Opioids for chronic pain

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| Bottom line | **NB the following relates to chronic pain*, not*** **acute or end of life care**   * Opiates very good for end of life care pain, little evidence they are helpful for long term pain * A small proportion of people with long term pain benefit from opiates particularly if the use is intermittent and dose low. Not possible to identify these people in advance * Risk of harm increases beyond 120mg per day, but no increase in benefit. * If the patient is using opiates and not benefitting, they should be stopped, even if there are no alternatives * Chronic pain is a complex phenomenon (bio psycho social) |
| Make it happen | Look for:   1. ***Safety comes first*** 2. ***Prevention*** of the problem by not prescribing opioids 3. ***Prudent*** use of opioids – opioids have their place! 4. Identifying and managing ***Problem*** prescribing - 8-12 % of your patients will be dependent/addicted |
| The detail | 1. ***Safety first***:  * Every time ask yourself: Is this safe for the **patient/household/community/professionals?** * Set ground rules around prescribing and reviews: be alert to signs of drug seeking behavior/emerging dependence/addiction. Challenge overuse/misuse. * If opiates are not working, then stop them, even if there is no alternative * Is your prescribing evidence based/rational/ in line with CCG policy/national guidance?  1. ***Prevention:***  * Don’t prescribe opiates in the first place, use simple analgesics where ever possible * Recognize emerging chronic pain early in its course – Remember vulnerable groups (mental health problems, drug/alcohol problems).  1. ***Prudent prescribing:***  * Prescribe opiates/gaba drugs for chronic pain - do it as a TRIAL for 2-4 weeks for chronic pain, 2 or 3 episodes for episodic pain * Stick to max 120mg morphine equivalent per day. Don’t mix molecules, it will only confuse you * Don’t put on repeat- keep under review +++ * Avoid oxycodone, pregabalin and fentanyl patches (cost, safety)  1. ***Identify problem prescribing: > 120mg morphine equivalent***  * Co prescribing benzos, z drugs, gaba drugs * Unsafe prescribing- early repeats, lost prescriptions, lost meds, going on ‘holiday’, dose escalation, co use street drugs/alcohol. Learn to recognize drug seeking behavior and evidence of dependence/addiction. |
| What else | * Long term multiple adverse effects of opioids – particularly note opioid heyperalgesia * Opioids and driving/operating machinery: must not drive under the influence of drugs; >220mg opioid equivalent per day? fit to drive * Review continuing need for analgesia, review opioid prescription at least every 3 months |
| Links | Editorial BJGP Opioid analgesic dependence: 2017; 67(657: 154-155  Editorial BMJ Review long term opioid users yearly 2017; 357:2274  Opioids aware: <https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>  Understanding chronic pain <https://www.youtube.com/watch?v=C_3phB93rvI>  Opioid aware (Webinar):  <https://vimeo.com/238433820/b67646a792>  The use of opioids in chronic pain: next steps (Webinar)  <https://vimeo.com/238773840/733950cdb3>  Recognising drug seeking behaviour (webinar) <https://vimeo.com/187991515/b6374f1254> |
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