

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

2  
00:00:05,970 --> 00:00:07,770  
The Opioid Edition.

3  
00:00:07,770 --> 00:00:09,900  
I'm Tracy McCray and  
this is the first of

4  
00:00:09,900 --> 00:00:11,280  
an eight episode series on

5  
00:00:11,280 --> 00:00:12,630  
the opioid crisis, brought

6  
00:00:12,630 --> 00:00:14,190  
to you by Mayo Clinic.

7  
00:00:14,190 --> 00:00:15,750  
With me today is  
Dr. Halena Gazelka

8  
00:00:15,750 --> 00:00:17,760  
an anesthesiologist  
boarded

9  
00:00:17,760 --> 00:00:19,635  
in pain and  
palliative medicine

10  
00:00:19,635 --> 00:00:21,720  
at Mayo Clinic  
in Rochester.

11  
00:00:21,720 --> 00:00:22,920  
It's very nice to  
meet you doctor

12  
00:00:22,920 --> 00:00:24,120  
Gazelka. Nice

to meet you

13

00:00:24,120 --> 00:00:26,160

Tracy. Alright,  
so first of all,

14

00:00:26,160 --> 00:00:27,630

let's get down  
to the basics.

15

00:00:27,630 --> 00:00:29,610

What is an opioid

16

00:00:29,610 --> 00:00:31,845

and why do physicians  
prescribe them?

17

00:00:31,845 --> 00:00:33,270

Well, opioids are a class

18

00:00:33,270 --> 00:00:34,335

of prescription drugs

19

00:00:34,335 --> 00:00:35,430

that are used to treat

20

00:00:35,430 --> 00:00:37,179

moderate to severe pain.

21

00:00:37,179 --> 00:00:39,020

>> Common types that  
most people are

22

00:00:39,020 --> 00:00:41,030

familiar with  
include oxycodone,

23

00:00:41,030 --> 00:00:42,650

hydrocodone, morphine,

24

00:00:42,650 --> 00:00:45,275

hydromorphone,

and methadone.

25

00:00:45,275 --> 00:00:48,515  
Fentanyl is another  
one of the opioids.

26

00:00:48,515 --> 00:00:49,970  
It's a synthetic opioid.

27

00:00:49,970 --> 00:00:51,110  
It's many times more

28

00:00:51,110 --> 00:00:53,750  
powerful than the others  
and typically used

29

00:00:53,750 --> 00:00:54,920  
for severe pain such as

30

00:00:54,920 --> 00:00:56,330  
advanced cancer care

31

00:00:56,330 --> 00:00:57,650  
although there  
are patients

32

00:00:57,650 --> 00:00:59,285  
with chronic pain  
who use fentanyl.

33

00:00:59,285 --> 00:01:01,400  
Fentanyl is much in  
the news lately and

34

00:01:01,400 --> 00:01:03,635  
so that's why I gave  
it special mention.

35

00:01:03,635 --> 00:01:04,970  
Why is it that it seems

36

00:01:04,970 --> 00:01:06,170

like we've only started

37

00:01:06,170 --> 00:01:07,430  
hearing about opioids in

38

00:01:07,430 --> 00:01:08,900  
the last ten to 15 years,

39

00:01:08,900 --> 00:01:10,310  
20 years, is that

40

00:01:10,310 --> 00:01:12,005  
how long they've  
been around?

41

00:01:12,005 --> 00:01:14,120  
No. Opioids are

42

00:01:14,120 --> 00:01:16,100  
thousands of  
years old really,

43

00:01:16,100 --> 00:01:17,120  
and they've been used since

44

00:01:17,120 --> 00:01:19,685  
nearly the beginning  
of time to treat pain.

45

00:01:19,685 --> 00:01:22,220  
The opium poppy with

46

00:01:22,220 --> 00:01:23,780  
the derivative  
morphine and heroin,

47

00:01:23,780 --> 00:01:25,160  
or what people  
are most familiar

48

00:01:25,160 --> 00:01:26,945  
with are opium itself.

49  
00:01:26,945 --> 00:01:28,640  
But I think  
they've become to

50  
00:01:28,640 --> 00:01:30,320  
attention in the last  
years because of

51  
00:01:30,320 --> 00:01:32,555  
the emphasis placed on

52  
00:01:32,555 --> 00:01:34,490  
pain management  
for patients.

53  
00:01:34,490 --> 00:01:35,840  
The right of  
patients to have

54  
00:01:35,840 --> 00:01:38,030  
appropriate pain  
management when they're

55  
00:01:38,030 --> 00:01:42,305  
ill or having surgery  
or are hospitalized.

56  
00:01:42,305 --> 00:01:43,220  
And so I think that's why

57  
00:01:43,220 --> 00:01:44,180  
it's come to attention.

58  
00:01:44,180 --> 00:01:45,830  
And then with the  
abuse of opioids,

59  
00:01:45,830 --> 00:01:47,780  
we've particularly  
been hearing

60

00:01:47,780 --> 00:01:49,055  
more about them  
in the news.

61  
00:01:49,055 --> 00:01:51,890  
And what do physicians  
use opioids for?

62  
00:01:51,890 --> 00:01:54,485  
We use them typically  
for managing pain.

63  
00:01:54,485 --> 00:01:57,290  
So acute pain,  
which is pain from

64  
00:01:57,290 --> 00:01:58,400  
an injury or after

65  
00:01:58,400 --> 00:02:00,290  
a surgery for a brief  
period of time,

66  
00:02:00,290 --> 00:02:01,490  
we usually consider  
that to be

67  
00:02:01,490 --> 00:02:05,060  
less than 45 to 90  
days or chronic pain.

68  
00:02:05,060 --> 00:02:06,500  
Also, there are used

69  
00:02:06,500 --> 00:02:08,240  
widely in palliative  
medicine,

70  
00:02:08,240 --> 00:02:10,475  
end of life care,  
for cancer care.

71  
00:02:10,475 --> 00:02:13,655

What's the difference  
between an opioid and

72

00:02:13,655 --> 00:02:17,270  
opiate? I hear both  
terms in the news.

73

00:02:17,270 --> 00:02:19,280  
Yes, people throw  
those terms around.

74

00:02:19,280 --> 00:02:21,590  
But an opiate is a  
very specific term

75

00:02:21,590 --> 00:02:23,180  
for drugs that are derived

76

00:02:23,180 --> 00:02:24,365  
from the opium poppy,

77

00:02:24,365 --> 00:02:26,675  
such as morphine,  
codeine, and heroin.

78

00:02:26,675 --> 00:02:30,050  
Opioids are inclusive  
of the opiates,

79

00:02:30,050 --> 00:02:32,210  
so those derived  
naturally and the

80

00:02:32,210 --> 00:02:33,230  
synthetically produced

81

00:02:33,230 --> 00:02:34,790  
medications like fentanyl,

82

00:02:34,790 --> 00:02:36,665  
methadone, oxycodone,

83

00:02:36,665 --> 00:02:38,525  
hydromorphone, et cetera.

84  
00:02:38,525 --> 00:02:40,910  
And so then what's  
a narcotic?

85  
00:02:40,910 --> 00:02:43,670  
Are both opiates, opioids,

86  
00:02:43,670 --> 00:02:45,800  
or all of those narcotics?

87  
00:02:45,800 --> 00:02:47,780  
Are all narcotics opioids?

88  
00:02:47,780 --> 00:02:49,610  
Not all narcotics  
are opioids,

89  
00:02:49,610 --> 00:02:51,215  
but all opioids  
are narcotics,

90  
00:02:51,215 --> 00:02:53,090  
I guess is one way  
to look at it.

91  
00:02:53,090 --> 00:02:54,965  
But in narcotic  
really is used

92  
00:02:54,965 --> 00:02:56,840  
to refer to drugs or

93  
00:02:56,840 --> 00:02:58,760  
other substances  
that affect mood or

94  
00:02:58,760 --> 00:02:59,870  
behavior and are sold

95



00:02:59,870 --> 00:03:01,220  
for non-medical purposes.

96  
00:03:01,220 --> 00:03:04,505  
Usually, it's  
implying an illegal

97  
00:03:04,505 --> 00:03:06,290  
practice. And you mentioned

98  
00:03:06,290 --> 00:03:07,670  
when we were  
getting started and

99  
00:03:07,670 --> 00:03:08,630  
certainly we hear it in

100  
00:03:08,630 --> 00:03:09,680  
the news almost every day

101  
00:03:09,680 --> 00:03:12,290  
now about the  
opioid epidemic.

102  
00:03:12,290 --> 00:03:13,970  
How bad is it?

103  
00:03:13,970 --> 00:03:16,100  
It's incredible.  
This has really

104  
00:03:16,100 --> 00:03:18,410  
become a real issue  
in the United States.

105  
00:03:18,410 --> 00:03:22,490  
In 2012, about  
259 million prescriptions

106  
00:03:22,490 --> 00:03:23,570  
were written for opioids.

107

00:03:23,570 --> 00:03:25,250  
That's enough for  
every American to

108  
00:03:25,250 --> 00:03:27,020  
have their own  
bottle of pills.

109  
00:03:27,020 --> 00:03:28,670  
And since that time,

110  
00:03:28,670 --> 00:03:30,020  
there's been a  
lot of change.

111  
00:03:30,020 --> 00:03:32,405  
The Surgeon General in 2016

112  
00:03:32,405 --> 00:03:34,550  
reported that 20  
million Americans

113  
00:03:34,550 --> 00:03:35,870  
suffer from addiction.

114  
00:03:35,870 --> 00:03:38,675  
And more than six out  
of ten drug overdoses

115  
00:03:38,675 --> 00:03:39,920  
involve an opioid.

116  
00:03:39,920 --> 00:03:42,575  
And that's on the  
uptick obviously.

117  
00:03:42,575 --> 00:03:43,940  
Yes, it's amazing.

118  
00:03:43,940 --> 00:03:47,540  
This has really increased.  
In the ten years,

119  
00:03:47,540 --> 00:03:49,805  
from 1999 to 2010,

120  
00:03:49,805 --> 00:03:51,620  
there have been  
an increase in

121  
00:03:51,620 --> 00:03:53,990  
prescription overdose  
deaths by 400%,

122  
00:03:53,990 --> 00:03:55,400  
particularly in women, but

123  
00:03:55,400 --> 00:03:57,770  
also in other  
populations as well.

124  
00:03:57,770 --> 00:03:59,705  
And what about overdoses?

125  
00:03:59,705 --> 00:04:01,280  
Between 2000

126  
00:04:01,280 --> 00:04:02,300  
and 2015,

127  
00:04:02,300 --> 00:04:03,530  
more than a half million

128  
00:04:03,530 --> 00:04:05,630  
Americans died from  
drug overdose.

129  
00:04:05,630 --> 00:04:07,490  
And 91 Americans die

130  
00:04:07,490 --> 00:04:10,355  
each day now from  
opioid overdose.

131

00:04:10,355 --> 00:04:12,170  
And despite the increase

132  
00:04:12,170 --> 00:04:13,850  
in deaths and in spite

133  
00:04:13,850 --> 00:04:15,440  
the incredible increase in

134  
00:04:15,440 --> 00:04:17,540  
prescriptions being  
provided by providers,

135  
00:04:17,540 --> 00:04:18,350  
Americans have not

136  
00:04:18,350 --> 00:04:19,730  
reported any improvement or

137  
00:04:19,730 --> 00:04:20,690  
change in the amount of

138  
00:04:20,690 --> 00:04:22,205  
pain that they experience.

139  
00:04:22,205 --> 00:04:24,845  
So these prescriptions  
are contributing

140  
00:04:24,845 --> 00:04:27,485  
other than to pain  
management obviously.

141  
00:04:27,485 --> 00:04:29,210  
So how did we get here?

142  
00:04:29,210 --> 00:04:31,400  
How did this over  
the last years,

143  
00:04:31,400 --> 00:04:33,050  
decade balloon up to

144  
00:04:33,050 --> 00:04:35,330  
the epidemic  
proportions that it is.

145  
00:04:35,330 --> 00:04:36,860  
Well, I think this has been

146  
00:04:36,860 --> 00:04:38,570  
a topic that's been under

147  
00:04:38,570 --> 00:04:40,100  
much scrutiny and much

148  
00:04:40,100 --> 00:04:41,360  
evaluated by members

149  
00:04:41,360 --> 00:04:42,695  
of the medical community.

150  
00:04:42,695 --> 00:04:44,300  
But in the early 2000's

151  
00:04:44,300 --> 00:04:46,430  
really is when the  
drug epidemic began.

152  
00:04:46,430 --> 00:04:48,560  
The American Pain  
Society at that time

153  
00:04:48,560 --> 00:04:50,090  
adopted the idea that pain

154  
00:04:50,090 --> 00:04:51,470  
as the fifth vital sign.

155  
00:04:51,470 --> 00:04:53,630  
There's a lot of push  
by the drug companies

156

00:04:53,630 --> 00:04:56,315  
that opioids were  
not addictive.

157  
00:04:56,315 --> 00:04:57,650  
We know that they are very

158  
00:04:57,650 --> 00:04:59,855  
addictive and anyone  
can become addicted.

159  
00:04:59,855 --> 00:05:02,090  
And there was a  
lot of stress on

160  
00:05:02,090 --> 00:05:03,800  
patients having rights to

161  
00:05:03,800 --> 00:05:05,210  
have their pain managed.

162  
00:05:05,210 --> 00:05:07,205  
Well, and part  
of that was that

163  
00:05:07,205 --> 00:05:09,410  
there was criticism  
that pain

164  
00:05:09,410 --> 00:05:11,885  
wasn't being addressed and

165  
00:05:11,885 --> 00:05:13,610  
something needed  
to be done about that,

166  
00:05:13,610 --> 00:05:14,870  
is that right? That's true.

167  
00:05:14,870 --> 00:05:17,120  
That led to the  
introduction of

168  
00:05:17,120 --> 00:05:19,280  
Press Ganey scores  
emphasizing

169  
00:05:19,280 --> 00:05:21,950  
pain management and  
patient satisfaction,

170  
00:05:21,950 --> 00:05:25,625  
as well as the CMS  
HCAHPS surveys which

171  
00:05:25,625 --> 00:05:28,070  
included questions  
on pain management

172  
00:05:28,070 --> 00:05:29,540  
when patients left  
the hospital,

173  
00:05:29,540 --> 00:05:31,639  
and in fact, hospital  
reimbursement

174  
00:05:31,639 --> 00:05:33,200  
was based partly on that.

175  
00:05:33,200 --> 00:05:34,910  
Those questions have  
now been removed.

176  
00:05:34,910 --> 00:05:36,410  
When it started it

177  
00:05:36,410 --> 00:05:38,300  
was okay to talk  
about that,

178  
00:05:38,300 --> 00:05:40,115  
to talk about  
your pain too?

179

00:05:40,115 --> 00:05:41,780  
I think so. I  
think it became

180  
00:05:41,780 --> 00:05:43,460  
more socially  
acceptable to be on

181  
00:05:43,460 --> 00:05:44,960  
these medications, to

182  
00:05:44,960 --> 00:05:47,150  
experience pain,  
and to discuss it.

183  
00:05:47,150 --> 00:05:48,830  
Then there are always

184  
00:05:48,830 --> 00:05:50,630  
those who don't  
follow the rules.

185  
00:05:50,630 --> 00:05:51,440  
And so there were a lot

186  
00:05:51,440 --> 00:05:53,540  
of unregulated  
prescribing practices.

187  
00:05:53,540 --> 00:05:57,500  
Some very bad doctors  
out there who were

188  
00:05:57,500 --> 00:05:59,930  
actually prescribing  
way outside

189  
00:05:59,930 --> 00:06:02,075  
of the bounds of what  
would be acceptable.

190  
00:06:02,075 --> 00:06:04,310  
And one of the big



problems is that

191

00:06:04,310 --> 00:06:05,960

patients often  
become addicted

192

00:06:05,960 --> 00:06:07,070

from prescription opioids,

193

00:06:07,070 --> 00:06:09,050

but when they can't afford  
those any longer,

194

00:06:09,050 --> 00:06:10,160

they often turn to illicit

195

00:06:10,160 --> 00:06:11,675

drugs such as heroin.

196

00:06:11,675 --> 00:06:14,735

So where do all the  
prescription drugs

197

00:06:14,735 --> 00:06:17,000

that end up on the  
street come from?

198

00:06:17,000 --> 00:06:19,010

Well, some of the  
drugs that are

199

00:06:19,010 --> 00:06:19,430

"would-be"

200

00:06:19,430 --> 00:06:21,500

prescription medications.  
Or in other words,

201

00:06:21,500 --> 00:06:23,450

are legal opioid  
medications in

202

00:06:23,450 --> 00:06:24,500  
the United States do come

203  
00:06:24,500 --> 00:06:25,895  
from outside of  
the country.

204  
00:06:25,895 --> 00:06:28,790  
But many are actually  
prescriptions that were

205  
00:06:28,790 --> 00:06:30,530  
provided to a patient and

206  
00:06:30,530 --> 00:06:32,870  
then are being  
diverted or misused.

207  
00:06:32,870 --> 00:06:36,725  
About 50% of  
patients who obtain

208  
00:06:36,725 --> 00:06:39,380  
these prescriptions  
illegally are

209  
00:06:39,380 --> 00:06:40,430  
getting them  
from friends or

210  
00:06:40,430 --> 00:06:41,795  
relatives for free.

211  
00:06:41,795 --> 00:06:43,160  
Some of them  
are buying them

212  
00:06:43,160 --> 00:06:44,600  
from their friend  
or relative.

213  
00:06:44,600 --> 00:06:45,530  
And I think one of

214  
00:06:45,530 --> 00:06:47,390  
the most notable  
statistics is that

215  
00:06:47,390 --> 00:06:49,700  
about 80% of patients  
who go on to use

216  
00:06:49,700 --> 00:06:51,020  
heroin started by using

217  
00:06:51,020 --> 00:06:52,520  
prescription medications.

218  
00:06:52,520 --> 00:06:54,650  
Wow! Well, we want to focus

219  
00:06:54,650 --> 00:06:56,540  
this podcast series on

220  
00:06:56,540 --> 00:06:59,450  
prescribing of opioids  
for pain management,

221  
00:06:59,450 --> 00:07:00,950  
not for palliative and end

222  
00:07:00,950 --> 00:07:02,675  
of life or active  
cancer care

223  
00:07:02,675 --> 00:07:04,670  
you previously  
mentioned. Can you

224  
00:07:04,670 --> 00:07:06,890  
tell me a little  
bit more about

225  
00:07:06,890 --> 00:07:09,020  
you determine

whether a patient

226

00:07:09,020 --> 00:07:11,375  
is a good candidate  
for opioid therapy?

227

00:07:11,375 --> 00:07:13,640  
I think that's one of  
the riskiest things

228

00:07:13,640 --> 00:07:14,780  
that I do in my practice.

229

00:07:14,780 --> 00:07:16,280  
I actually put a great deal

230

00:07:16,280 --> 00:07:17,750  
of thought to  
my pain practice

231

00:07:17,750 --> 00:07:18,830  
into whether a patient

232

00:07:18,830 --> 00:07:21,515  
should have chronic  
opioid therapy.

233

00:07:21,515 --> 00:07:23,120  
A thorough examination is

234

00:07:23,120 --> 00:07:24,230  
an absolute must and

235

00:07:24,230 --> 00:07:26,945  
documented in the  
patient's medical record.

236

00:07:26,945 --> 00:07:28,190  
Appropriate imaging should

237

00:07:28,190 --> 00:07:29,300  
be obtained if that's

238  
00:07:29,300 --> 00:07:30,920  
necessary and  
appropriate to

239  
00:07:30,920 --> 00:07:32,555  
the to the diagnosis.

240  
00:07:32,555 --> 00:07:33,290  
But I think one of

241  
00:07:33,290 --> 00:07:35,180  
the most important  
things to

242  
00:07:35,180 --> 00:07:36,320  
keep in mind is  
that there needs to

243  
00:07:36,320 --> 00:07:37,670  
be an actual diagnosis.

244  
00:07:37,670 --> 00:07:40,085  
So things like chronic  
abdominal pain

245  
00:07:40,085 --> 00:07:42,170  
or chronic joint pain or

246  
00:07:42,170 --> 00:07:45,170  
headaches are not  
definitive diagnoses

247  
00:07:45,170 --> 00:07:45,860  
and they should not be

248  
00:07:45,860 --> 00:07:47,870  
used to provide chronic

249  
00:07:47,870 --> 00:07:49,700  
medications to patients.

250  
00:07:49,700 --> 00:07:51,650  
Another thing that I'd  
like to add Tracy,

251  
00:07:51,650 --> 00:07:52,670  
is that after a patient

252  
00:07:52,670 --> 00:07:53,630  
has been determined to

253  
00:07:53,630 --> 00:07:55,970  
be a candidate for  
chronic opioid therapy.

254  
00:07:55,970 --> 00:07:56,990  
There are a number of steps

255  
00:07:56,990 --> 00:07:58,340  
that should be undertaken

256  
00:07:58,340 --> 00:08:01,640  
before this  
therapy has begun.

257  
00:08:01,640 --> 00:08:02,870  
Some of this will  
be addressed

258  
00:08:02,870 --> 00:08:04,415  
in a future podcast,

259  
00:08:04,415 --> 00:08:07,190  
but important, is  
that not only

260  
00:08:07,190 --> 00:08:09,950  
the physical exam and the  
imaging be documented,

261  
00:08:09,950 --> 00:08:12,410  
but also that  
prior therapies be

262  
00:08:12,410 --> 00:08:13,550  
documented in the patient's

263  
00:08:13,550 --> 00:08:15,620  
medical record; that the

264  
00:08:15,620 --> 00:08:18,020  
prescription drug  
monitoring system

265  
00:08:18,020 --> 00:08:20,510  
be queried, with the results

266  
00:08:20,510 --> 00:08:22,880  
documented in the chart;  
that the patient

267  
00:08:22,880 --> 00:08:25,535  
be assessed for risk  
of addictive behavior,

268  
00:08:25,535 --> 00:08:27,920  
risk of anxiety,  
depression,

269  
00:08:27,920 --> 00:08:30,050  
and co-morbid  
psychiatric disorder,

270  
00:08:30,050 --> 00:08:33,905  
and risk of poly  
substance abuse.

271  
00:08:33,905 --> 00:08:35,060  
Those are all  
important things to

272  
00:08:35,060 --> 00:08:36,440  
document in the  
clinic note when

273

00:08:36,440 --> 00:08:38,045  
you're considering  
chronic therapy.

274  
00:08:38,045 --> 00:08:39,650  
What kind of imaging  
are you talking about?

275  
00:08:39,650 --> 00:08:42,080  
So I'm often talking

276  
00:08:42,080 --> 00:08:44,120  
about plain x-rays may

277  
00:08:44,120 --> 00:08:46,010  
be sufficient for some  
patients who have

278  
00:08:46,010 --> 00:08:50,030  
a significant defect.

279  
00:08:50,030 --> 00:08:53,105  
However, usually it's  
a CT scan or an MRI.

280  
00:08:53,105 --> 00:08:55,055  
So if we're talking  
about spine

281  
00:08:55,055 --> 00:08:56,240  
or joint pain,

282  
00:08:56,240 --> 00:08:58,010  
it would be an MRI

283  
00:08:58,010 --> 00:08:59,990  
of the spine or  
joints, etcetera.

284  
00:08:59,990 --> 00:09:03,260  
What about alternative  
treatments to that?



285  
00:09:03,260 --> 00:09:05,480  
Yes. I think those should  
be exhausted prior

286  
00:09:05,480 --> 00:09:07,955  
to considering  
opioid therapy.

287  
00:09:07,955 --> 00:09:11,855  
The WHO Analgesic  
Ladder, as we know,

288  
00:09:11,855 --> 00:09:13,670  
the World Health  
Organization

289  
00:09:13,670 --> 00:09:15,800  
discusses using  
acetaminophen,

290  
00:09:15,800 --> 00:09:17,150  
anti-inflammatories,

291  
00:09:17,150 --> 00:09:18,890  
and non-pharmacologic  
treatments

292  
00:09:18,890 --> 00:09:21,410  
before you consider  
the use of opioids.

293  
00:09:21,410 --> 00:09:22,880  
Also, more advanced  
therapies

294  
00:09:22,880 --> 00:09:24,080  
may benefit the patient.

295  
00:09:24,080 --> 00:09:25,550  
So I see a lot  
of referrals in

296

00:09:25,550 --> 00:09:27,785  
the pain clinic for  
advanced interventions

297  
00:09:27,785 --> 00:09:29,870  
and a referral to a pain  
specialist should be

298  
00:09:29,870 --> 00:09:30,950  
considered if that would be

299  
00:09:30,950 --> 00:09:32,240  
appropriate for  
that patient,

300  
00:09:32,240 --> 00:09:34,400  
prior to opioids.  
We've been talking about

301  
00:09:34,400 --> 00:09:37,310  
the opioid epidemic with  
Dr. Halena Gazelka.

302  
00:09:37,310 --> 00:09:38,690  
She's an anesthesiologist,

303  
00:09:38,690 --> 00:09:40,565  
boarded in pain and  
palliative medicine

304  
00:09:40,565 --> 00:09:42,169  
at Mayo Clinic  
in Rochester.

305  
00:09:42,169 --> 00:09:43,700  
>> Thanks for your  
time Dr. Gazelka.

306  
00:09:43,700 --> 00:09:44,420  
Thank you very much,

307  
00:09:44,420 --> 00:09:45,860  
Tracy. Remember if you

308  
00:09:45,860 --> 00:09:47,450  
enjoyed this podcast,

309  
00:09:47,450 --> 00:09:49,940  
please subscribe and  
share with a friend.

310  
00:09:49,940 --> 00:09:51,080  
Healthcare professionals

311  
00:09:51,080 --> 00:09:52,640  
looking to claim CME credit

312  
00:09:52,640 --> 00:09:55,430  
for this podcast  
can go to

313  
00:09:55,430 --> 00:09:59,240  
[ce.mayo.edu/opioidPC](http://ce.mayo.edu/opioidPC)

314  
00:09:59,240 --> 00:10:05,790  
and register. That's  
[ce.mayo.edu/opioidPC](http://ce.mayo.edu/opioidPC).