

102 - Strong opioid treatment for persistent non-cancer pain: A Prospective evaluation of prevalence from a secondary care multidisciplinary pain clinic

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Background

- Opioid prescribing for persistent non-cancer pain is increasing
- Negative physiological and psychological associations with their use are well documented^{1, 2}
- Evidence is lacking that these potential risks are outweighed by their ability at either reducing pain or increasing function and quality^{3, 4}
- Anecdotally, a significant proportion of our patients are on long-term strong opioids for their chronic pain conditions
- Our outpatient pain service operates within the model of a multi-professional, multi-disciplinary team and its clinicians are committed to responsible opioid prescribing²

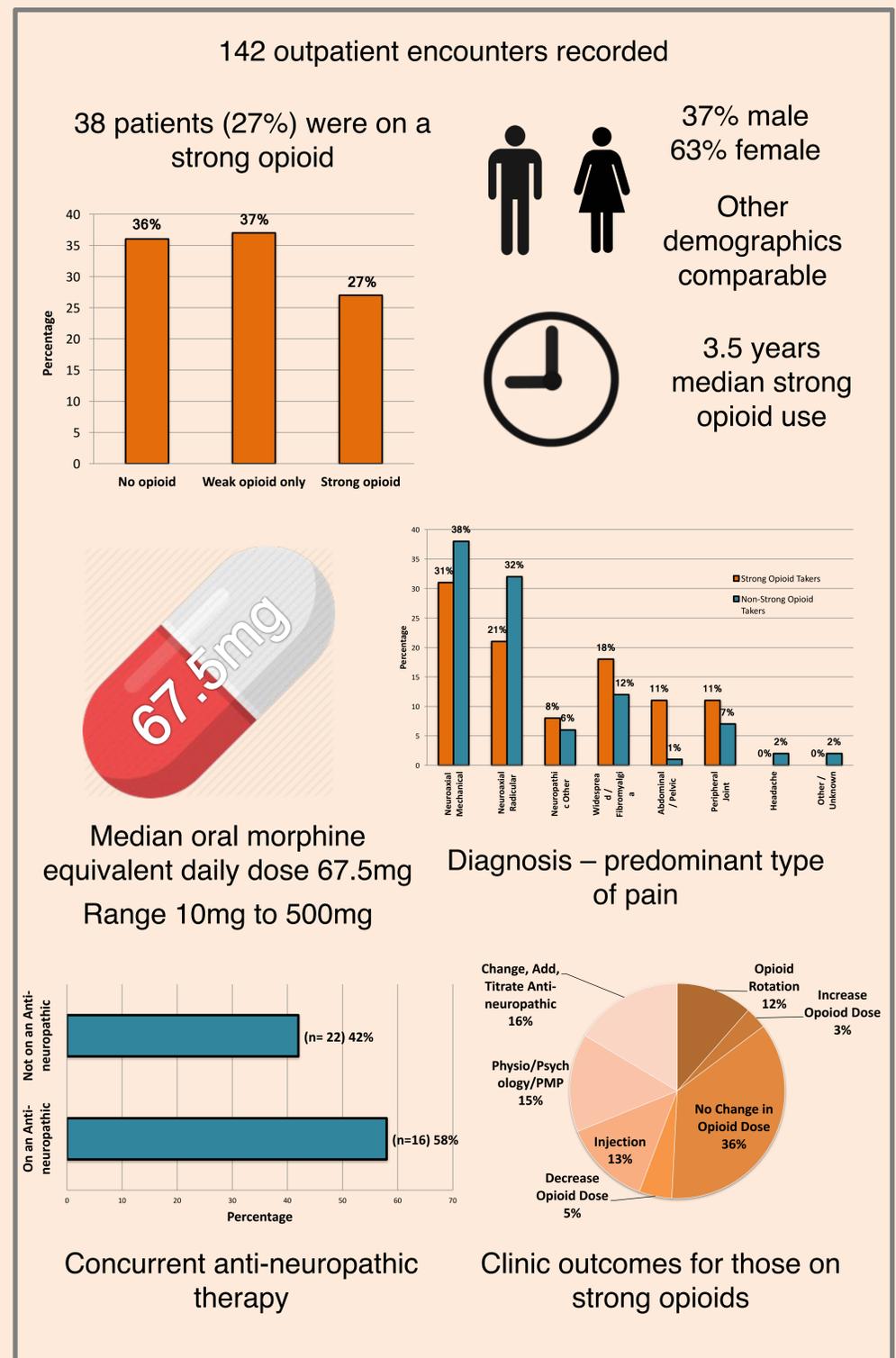
Aims

- To evaluate a cross-section of our patient population, identifying the number of patients on strong opioids
- To better delineate the features associated with their pain management strategy and strong opioid use
- To make comparisons to those not taking strong opioids to guide the need for further service development
- To institute service changes if necessary and to re-evaluate their effects in the future

Methods

- Prospective audit registered and permissions sought via the Trust's Clinical Effectiveness Unit
- Consecutive patients attending secondary care pain clinic (Consultant or CNS led clinic, both new and follow-up included)
- Data collection tool: 20 point questionnaire
- Data collection format: Structured interview at outpatient consultation with pain management team
- Cross-site data collection, two-week window, November 2015

Results



Conclusions

- We see a significant proportion of patients on strong opioids for the treatment of their persistent non-cancer pain
- Evidence lacks as to the efficacy of opioids in this patient population and there is risk for serious adverse effects
- Patients taking strong opioids might be more effectively served with a specific and focused clinic
- This will help us better manage the complex issues they present:
 - By addressing problematic opioid use such as narcotic bowel and opioid-induced hyperalgesia
 - By reducing over-medication
 - By exploring issues around addiction
- Future development will focus on further integration of allied professionals such as clinical psychology and addiction services to create an Integrated Care Pathway

References

- (1) Ballantyne *et al.*. Opioid Therapy for Chronic Pain. *N Engl J Med* 2003;349:1943-53,
 (2) www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware, (3) American Pain Society and American Academy of Pain Medicine. Consensus statement: The use of opioids for the treatment of chronic pain. February 2009, (4) M. Von Korff, R.A. Deyo. Potent opioids for chronic musculoskeletal pain: flying blind? *Pain* 109 (2004)207–209.