

Reducing opioid prescribing in chronic pain

This briefing discusses the processes and resources available to support opioid reduction (including discussion of advice from The Faculty of Pain Medicine of the Royal College of Anaesthetists (FPM). Supporting resources include an audit, searches and tapering schedules. This bulletin should be used in conjunction with bulletin 149 on non-neuropathic pain, which includes further resources (patient information leaflet and agreement). <https://www.prescqipp.info/resources/category/149-non-neuropathic-pain>

Key recommendations

- There is little evidence that opioids are helpful for long term pain. A small proportion of people may obtain good pain relief with opioids in the long term if the dose can be kept low and use is intermittent, but it is difficult to identify these people at the start of treatment.¹
- Patients who do not achieve useful pain relief from opioids within 2-4 weeks are unlikely to gain benefit in the long term.²
- The risk of harm increases above 120mg oral morphine per day or equivalent. Above this dose the risk of harm and mortality increases substantially but there is no increased benefit.^{1,2}
- There needs to be an agreed outcome of opioid reduction, with an explanation of the benefits of stopping an opioid.²
- If pain has not been reduced by at least 30% (or other pre-agreed objective), then opioids should be considered as not effective and discontinued, even if no other treatment is available (do not swap to another opioid).^{1,2}
- A detailed assessment of the emotional influences on the person's pain experience is essential for people with chronic pain who also have refractory and disabling symptoms, particularly if they are on high opioid doses.¹
- Patients and carers should be involved in decision making, with plans made for follow up.²
- Total daily opioid dose should be reduced gradually when patients have been prescribed a strong opioid for longer than two weeks.²
- Whilst reducing the opioid, the patient needs to be monitored for pain, level of function, and signs of withdrawal.²
- Recognise patients with drug seeking behaviour (see appendix 2 in bulletin). For patients with drug seeking behaviour, both opioid dependent and non-opioid dependent (pregabalin and gabapentin); refer to specialist support for assessment and support (i.e. addiction services, in line with local commissioning policies). Ensure multi-disciplinary support.²

Background

There are growing concerns that patients are being moved up the opioid ladder towards potent opioids inappropriately and without considering other drug and non-drug aspects of care. The potential social and medical harms of opioids have been significantly underestimated.

Clinicians should only consider opioid therapy if the expected benefits for both pain and function are anticipated to outweigh risks to the patient.² There is no evidence for efficacy of high dose opioids (>120mg oral morphine/day or equivalent) in long term pain; increasing opioid load above this dose is unlikely to yield further benefits but exposes the patient to increased harm.²

It is important to taper or stop the opioid regimen if:

- The medication is not providing useful pain relief.
- The dose of opioid is above 120mg oral morphine equivalent/24 hours, because harms of treatment outweigh benefits above this dose.
- The underlying painful condition resolves.
- The patient receives a definitive pain-relieving intervention (e.g. joint replacement).
- The patient develops intolerable side effects.
- There is strong evidence that the patient is diverting his/her medications to others.²

The FPM states that the dose of drug can be tapered by 10% weekly or every two weeks. Ensure detailed exploration of emotional and mental health history.



References

1. National institute for Health and Care Excellence. Key Therapeutic Topics [KTT21]. Medicines Optimisation in long-term pain. January 2017. Available at <https://www.nice.org.uk/advice/ktt21> Accessed 07/11/17
2. Faculty of Pain Medicine. Supported by Public Health England. Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain. Accessed via <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> Accessed 20/11/17

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Additional resources		Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-218-reducing-opioid-prescribing-in-chronic-pain/
		Audit, PIL	