

CONTROLLED DRUGS NEWSLETTER

SHARING GOOD PRACTICE IN THE SOUTH WEST

August 2016

SPECIAL EDITION – PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Whilst opioids are effective analgesics for acute pain and end of life care, they are of limited use for long term pain. Side effects are very common (50 – 80% of patients), and up to a quarter of patients taking opioids long term have developed a dependence on them. Prescribers rarely choose to initiate opioids long term; most patients become dependent on opioids after being treated for acute pain. Analgesic options beyond paracetamol or ibuprofen are limited; co-codamol or tramadol are widely used, especially for older patients, as NSAIDs have been highlighted as causing renal problems.

Did you know?

- the risk of harm increases above a dose greater than 120mg morphine (or equivalent) daily, with no increased analgesic benefit (= 60mg oxycodone daily, or fentanyl patch 25mcg or higher)
- a dose greater than 220mg morphine (or equivalent) daily impairs a person nearly as much as being over the legal limit of alcohol, and they are probably **not safe to drive**
- for patients over 80 years, opioids have a higher rate of hospital admission and all-cause mortality than NSAIDs (difficult relative risk analysis for individual patients though!)
- patients with a history of mental health problems, personality disorder, or sexual/physical abuse are more likely to become emotionally dependent on opioids and to escalate the dose without permission
- chronic opioid use is associated with reduced quality of life and employment status, and increased pain, healthcare use and mortality

A difficult message

To put it bluntly, **you are not doing your patients any favours** by continuing to prescribe opioids long term. The really difficult thing to accept – for both patient and prescriber – is that if a 120mg daily morphine or equivalent dose is not providing substantial pain relief or functional improvement, then **taking nothing is a better option**. By tapering the opioid dose and stopping, patients will be more able to function in the world, and feel less ill. They may still have the pain, but are likely to feel better in themselves.

For patients already on >120mg morphine equivalent daily

- mitigate the **risks of opioid related death** by avoiding concurrent use of benzodiazepines and other CNS drugs likely to contribute to respiratory depression; caution about alcohol consumption
- seek specialist pain consultant advice on complex cases where patients on high dose opioids still have disabling symptoms

- advise patients not to drive if on >220mg morphine equivalent daily and document this in their notes
- have periodic trial reductions to see if the higher dose is still needed

For patients with acute pain

- many patients become addicted to opioids after being treated for acute pain. Three days of treatment or less will often be sufficient, more than 7 days is rarely required. Treatment length for post-surgical pain should be clarified if not clear on the discharge form
- establish treatment goals before starting opioid therapy for chronic pain, including realistic goals for pain and function with an agreed discontinuation if improvement does not outweigh risks to patient safety; focus on quality of life not pain, and encourage patient to stay or get active
- start once daily morphine 20mg and review regularly for upwards dose titration; benefits and harms should be evaluated with patients after starting opioids, or dose escalation
- avoid making dose increases under pressure during a consultation; team decisions for complex patients shares the load and helps to manage patient expectations
- be aware of and address underlying anxiety and depression

Help and advice for prescribers

Most areas in the South West have formal or informal channels of pain specialist support and advice for prescribers, as well as the usual referral arrangements. If you are not aware of these do get in touch and we will support you in making these local links.

The Faculty of Pain Medicine has published its Opioids Aware resource pack for patients and healthcare professionals. It can be found at www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware.

The website includes advice on

- how to assess patients before starting opioids for chronic pain
- how to initiate and manage a trial of opioids
- choice of opioid and formulation
- how to taper and stop opioid doses safely
- patient advice leaflets

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