KISS

Keep It Simple and Straightforward

Opioids for chronic pain

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? 2. ***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). 3. ***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) ***4. 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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