

Opioid Management From the Community to Tertiary Care: A Qualitative Evaluation of Prevalence, Family Physician Education and Tertiary Service Models

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Introduction

- The use of strong opioids for the treatment of chronic non-cancer pain (CNCP) is increasing (1-2).
- Long-term opioid use is associated with deleterious effects such as neuroendocrine dysfunction, immunosuppression and cognitive impairment.
- The benefits of strong opioids in reducing pain severity and increasing quality of life may not outweigh these risks (3-4).

Aims

- To evaluate the use of strong opioids in the outpatient population at St Bartholomew's Hospital in the UK, to help reflect on current practice and guide clinical service development.
- To deliver educational sessions to local general practitioners (GPs) in order to improve understanding and standards in the prescribing of strong opioids for CNCP.

Methods

- All patients attending the outpatient pain clinic at St Bartholomew's Hospital were recruited over a 2-week period in November 2015.
- Patients were reviewed by a pain consultant or specialist nurse, who collected data in the form of a structured interview and a questionnaire (20 questions).
- Data was analysed by an independent clinician.
- The authors delivered 4 face-to-face 45-minute presentations to GPs between July 2015 and July 2016.
- The educational sessions covered the costs, number of patients and effectiveness of opioids for CNCP, recommended doses, side-effects, adverse effects and how to initiate, monitor and discontinue strong opioids.
- The GPs were asked to complete questionnaires before and after the sessions to assess views and confidence in managing opioids for CNCP.

Results

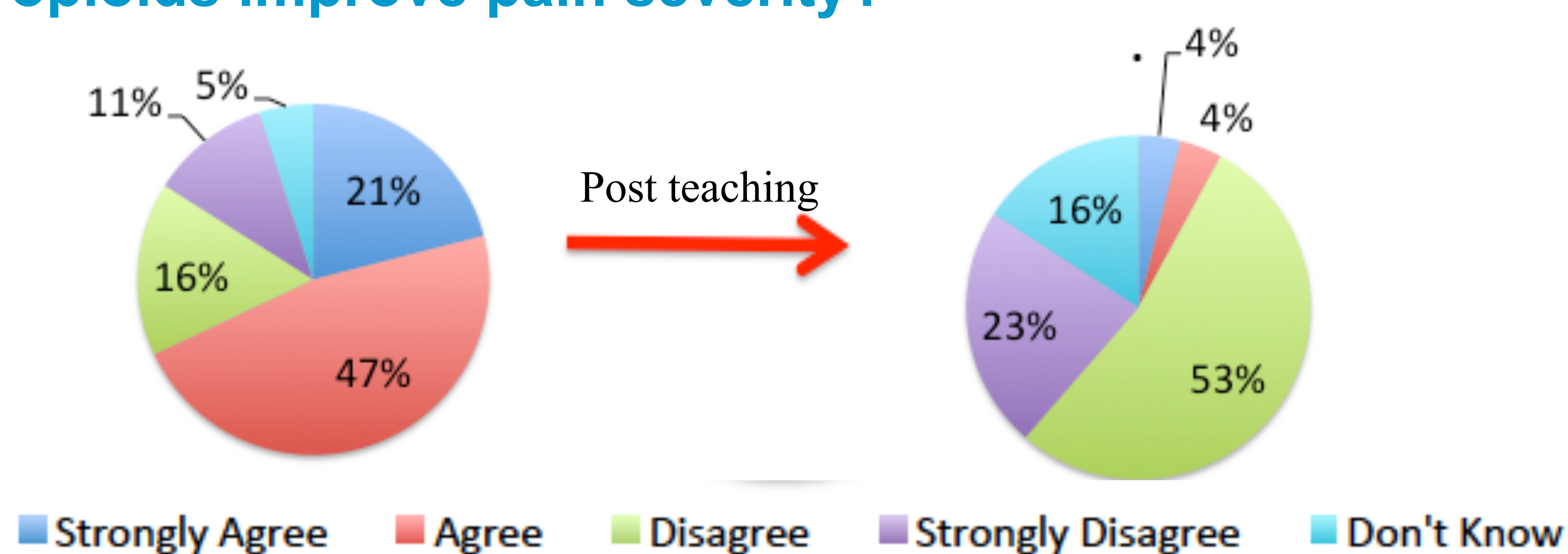
Audit of current practice of opioid use for CNCP

- 142 outpatients recruited, 27% on strong opioids.
- Wide range of pain diagnoses.
- Similar demographics between strong opioid and non-strong opioid group.
- Length of opioid use ranged from 6 months to over 20 years.
- Median oral morphine equivalent daily dose 67.5mg (10mg - 500mg).
- Amongst patients on strong opioids, high numbers had fibromyalgia and abdomino-pelvic pain syndromes.
- Nearly half of strong-opioid takers (42% vs 58%) were not on anti-neuropathic agents.

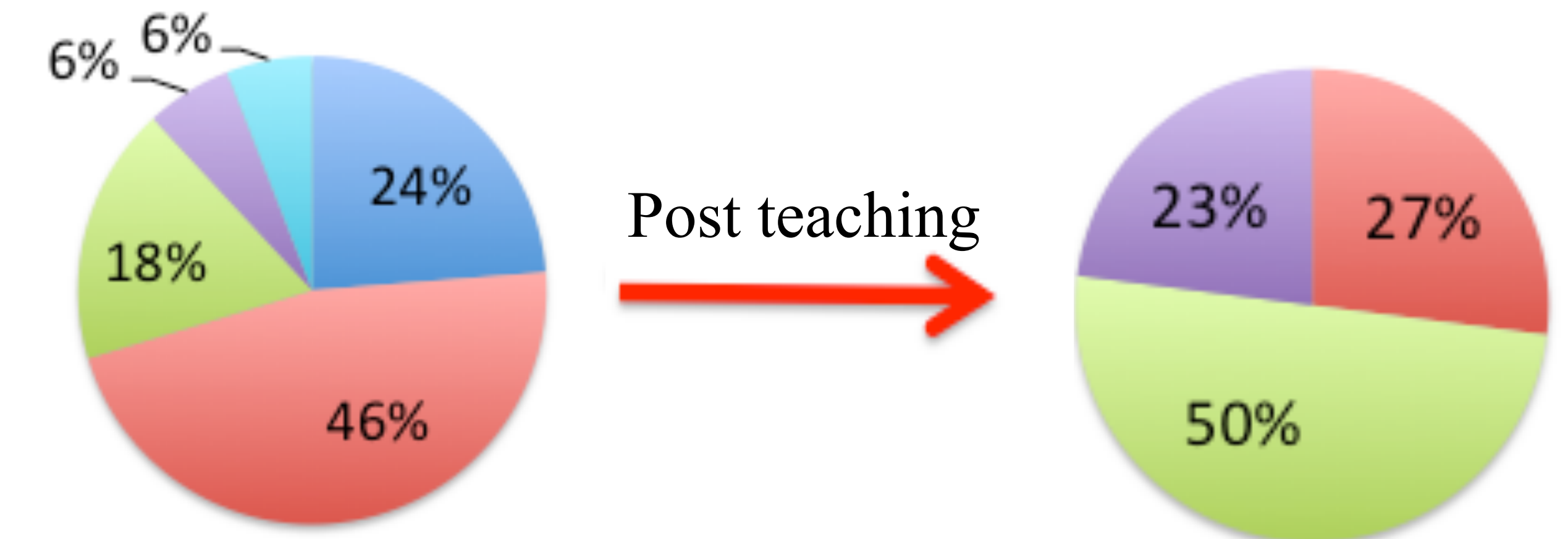
Educational sessions on the role of opioids in CNCP

- 30 GPs attended and all recommended other GPs to attend this session.
- Feedback questionnaire response rate 77%.
- The questionnaire results are displayed below:

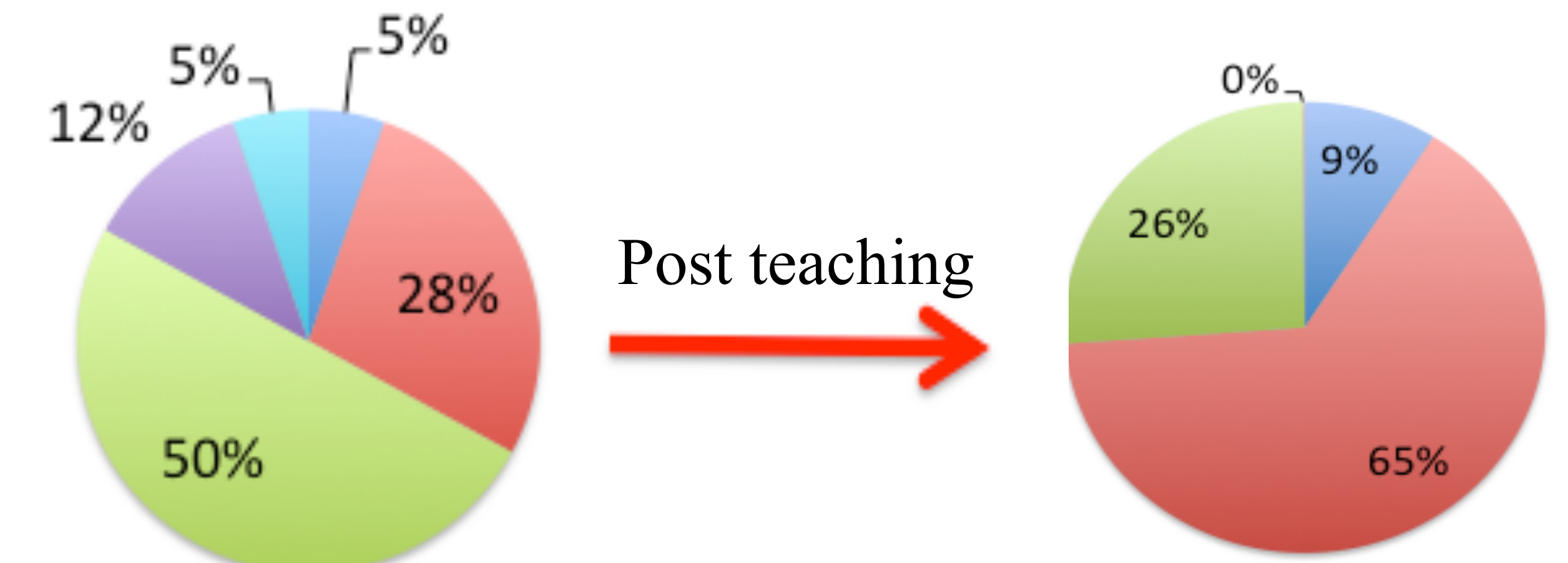
Do opioids improve pain severity?



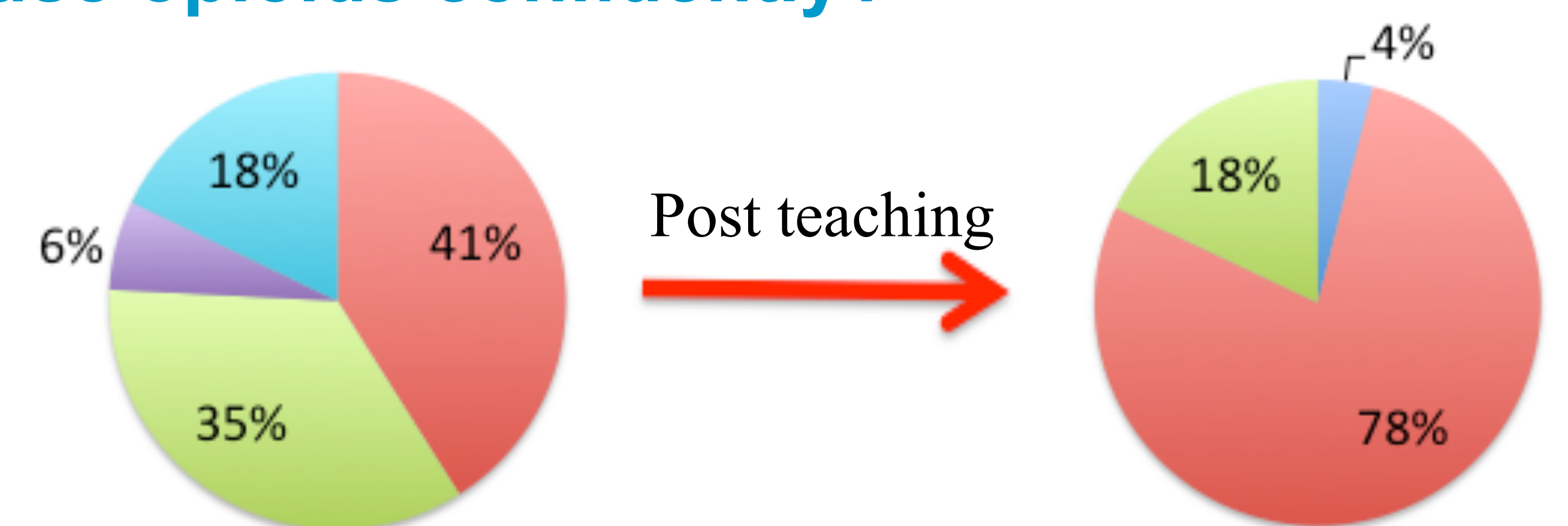
Do opioids improve patient function?



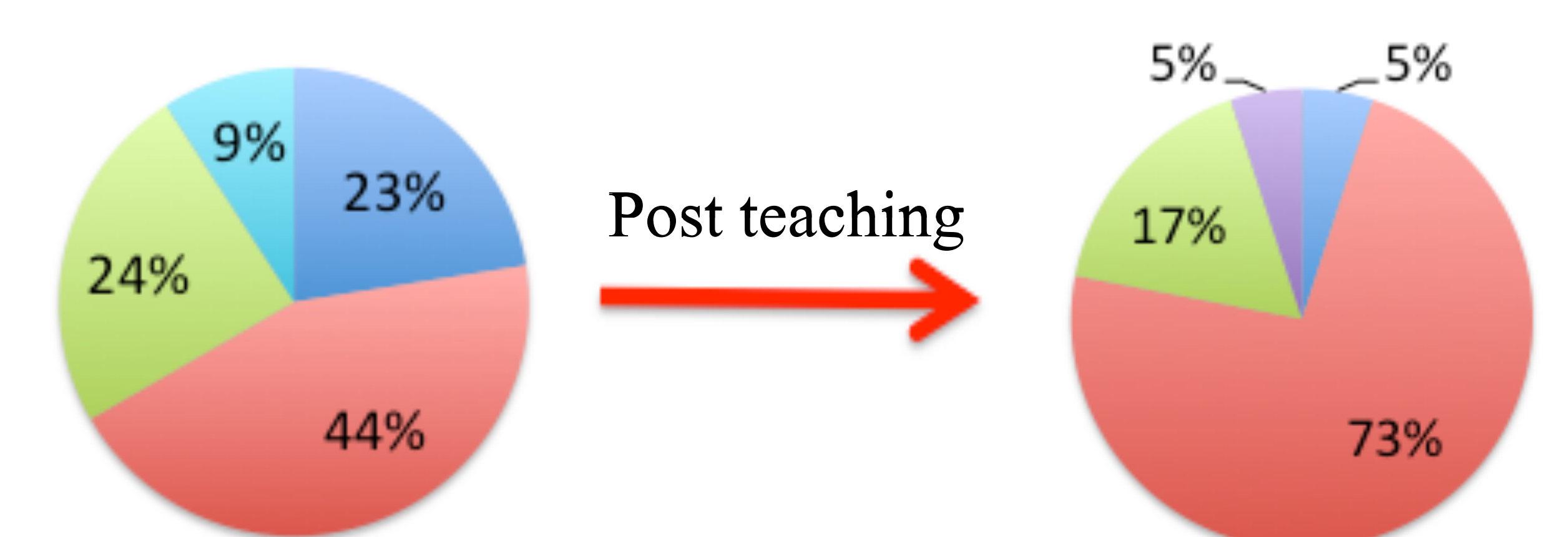
Have you received enough training on opioid prescribing?



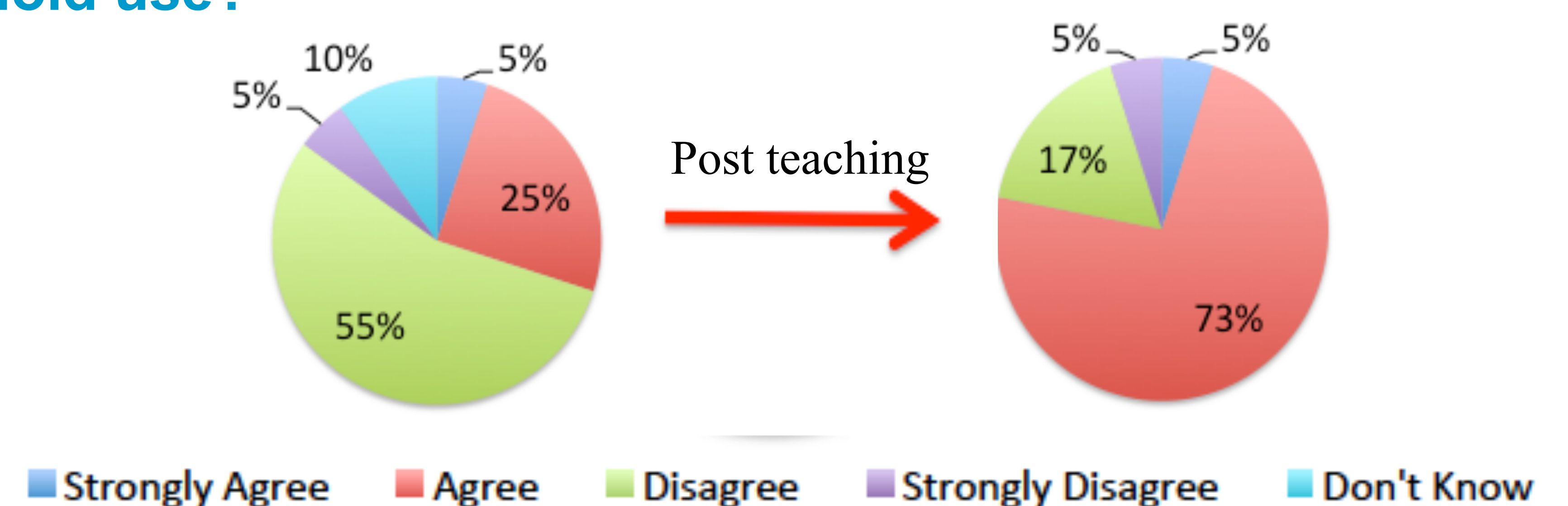
Can you use opioids confidently?



Should opioids be used with other strategies?



Do you have enough knowledge to educate patients on opioid use?



Conclusions

- In our patient population, large numbers are on long-term, high dose strong opioids.
- Face-to-face sessions with GPs are of great educational value, positively altering the views and confidence of these doctors in managing opioids for CNCP, and improving links with specialist pain management services.
- Our educational programme has since expanded to include multi-disciplinary team members such as physiotherapists.
- We have developed a multi-professional opioid clinic to rationalise opioid prescribing; we aim to collect further patient outcome data related to these encounters to develop this service further.

References

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- Gomes et al. Arch Intern Med, 2011; 171(7): 686-91
- Eriksen et al. Pain, 2006; 125:172-9
- Freyenhagen et al. BMJ, 2013; 346: 38-41

