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)
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| 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
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| 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.
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| 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
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|  Links  | Editorial BJGP Opioid analgesic dependence: 2017; 67(657: 154-155Editorial 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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