Prescribing Tips and Tools for Opioids in the Management of Chronic Non-Cancer Pain

Medicines Management Programme
Prescribing Tips and Tools

Opioids are only effective to treat chronic* non-cancer pain (CNCP) in a small percentage of people.[1]

- There is a **LACK OF ROBUST CLINICAL EVIDENCE** to support the long-term use of opioids in the treatment of CNCP.[2,3]
- There are **ASSOCIATED HARMS** with the use of opioids, such as adverse drug reactions, long-term adverse effects and safety concerns in older people[4,5]

Harms associated with opioids

Adverse drug reactions[4,5]**

- Arrhythmias
- Confusion
- Constipation
- Dizziness
- Drowsiness
- Dry mouth
- Euphoric mood
- Flushing
- Hallucination
- Headache
- Hyperhidrosis
- Hypotension
- Nausea and vomiting
- Palpitations
- Respiratory depression
- Skin reactions
- Urinary retention
- Vertigo
- Visual impairment
- Withdrawal syndrome

There is a **dose-dependent** risk of serious harms associated with opioids.[6]

In **older people** and those with **renal impairment**, the risk and severity of adverse drug reactions is increased.[2,4]

Long-term adverse effects[4,5]

- Altered immune function
- Cognitive decline
- Dependence and addiction
- Endocrine abnormalities
- Falls (and fractures)
- Opioid induced hyperalgesia

Dependence and addiction is a significant risk for opioid use of >3 months duration.[7]

Abbreviations: CNCP: chronic non-cancer pain; CNS: central nervous system; SmPC: Summary of Product Characteristics.

Drug-drug interactions associated with opioids[4,5,8]

Interaction with serotonergic/antipsychotic drugs**

Opioids interact with antidepressants and antipsychotics and can cause serotonin syndrome.

*Concomitant use of **tapentadol/tramadol** with serotonergic drugs, antipsychotics and other medicinal products that lower the seizure threshold, can induce convulsions.*

Interaction with CNS depressants**

Opioids interact with CNS depressants and can produce additive CNS depressant effects, thereby increasing the risk of sedation, respiratory depression, coma and/or death.

There is a risk of potentially **fatal unintentional overdose** with opioid use.[7]

*Chronic pain is pain that lasts for more than three months.[9-11]

**A full list of adverse drug reactions and drug interactions can be found in the individual SmPC available at www.hpra.ie.

This document should be used in conjunction with clinical judgement and decision making appropriate to the individual patient.

For further information on *Appropriate prescribing of opioids in the management of chronic non-cancer pain*, please refer to the full review available at www.hse.ie/mmp

See overleaf for further information.

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- Chronic non-cancer pain (CNCP) may be caused by a number of different pathophysiologic mechanisms that may require different approaches to treatment.[2]
- The aim of treatment of CNCP is to reduce the impact of pain on quality of life, mood and function.[5]

Prior to initiating an opioid

- ✓ Optimise non-pharmacological treatments and non-opioid analgesics.[12]
- ✓ Consider that opioids are only effective to treat CNCP in a small percentage of people.[1]
- ✓ Consider the **SERIOUS HARMS** associated with opioids.[4,5]

Carefully select individuals for an opioid trial

- ✓ Develop the individual's understanding of chronic pain, how it differs from acute pain and the impact this may have on goals of therapy.[13,14]
- ✓ Discuss the degree of pain relief that might be expected and that the aim is not complete pain relief but rather reducing pain sufficiently to engage in self-management.[2]
- ✓ Discuss potential **ADVERSE DRUG REACTIONS, LONG-TERM ADVERSE EFFECTS** of opioids and their ability to **IMPAIR DRIVING SKILLS**.[2,4,5,7]
- ✓ Be aware that there is an ↑ risk and severity of adverse drug reactions with opioids in **OLDER PEOPLE** and those with **RENAL IMPAIRMENT**.[2,4]
- ✓ Review the individual's medication history.

If initiating an opioid

- ✓ Agree realistic pain management goals with the individual.[13]
- ✓ Agree a treatment strategy and plan for discontinuation with the individual.[7]
- ✓ Prescribe the **LOWEST EFFECTIVE DOSE** as part of a trial.[2,10,14,15]
- ✓ Use **SHORT-ACTING** opioids instead of extended release/long-acting opioids.[14]

Review

- ✓ Review prescriptions for opioids **REGULARLY**.[2]
- ✓ **REDUCE DOSE** when possible[9,10]

Discontinue

- ✓ **DISCONTINUE** treatment if benefits in terms of meaningful improvements in pain and function do not outweigh significant risks or harms.[13]

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Points to consider when prescribing opioids

Only consider initiating an opioid for a **trial** to evaluate efficacy, tolerability and suitability in **carefully selected individuals**.[2,10]

Prescribe at the **lowest effective dose**.[10,14,15]

Set a **realistic treatment goal.**

A realistic treatment goal *is a 30% improvement in pain and/or a significant improvement in functional ability.*[13]

Consider that individuals who do not achieve useful pain relief from opioids within 2-4 weeks are **unlikely to gain benefit in the longterm.**[2]

Discontinue opioid treatment if the person is still in pain despite using opioids, **even if no other treatment is available**.[2]

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