Andy Lazris: Hi, we're here to talk on Sunday morning, and we got a little extra sleep, Alan, because they still have this daytime savings thing in.

Andy Lazris: Although, for a future talk, I got one of these watches that tells you how much you sleep.

Andy Lazris: Because my son thought it would be interesting. And, said I only slept 2 hours last night. So, I know I slept more than 2 hours, so if I fall asleep here… Another talk is how all these devices now being sold

Andy Lazris: to monitor you, so you can tell the doctor when you're sick, you know, how accurate they are. So, 2 hours…

Andy Lazris: Last night, 4 hours the night before, according to this fine watch. But, today we're gonna talk, in return to healing, about pain.

Andy Lazris: Alan, you're a pain doctor,

Andy Lazris: my patients call me a pain in the neck very often, so there's pain in both of our practices. But honestly, as a geriatric doctor, I deal with chronic pain all the time, and also,

Andy Lazris: The other thing about being a geriatric doctor is I see the most, onerous consequences of pain medicines, because this is the most vulnerable population. On the other hand, they're also vulnerable to pain, which destroys their body, destroys their lives.

Andy Lazris: And, you know, finding some balance

Andy Lazris: Between medicines and pain is really difficult.

Andy Lazris: What do you… I mean, you deal with it all the time.

aroth: It's difficult, Andy, and it's most difficult in the geriatric population, because, you know, most elderly people, we know, their kidneys start to slow appropriately for their age, and

aroth: They have diabetes and high blood pressure, and, you know, what the world doesn't realize, everybody thinks we have a million pain medicines out there, and we don't. You know, essentially, we have opioid analgesics.

aroth: We have non-opioids, which is Tylenol and NSAIDs, like Motrin and Advil, and then we have other stuff that we throw in, like gabapentin and duloxetine, which are not pain medicines, but help some of the other symptoms related to pain.

aroth: And the problem, especially in the geriatric population, is you live long enough, you are gonna get degenerative arthritis of your knee, right, Andy? And your hips, and your spine, and your neck, and it's a painful condition.

aroth: And, you know, we've seen so many changes over the years of how to treat pain, and so many bad recommendations turned into worser recommendations. So, you know, we did watch an over-prescribing of opioids for simple things without the control associated with it.

aroth: And then some bad things happen, quote, the opioid crisis.

aroth: And then doctors were told by the CDC guidelines, don't write opioids anymore. And some heated it, because they were scared of their license, so they stopped writing opioids, and…

aroth: People who were taking opioids for the 20 years past had no choice, because no new doctor would take someone on a high dose of opioid that wasn't theirs.

aroth: And the pain management doctors stopped writing opioids when this came out as well, because they don't make their money doing that, they make money sticking needles in people's back. And what happened? Hence the opioid crisis.

aroth: Doctors had to stop prescribing because of CDC guidelines, and where did people go? They had to get their drugs on the street. So, this was created not by the doctors, this was created by the regulators.

Andy Lazris: And I, I,

Andy Lazris: I lost a patient for this, a young guy, not geriatric. He had been on OxyContin,

Andy Lazris: And, you know, he constantly, quote-unquote, lost his drugs.

Andy Lazris: there came a point where I just didn't want to prescribe it anymore, and I said, we gotta start cutting it down. And we started doing it. He was in pain, he said, I can't live like this. I said, we gotta try. And he went and got heroin and overdosed and died.

Andy Lazris: Because, you know, if we're not… I didn't put them on the opioids, let's make that clear, but…

Andy Lazris: If we don't become their drug dealers sometimes, they will find another one who's not quite as ethical. That's one side of it. My grandmother died of a medicine called Flexeril, which was prescribed by her doctor for back pain. That's not an opioid.

Andy Lazris: It's a… it's a spasm, muscle spasm medicine. From my reading, and Alan, you might have a different take, it doesn't work.

Andy Lazris: Other than to make you tired, and for my grandparent… That's.

aroth: works. Makes you time.

Andy Lazris: My grandmother became so tired, she aspirated all her food into her lung.

aroth: And that's how she died. She was 92, she had a good life.

Andy Lazris: And she couldn't live with the back pain. Like you say, she had… look, these over-the-counter ones, well, we… Tylenol gives you, what does Tylenol give you?

aroth: To make you autistic?

Andy Lazris: I always joke when I take some Tylenol, I say, God, I feel like I can't look in people's eyes anymore. Like, Tylenol doesn't give you autism, but if you read the Johnson & Johnson book and other things.

Andy Lazris: the overuse of Tylenol may be leading to more liver problems, because when people take it when they drink, it's a problem. When people take too much of it, it's a problem. But I have found, personally, when you prescribe it in a reasonable dose, it's, safe.

Andy Lazris: and ineffective, so it doesn't work, but… for people with bad pain. Then you have anti-inflammatories, which is what I took for my knee, Motrin, Naproxen, Celebrex, you name it. And yeah, in older people.

Andy Lazris: That's the number one cause of hospitalization from medicines, are these drugs. I mean, they… they, they wipe… they could wipe out the kidney, but they could also, cause major bleeds. So, we gotta be careful, especially if you're on blood thinners, or aspirin, or other things, which… or if you have kidney problems that are teetering on abnormal.

Andy Lazris: So yeah, I find ibuprofen works, but there's a limit. You take it for too long, you're gonna run into problems. So, Flexarol, ibuprofen, you mentioned gabapentin, I've seen…

Andy Lazris: some success with that. I've seen, also it cause dizziness, falls, all the other stuff that this kind of drug causes. And then we're stuck with opioid, and Alan, you showed me recently an article on tramadol. Tramadol is…

Andy Lazris: is marketed as this non-opioid opioid, but it is an opioid, and it's like, fools everyone, because doctors say, oh, I don't have to prescribe opioids, I'm gonna prescribe Tramadol, so now I'm safe from the regulators, but, you know, as you know, and this article shows, not so true.

aroth: Yeah, and I think that's what stimulated this review article that came out. So, you know…

aroth: Just like, you know, when OxyContin, that's the extended-release oxycodone came out, they said it was a safer, effective alternative, and didn't cause addiction, and it turned out to be probably the most addicting drug of all time, because it was so potent.

aroth: And, you know, that company is now out of business, and, you know, every state has a lawsuit against them.

aroth: But when Tramadol came out, it was marketed as a brand called Ultram, and Ultram was this non-opioid, opioid, as you say, Andy, which is a safer, effective alternative. And I remember the first time I read it, the first thing I noticed was

aroth: Interaction with SSRI, anti-anxiety, antidepressants, you know, which we know are totally overused.

aroth: And we know that, you know, how many patients do you see that have pain, are not depressed? So, if you have pain, you're going to be depressed, because we can't control your chronic pain. So, hence, they're on an SSRI anti-anxiety opioid.

aroth: And together, they caused something called serotonergic syndrome, which we don't need to go into the details, but it could kill you. And I said, wow, like, this is dangerous. And I looked at the evidence back then, and the evidence when the drug was first released, obviously only a drug company study, was weak.

aroth: At best, and it really was never a good drug. I never started a patient

aroth: on tramadol. I must admit, I have, like, 4 or 5 patients on tramadol that came to me on tramadol.

aroth: They were fine, they refused to come off, they swear it works, including some that are on the SSRIs, so I continued it. But I never started a patient on it, because I didn't believe the data from day one.

Andy Lazris: And like you say, there's a new study which,

Andy Lazris: Which reinforces that. It's ineffective and potentially harmful and addictive. You know, we always assume it's non-addictive, but it's addictive, too. Anything that blocks the narcotic

Andy Lazris: Receptors in our body.

Andy Lazris: is gonna be addictive, because think about it, when you block all the narcotic receptors, you make more narcotic receptors, so you need more drug, and to fill the new narcotic receptors, and that's the problem with opioids all along. Anything that blocks receptors, you're ultimately gonna do that.

Andy Lazris: And so Tylenol and Motrin don't do that. You know, they don't block receptors, so they, you know, you're not gonna ever get the…

Andy Lazris: you know, addicted, or you're not going to get dependent on them. But these drugs, yeah, they all do the same thing. OxyContin blocks them for a long period of time, which made them even more addictive, which we should have known.

Andy Lazris: I don't… I didn't fall for the…

Andy Lazris: opioid salesman back then. That was, like, 30 years ago, 25, 30 years ago. Despite the fact that they came in and knew everything about me and my family.

Andy Lazris: And told me I'm the best father ever. Because they were looking at my daughter's statistics on newspapers, and wow, what a wonderful dad I am. Do you want to sell some OxyContin?

Andy Lazris: But, and they knew how much I prescribed, by the way. So, people blame doctors, and

Andy Lazris: I mean, let's face the facts. Back then, the federal agencies that we were told we must trust told us that pain is the next vital sign. We had to draw smiley and frowny faces on our charts, and we had to control pain, or, like in the nursing home, regulators would tell us.

Andy Lazris: that we're in trouble. So, we started using narcotics. I mean, what the heck else can you do when nothing else works, and you're now being told you have to control pain? We… we… like you say, sometimes you have to live with the pain, and figure out ways around it, figure out non-medicine ways.

Andy Lazris: to deal with pain? I mean, how do you deal with it when someone just is not getting relief, and they're asking for more and more pain medicine?

aroth: So you can't cut people off of their drugs. You know, you have to have, you know, what I call a whole person, you know, patient-centered, integrative approach. So you gotta use multiple modalities. When patients tell me, you know.

aroth: I don't want to do yoga, which probably has the best evidence for low back pain. I say, I can't do it, I can't get on the floor. I said, well, there's chair yoga. Everybody could sit in a chair.

aroth: Or you could even do it in bed, if you're bed-bound. You know, physical therapy, we know, you know, manual medicines really work.

aroth: And we know you have to use a combination of low-dose drugs, not in toxic doses, to do the best you can. But the evidence is clear, you know, physical mobility, physical activity, yoga, physical therapy.

aroth: You know, all of these modalities is really what's best, and that most of the drugs are just masking the symptoms. They're not treating anything underlying, and fixing the underlying is

aroth: Fixing the musculoskeletal structure underlying the problem that's causing, but again, it's like everything else. People in our country want an easy fix. Like, why should I work to make myself better if I could just take a drug? And I think that's the mentality here.

aroth: But I think the big thing about, you know, which struck me about the Tramadol article is, you know.

aroth: One, the drug was released with very little evidence. This was… this study was what's called, you know, a systematic review, which looked at all of the randomized controlled trials on this drug, which, if I remember correctly, there was, like, 19 of them.

aroth: And the analysis of all of these articles put together says, The drug does not work.

aroth: The benefit is minimal. The benefit was exaggerated in the studies.

aroth: And that the risk of taking the drug far outweighs the benefits. And I knew this all along.

aroth: And this is just another example, because it's like this not just with these drugs, it's like this with so many of the drugs we use, and it's just another example of the medical-industrial complex, especially Big Pharma.

aroth: Controlling what goes on, and that nobody cares that we're throwing medicine that's probably killing more people than helping them with their pain.

Andy Lazris: Yeah, and like you say, this seems to be the common theme of drugs, you know. It's funny because one of the other things I do with patients when they have a lot of pain is

Andy Lazris: I try to look if there are any drugs causing the pain, and we all know that there is a drug that causes tremendous pain in people, which is statin cholesterol medicine, especially as people get older. The two studies, because Alan and I, we wrote a review article on,

Andy Lazris: the use of statins in the elderly. The two studies, which are never quoted and have never been replicated, show no benefit over age 80, and pain! It causes pain. So I'm always shocked when people are coming in and pain, and they're on these high-dose statins, and no one, you know, no one blinks an eye. It's, you know, we gotta…

Andy Lazris: do what we can do to help people, but I also think, like you say, there's this… this mentality, like we see with the obesity drugs, of, look, we've tried as hard as we can, and we can't try harder, we need a drug to fix us. And that… that mentality is a problem. I remember going to a lecture from a

Andy Lazris: chiropractor, two years ago on back pain, and his… his take was, look, since we've become a drug-obsessed society, the amount of disabling back pain has gone up.

Andy Lazris: It hasn't gone down. More people are getting disability from back pain. More people now have back pain and want drugs for it than ever were before. His theory was people dealt with back pain. They accepted it, they lived with it,

Andy Lazris: They, like you said, they found work ways around it, they did therapy, they did other things, and they expected that pain. Because they have bad backs. It was kind of like, I have a bad back, but now you're not allowed to have a bad anything, because there's a drug for it, and so what are we doing? We're hurting people, which is what his view was. We're…

Andy Lazris: Creating a condition that's now making

Andy Lazris: billions of dollars for the medical-industrial complex, by telling people we have fixes. Whether it's the needles, or the surgeries, or the drugs, you know, it's… it's stuff that everyone leaps on because no one should have any pain.

Andy Lazris: I'll tell you is, is we are human beings. If we live old enough, long enough, we're gonna have pain. It's just the way it goes.

aroth: And, you know, when I get a patient on a statin in pain, the first thing I say is, stop the drug for 2 weeks, and let's see what happens. And like, oh, I'm gonna have a heart attack. Like, people literally think, they stop it for 2 weeks, like, they're gonna have a heart attack. It's like, you're not gonna have a heart attack in 2 weeks. Like, you're not gonna reverse the effects of this drug that you've been on.

aroth: The only way we're gonna know is stop it. Stop it and see if your pain gets better, and if it doesn't, well, it's not the drug. We gotta look for another cause, but…

aroth: I'd like to shift for a second, because this is also… I didn't think about it, and it hit me when you were speaking about, you know.

aroth: are made-up diseases. So there's another one that we could spend probably 5 talks on, fibromyalgia. I'm sure you've treated a lot of patients.

Andy Lazris: That's good.

aroth: fibromyalgia in your career, and it's a… it's a controversial diagnosis, but, you know, one that didn't exist when I was a young doctor. We created it, you know.

aroth: someone came up with, you know, I think 18 points or 20 points on your body, I forget how many points there are, that, you know, if you touch those points and someone's in pain.

aroth: they have fibromyalgia. Like, that is really definite science, you know? There is no diagnostic test for it, there's no scan for it, there's no nothing, but if you touch these 18 areas of your body symmetrically and there's pain, they have fibromyalgia, and it's usually associated…

aroth: You know, Also known as, perhaps, you know, you know.

aroth: chronic fatigue syndrome, or myologic encephalopathy, long COVID is being put into that category as well. And what happened there? Like, what were you treating?

aroth: And many of these people ended up

aroth: As opioid-addicted patients, you know, and it's on a disease that we created that didn't exist when we grew up.

Andy Lazris: Again, chronic… chronic pain in general, like, is… is lumped under that fibromyalgia rubric when we… when we don't have any strong evidence it's anything else.

Andy Lazris: And honestly, I have tons of patients diagnosed with it, don't have tenderness over those points. It's just that they have some characteristics that are now part of the definition of fibromyalgia, and like you say, it's associated with chronic fatigue and irritable bowel syndrome.

Andy Lazris: Which, let's face it, Alan, are all manifestations of stress.

aroth: Absolutely.

Andy Lazris: sleep, which are the underlying causes of this. Rather than finding medicines to treat these pain slash sleep slash gastrointestinal issues, we need to go and figure out what's going on, right? What is the underlying root?

Andy Lazris: this discomfort, but I think with a lot of pain, clearly, and you see this all the time, when people are stressed, their pain gets worse, all the time. And so, dealing with, dealing with,

Andy Lazris: anxiety in life, figuring out ways to do that can all… and figuring out mindfulness and ways, to cope with pain, to deal with it when it comes to not…

Andy Lazris: be reactive, and assume that when I have pain, I must take a pill. You know, that connection we have to break,

Andy Lazris: All that, goes against what the pharmaceutical companies have been selling for a long time. And they might throw OxyContin under the bus, which they did, but I always have… I'm very cynical, as you know.

Andy Lazris: I think they did that so they could preserve the other drugs and say, well, here, we got rid of the bad one, but we got tramadol still, so don't worry, we got you covered. So that's… and they're coming up with new ones, you know, it's always the case.

aroth: Like, OxyContin is just long-acting oxycodone, which everyone knows as Percocet, which is one of the most prescribed painkillers in the world.

Andy Lazris: Right, and you know, look, we understand there's uses for these drugs, and we don't… I don't ever want to say there's not. I took ibuprofen for my knee surgery. They gave me a big bottle of oxycodone.

Andy Lazris: Which I didn't take. I was more concerned about my bowel movements than anything else, but, it also, they gave it to me in the hospital, it just didn't work. And of course, as a cynic, I didn't want it to work, and it didn't work. It's funny how the mind…

Andy Lazris: Oh.

aroth: influence how a drug works. Oh, that's… that's real, so… so we know the placebo effect and nocebo effect, like, those things are real, like, it's… they're actually not jokes, and there's probably more evidence for the efficacy of those than there are for the drugs that we use.

aroth: Most of the time. But, hey, you know, we also wrote an article on this. Me and Andy wrote an article on the appropriate use of opioids, like, that appropriate people need them. You know, I have dozens and dozens of little old folks out there with degenerative arthritis of their spine, hips, and knees that, you know.

aroth: don't need surgery, don't want surgery, but in order for them to, you know, they can't tolerate NSAIDs, maybe because they have an ulcer and they're taking aspirin and, you know, other blood thinners.

aroth: You know, and, you know, the 2 grams of Tylenol that's recommended in elderly people doesn't do anything for them. Well, what do you have left, you know? And I have tons of people

that I give, like, you know, 100 Percocet or 100 Vicodin, which is hydrocodone, a very similar drug.

aroth: that literally go through it in, like, 3 months. Like, they take one pill every few days so they could get to the supermarket, so they could go to their family functions, they've never taken more in the many years I've taken care of them. They've never developed an addiction, because the only way you can take an addiction is if you keep taking these things. I tell people.

aroth: Take it once in a while to get to the event that you need.

aroth: And you'll be fine. And the people who use them appropriately, like I said, I never made a little old lady or a little old man addicted to these medications, and without it… and when we wrote the article that there are some appropriate patients, like, we got editorials and emails and letters that, you know, essentially said we were not real doctors. You know, we get a lot of those when we write our articles, you know?

aroth: Either that we want to kill people by not screening them, or that, you know, we're not real doctors, we don't know how to prescribe. I remember the letter, it says, we don't practice evidence-based medicine, and I wrote an editorial back. I said, your editorial was not evidence-based, and luckily they published it on us, because.

Andy Lazris: His editorial was just his personal opinion, and not based on any evidence or any fact.

Andy Lazris: And remind me, his editorial was against using any opioids. Nobody should be on an opioid. And yeah, we, of course, I use them too. I find if you use low doses in elderly people…

Andy Lazris: Some people have severe side effects, can't use them. Some people, their lives come back to some extent. They're able to do things they couldn't do before. And again, the studies are…

Andy Lazris: Pre… there are not many, but the one study that was done showed that, especially in elderly people who have no addictive history, 1 in 2,000 get addicted, to these drugs, and that is probably based on a bad prescriber who

Andy Lazris: gives too high a dose to use every day, which, like you say, we don't do that. We use them periodically, and they're great. In fact, in some ways, when used like that, they're safer

than Motrin drugs, non-steroidsteroidals. They're not the number one cause of hospitalization, like those, and they're more effective than Tylenol.

Andy Lazris: But yeah, it's just a matter of finding a balance between these medicines. But again, using non-pharmaceutical modalities, as much as possible, movement, and

Andy Lazris: using the idea that you're gonna have some pain. You know, we're not getting rid of pain. We're mitigating, we're reducing, we're making the pain so that you can function. That's all we're trying to do. If we go too far, then now the drug is your problem, and not the pain.

aroth: Well, we know many times, as Osler said, when you prescribe something for a problem, now you have two problems, the problem and the drug, and we just…

aroth: That is such a classic example before polypharmacy became so prevalent as it is now, like, it's more applicable today than it was, you know, over 100 years ago.

Andy Lazris: Yeah, back then, they used just a few drugs, and then some leeches, you know? It was a different problem, but now, yeah, we are loading on so many drugs that they interact with each other, and they accentuate each other. You know, they… one drug causes the other one to cause more side effects, and…

Andy Lazris: no one knows what's going on, so the doctors send them to specialists to deal with the side effects of drugs as though they're new medical problems, and they start more drugs. You know, we see this, and so we're kind of protect… with the opioids, you know, I think…

Andy Lazris: pain doctors deal with this, but it's really in the primary care realm. I mean, we… we deal with opioids, and I think,

Andy Lazris: it's something I'm happy to deal with, because I do… I'm not a,

Andy Lazris: like you, I'm not an absolutist. I use them. I use them in low dose, and I found good success with them if used appropriately. And it's not… it's not a binary, it's not good or bad, and that's what we have to realize. Low doses of several drugs

Andy Lazris: can help pain more than anything else from the pharmaceutical standpoint. I also use…

Andy Lazris: turmeric, personally, so that's another way to… Probably equal evidence to tramadol. Yes, exactly.

aroth: But if you look now, you know, the pain docs, you know, the least evidence-based field that we probably have in medicine now, because they all cut all their patients off of opioids, they probably were the biggest culprit in the opioid epidemic, and they went to everybody getting, you know, 3 epidurals, and nerve stimulators, and vertebroplasty, and all these useless things, you know.

aroth: We could talk about that British Medical Journal article that says no one with pain more than 3 months should get any of these procedures, that there's no evidence, that they cause more harm than good, but we're spending billions of dollars in this country on interventional pain med… pain procedures that do not work. And when I tell patients this, they're like, no, no, I had my 3 shots, I feel fine. And I said, yeah, you're going every 6 months for 3 shots.

aroth: You have diabetes and osteoporosis and all those side effects associated with it.

aroth: And I could give you a steroid pack for 5 days, it's gonna do the same thing, and we're just giving you steroids.

Andy Lazris: Yeah, I use that all the time, too. I just give them a burst of steroids. That often…

aroth: People say, but those are dangerous. I said… I said, yeah, if you take them for months, yeah, I get it, there's a problem, but we're not doing that. They're the best drug ever, short-term. They fix all sorts of stuff.

Andy Lazris: And they're certainly better than what you're planning to do with yourself. So, yeah, I think when we treat pain as patient, a whole patient problem, deal with underlying causes, deal with non-drug ways to deal with it, and use drugs

Andy Lazris: appropriately, which are different for every patient, like we talked about. So, you know, my grandmother should never have been put on Flexeril, and

Andy Lazris: A lot of, people should not be put on anti-inflammatories. We have to use them appropriately.

aroth: Absolutely.

Andy Lazris: And I think that's what we do. We're good at that in primary care, because we understand the whole body.

Andy Lazris: And we're not sending people to specialists for the side effects of drugs, we're gonna… we understand their side effects of drugs. We're always on the lookout for the side effects of drugs, so that's… that's where our radar is. Okay, any last thoughts, Alan?

aroth: It's a big problem, you know? This shows many problems with our healthcare system, again, being overrun and led by the medical-industrial complex, that we do so many things with no evidence, and…

aroth: A lot of times, maybe more often, by prescribing things, we hurt people more than we help them. So, you know, more is not necessarily better, less is often better. So, I think that needs to be the philosophy, and, you know, you have to have a holistic approach, you gotta use non-pharmacologic modalities.

Andy Lazris: And again, my last word is you can't always rely on the medical system to fix all your problems. I mean, a lot of it is in your own hands, and you're gonna have problems as you get older, and some of them you have to accept, unfortunately. We could help.

Andy Lazris: we get help, but we're not gonna get rid of it. If we're gonna get rid of it, we're gonna get rid of it at your expense. Unfortunately, other bad things are gonna happen, like with my grandmother, and a lot of other people I've seen, where this… where they… yeah, they're not in pain now, because they just died. So, I mean, that's… that's the problem.

Andy Lazris: Okay, Alan, well, have a good Sunday.

aroth: Alright, you take care. Bye-bye.

Andy Lazris: Take care. Bye.