk for

222

00:07:41,590 --> 00:07:44,020
abuse or they're
having problems

223
00:07:44,020 --> 00:07:46,720
with side effects.
Those are situations

224
00:07:46,720 --> 00:07:48,520
where you want to do
them more frequently. Sure.

225
00:07:48,520 --> 00:07:51,745
Let's talk about tapering
a little bit more.

226
00:07:51,745 --> 00:07:53,710
What are the
indications to taper

227
00:07:53,710 --> 00:07:57,190
a patient off of an opioid
or an opioid therapy,

228
00:07:57,190 --> 00:07:59,140
and are there
recommendations

229
00:07:59,140 --> 00:08:01,720
or best practices
on how to do this?

230
00:08:01,720 --> 00:08:03,625
There are there are

231
00:08:03,625 --> 00:08:05,845
recommendations and
best practices.

232
00:08:05,845 --> 00:08:07,590
The first is direct

233
00:08:07,590 --> 00:08:08,990

tapering of opioid therapy is

234
00:08:08,990 --> 00:08:10,940
indicated for those on

235
00:08:10,940 --> 00:08:13,010
long-term chronic
opioid therapy

236
00:08:13,010 --> 00:08:14,030
in a setting where

237
00:08:14,030 --> 00:08:15,590
they're not really
getting any benefit

238
00:08:15,590 --> 00:08:17,330
from the opiates.
So typically,

239
00:08:17,330 --> 00:08:17,810
you know, if you have

240
00:08:17,810 --> 00:08:18,710
a person that you'd given

241
00:08:18,710 --> 00:08:20,840
a 90-day trial
and there's been

242
00:08:20,840 --> 00:08:22,565
no improvement
in their pain,

243
00:08:22,565 --> 00:08:24,440
than opiates are unlikely
to be effective

244
00:08:24,440 --> 00:08:27,515
and you should directly
taper at that time.

245

00:08:27,515 --> 00:08:30,380
Is there...Is there a thing where
it can kind of plateau out?

246
00:08:30,380 --> 00:08:33,454
You know, if it's for
a week or ten days

247
00:08:33,454 --> 00:08:35,240
and then it's
the medication

248
00:08:35,240 --> 00:08:37,550
is not as helpful?

249
00:08:37,550 --> 00:08:40,055
You know, there is
some dependency

250
00:08:40,055 --> 00:08:42,710
and the risk of
increasing the dosage

251
00:08:42,710 --> 00:08:44,540
and that typically
occurs more with

252
00:08:44,540 --> 00:08:47,285
long-term usage, then

253
00:08:47,285 --> 00:08:48,770
in the first few months.

254
00:08:48,770 --> 00:08:50,390
So in the first few
months if you find

255
00:08:50,390 --> 00:08:52,520
no benefit than they're
unlikely to benefit

256
00:08:52,520 --> 00:08:54,260
and you should taper off;

257
00:08:54,260 --> 00:08:56,030
or the patients
are experiencing

258
00:08:56,030 --> 00:08:58,730
significant side effects
or they just

259
00:08:58,730 --> 00:09:01,910
no longer want to
remain on treatment.

260
00:09:01,910 --> 00:09:03,920
Alright, so let's go
back to tapering.

261
00:09:03,920 --> 00:09:06,470
What about some of
the medications might

262
00:09:06,470 --> 00:09:09,020
be more long-acting
or the short-acting.

263
00:09:09,020 --> 00:09:11,075
Which one do you
taper first?

264
00:09:11,075 --> 00:09:15,410
So you typically want
to remove the long-

265
00:09:15,410 --> 00:09:17,540
acting first and then

266
00:09:17,540 --> 00:09:19,760
leave the short-acting.
You know, in the past,

267
00:09:19,760 --> 00:09:21,050
they felt that long-acting

268
00:09:21,050 --> 00:09:22,610
was better and safer but

269
00:09:22,610 --> 00:09:23,900
we don't actually see that.

270
00:09:23,900 --> 00:09:26,960
We see that really
the issue is

271
00:09:26,960 --> 00:09:28,700
that there's no
good support for

272
00:09:28,700 --> 00:09:29,960
long-acting medications

273
00:09:29,960 --> 00:09:31,100
in a lot of
these patients.

274
00:09:31,100 --> 00:09:34,070
For long-term patients
without aberrant drug-

275
00:09:34,070 --> 00:09:36,920
related behavior, slowly
reduce the dose by

276
00:09:36,920 --> 00:09:40,505
10% of the original
dose per week,

277
00:09:40,505 --> 00:09:42,215
which helps to reduce

278
00:09:42,215 --> 00:09:44,855
the withdrawal symptoms.
For patients with

279
00:09:44,855 --> 00:09:46,940
urgent tapering needs or

280
00:09:46,940 --> 00:09:48,935
aberrant drug-related
behavior,

281
00:09:48,935 --> 00:09:52,430
you can expedite tapering
over 30 to 40 days.

282
00:09:52,430 --> 00:09:54,590
Do not use benzodiazepines

283
00:09:54,590 --> 00:09:55,880
to curb symptoms during

284
00:09:55,880 --> 00:09:58,430
the taper and consider

285
00:09:58,430 --> 00:10:00,890
pre-existing
conditions that may

286
00:10:00,890 --> 00:10:02,210
increase the
risk of failure:

287
00:10:02,210 --> 00:10:04,145
uncontrolled high
blood pressure,

288
00:10:04,145 --> 00:10:05,840
chronic diarrhea,

289
00:10:05,840 --> 00:10:08,599
high-output conditions,
adrenal suppression,

290
00:10:08,599 --> 00:10:12,860
and with use of daily
steroids, et cetera.

291
00:10:12,860 --> 00:10:16,325

Can you talk about
opioid withdrawal?

292
00:10:16,325 --> 00:10:19,490
What is it like and
what are the symptoms?

293
00:10:19,490 --> 00:10:22,670
It depends on the
individual, and

294
00:10:22,670 --> 00:10:24,530
the dose and the duration

295
00:10:24,530 --> 00:10:26,495
they've been on
the opioid for.

296
00:10:26,495 --> 00:10:30,050
And so the typical
symptoms are

297
00:10:30,050 --> 00:10:33,110
gonna be sweating,
agitation,

298
00:10:33,110 --> 00:10:35,255
anxiety,

299
00:10:35,255 --> 00:10:39,290
palpitations;
sometimes some

300
00:10:39,290 --> 00:10:43,535
nausea and vomiting
that can occur. And so

301
00:10:43,535 --> 00:10:46,340
can use a clinical
opioid withdrawal scale

302
00:10:46,340 --> 00:10:48,110
to determine what

the severity is

303
00:10:48,110 --> 00:10:50,150
in these patients. Five to 12

304
00:10:50,150 --> 00:10:52,010
is mild, 13 to 24 is

305
00:10:52,010 --> 00:10:53,930
moderate, 25 to

306
00:10:53,930 --> 00:10:55,430
36 as moderately severe and

307
00:10:55,430 --> 00:10:57,260
greater than 36
is severe.

308
00:10:57,260 --> 00:10:59,210
And really the goal
is to keep them in

309
00:10:59,210 --> 00:11:02,180
the mild range and monitor

310
00:11:02,180 --> 00:11:05,180
their blood pressure and their
heart rate. Certainly

311
00:11:05,180 --> 00:11:06,710
if the if the if you're
getting higher up,

312
00:11:06,710 --> 00:11:09,364
sometimes those patients
will need IV fluid

313
00:11:09,364 --> 00:11:11,780
and more acute management

314
00:11:11,780 --> 00:11:14,270
for their withdrawal

symptoms. All right.

315
00:11:14,270 --> 00:11:15,920
Well, thank you so
much for joining us.

316
00:11:15,920 --> 00:11:16,970
We have been talking

317
00:11:16,970 --> 00:11:19,280
about opioid
prescribing for

318
00:11:19,280 --> 00:11:21,050
primary care practice
with Dr. David

319
00:11:21,050 --> 00:11:23,480
Patchett from Mayo
Clinic in Arizona.

320
00:11:23,480 --> 00:11:26,044
Remember, if you
enjoyed this podcast,

321
00:11:26,044 --> 00:11:28,535
please subscribe and
share with a friend.

322
00:11:28,535 --> 00:11:29,930
Healthcare
professionals looking

323
00:11:29,930 --> 00:11:31,340
to claim CME credit for

324
00:11:31,340 --> 00:11:34,070
this podcast can go to

325
00:11:34,070 --> 00:11:37,880
ce.mayo.edu/opioidpc and

326

00:11:37,880 --> 00:11:43,745
register. That's
ce.mayo.edu/opioidpc.

327
00:11:43,745 --> 00:11:47,100
Thank you, Dr. Patchett.
Thank you.