



Prescribing Dependence forming Medications (DFMs)

BRITAIN'S OPIOID CRISIS

Health secretary adds addiction warning to opioid painkillers



Health experts welcomed the labelling move but warned that more help was needed



Insys Therapeutics founder John Kapoor convicted in US opioid case

5 hours ago



The founder of Insys Therapeutics John Kapoor has become the first pharmaceutical boss to be convicted in a case linked to the US opioid crisis.

A Boston jury found Kapoor and four colleagues conspired to bribe doctors to prescribe addictive painkillers, often to patients who didn't need them.

Sarah Rann CDAO, AD NHS England
Ruth Bastable Senior medical adviser NHS England
RCGP reps: dependence forming medications (DFMs)

PHE review

- The review was launched on 24 January 2018 and is due to report in early 2019
- **The review will exclude or will not cover:**
- cancer and terminal pain
- over-the-counter medicines
- prescribing in hospitals and prisons
- other medicines, such as anti-psychotics, stimulants, 'smart drugs', anti-obesity drugs

News story

Prescribed medicines that may cause dependence or withdrawal

A review of the evidence on the scale and nature of problems with some prescription medicines and how they can be prevented and treated.

Published 31 January 2018

From: [Public Health England](#) and [Steve Brine MP](#)



NICE guidelines

- 'In summer 2019, we will recruit a committee to develop this guideline, and consult on a document outlining areas to be included. We expect to publish the final guideline in October 2021, following a detailed review of the evidence and consultation with the public and other stakeholders.'

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NICE announce prescription drug dependence guidelines to cut deaths

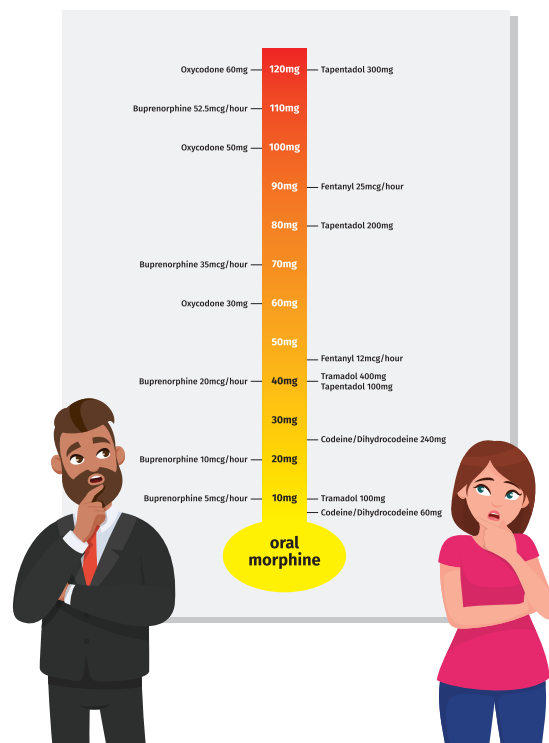
18 March 2019 | By [Elisabeth Mahase](#)

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NICE is set to develop new guidance for GPs and other health professionals on prescription drug dependence and how to manage withdrawal.



Take the temperature of your opioid painkillers

In persistent pain, using opioid painkillers, such as codeine, tramadol and morphine for more than a few months, has not been shown to be helpful.

As doses increase above the equivalent of 120mg oral morphine per day, there is a much greater risk of harm and little extra pain relief.

Harms can include:

- Muddled thinking
- Shaking
- Depression
- Dizziness
- Weight gain
- Headaches
- Tiredness
- Mood changes
- Vision changes

Opioids can even make pain worse.

So, how much are you taking? Use this thermometer to check your dose.

The higher your dose, the greater your risk of problems. If you take more than one opioid, your total dose will be even further up the thermometer.

Wherever you are on the thermometer, if you have concerns about your medicines or side effects and would like to discuss other ways to manage your pain, talk to your healthcare team.

For more information and ideas on other ways to manage your persistent pain, visit www.my.livewellwithpain.co.uk

The opioid thermometer is intended for illustrative purposes and should not be used to assist with conversions between opioid medicines. All equivalences are approximate; there can be significant inter-patient variability.



Thermometer and text: © Live Well with Pain 2019



Pain Management Formulary for Prisons:

The Formulary
for acute, persistent and neuropathic pain

Second Edition: October 2017

What to prescribe?

Say no
without the
'N' word

Working in small groups, spend 5 minutes on each of the following cases

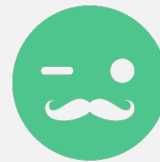
What will you as the prescriber do?
(recognition, preparation, planning the consultation, knowledge base/guidelines etc)

How can the system support you?
(systems, processes, SOPs, all staff training, readily available patient information etc)

Patient A



New arrival



Needs tramadol – has no records with them



Takes 400mg per day for sciatica.

Patient B



Current patient- on co-codamol 30/500 8 per day.

Waiting for knee surgery (TKR for osteoarthritis), would like stronger pills, - tried a friends gabapentin in the past which worked much better.



friend pills aren't opioids so much safer



He is quite frail and has had some falls.

Patient C



Current patient. Age 54. Just back from inpatient hospital care for acute episode of pancreatitis.

Has chronic pain from this



On fentanyl patch 50 microgrammes per hour.

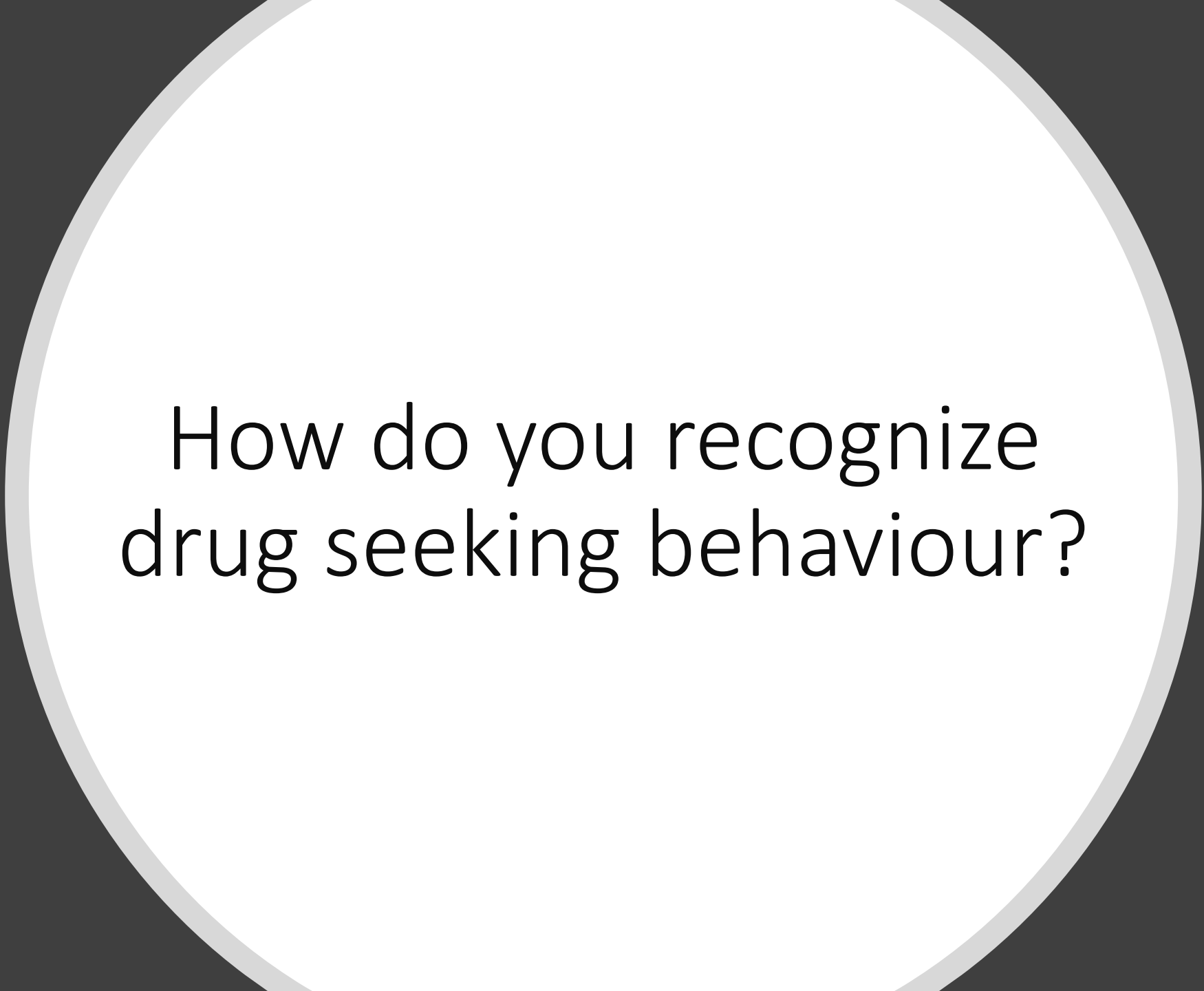
Would like dose to be increased

- not as effective as it used to be.



Was given oxycodone liquid (OxyNorm 5mg/5mls) as top ups for pain in the day,

- Usually takes 5-10mls 4-6 hourly



How do you recognize
drug seeking behaviour?

Drug seeking



Recognize misuse/overuse



Drug seeking – hostile – really easy to recognize



Non hostile – may be very subtle

Recognizing drug seeking behavior:

Intimidation / Aggression

Raised voice / Threatening language

“I’ll hurt myself / others / you if you don’t give me the
xxx”

I will have to buy the drugs off the street

I will complain/write to my MP/tell the newspaper/what’s
your GMC number (2314064 as it happens!).....

Recognizing drug seeking behavior



Attends late in afternoon / evening /weekends – pressure of time



Presents complex problem, but “*just* need a script”



Appeals to the ego

“You’re the only one who understands me”, “I heard you were good”,
“You are the best doctor here”



Overtly falsifying symptoms in order to obtain



Asks for specific drug by name,

e.g. my friend told me about this drug beginning with ‘p’, pre something or other

Language



I've been borrowing my friends medication



Nothing else works" (*let's not waste time talking about the issue – just give me a script*)



I'm allergic to everything except 'xxxxxx,



I can't take paracetamol because of my liver 'coz I have hep C



I need specific medications e.g. pain (esp migraine, back pain)

Prepare for the consultation

Read

Read the notes – history repeats itself!

Choose

Choose your ground – patients will sometimes deliberately choose inconvenient times e.g. late Friday afternoon. Deal with the immediate situation and then plan to see the patient again on your terms.

Make

Make sure you are conversant with guidelines e.g. NICE back pain, Opioids aware, prison formulary, local prison policy.

Plan the consultation



Allocate enough time, this is not quick work



Do you want a chaperone?



Skills very much draw on breaking bad news -



Often good to write to the patient after the consultation reiterating your advice.



Can be helpful to not make a decision in the room, write to the patient once you have had time to fully consider request if this is unexpected.



HALT – don't be!

A whole practice response

No place for hawks and doves; united and agreed course of action

SOPs to govern request for opioids and other DFMs which refer to evidence base

Staff training

Patient information – Opioids aware site helpful

Make use of the MDT to triangulate and create best plan

Top Ten Tips: Dependence Forming Medications

What are DFMs and why do they matter?

Dr. F. M. M. M. (DFM) is a doctor who has been prescribed a DFM.



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