Audit: Safety of opioid prescribing for non cancerous chronic pain in a primary care centre

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Background

- It is estimated that NCCP (non-cancerous chronic pain) affects 1 in 5 people in the UK (1)
- In recent years, there has been a rise in the prescription of opioids for NCCP, and in practice it is not uncommon for patients to remain on these for long terms despite little benefit
- Indeed, although highly effective in relief of acute and cancerous pain, there is in fact little good quality evidence suggesting benefit from long-term opioid use in NCCP (2)

Introduction

- Opioids present significant risks to patients including tolerance, dependency, non-medical use and death from accidental overdose (3)
- Therefore, careful consideration should be taken before opioids are given to ensure safety in prescribing (4)

- NICE describes management of chronic pain as a **'key therapeutic topic'**, it summaries available evidence for the topic but does not give formal guidance (5)
- This audit makes reference to the WHO analgesic ladder, the PHE 'Opioids awareness' resource amongst others (6, 7)

Standards

Standards were devised based on the aims of the audit and preliminary research and guidance, these included:

Standard	%
1. A clear indication for the initial prescription of opioid medication.	100%
2. A documented discussion of the risks associated with the prescription was made in the patient's notes.	100%
3. A step wise analgesic approach was followed before the prescription of an opioid.	100%
4. If the medication was not effective either: • Further investigations or management were made • The medication was discontinued	100%
5. The patient had at least one review of medication following this prescription within 12 weeks.	100%

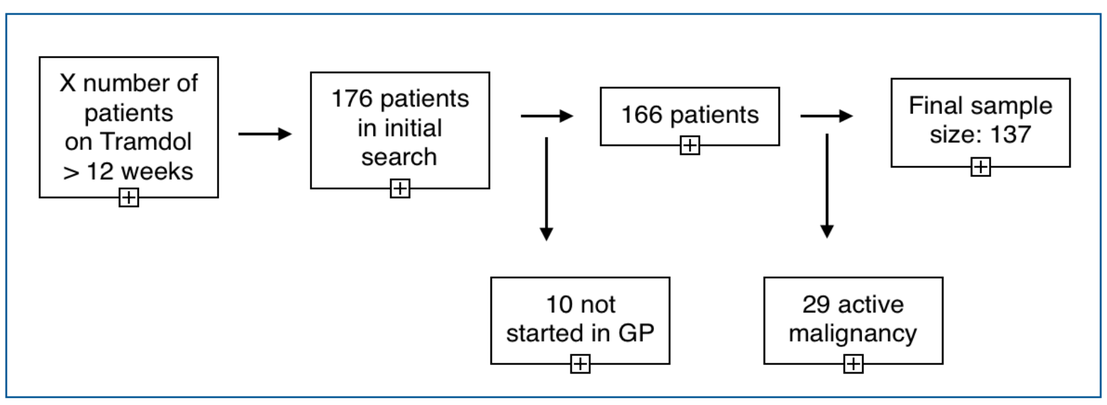
Methods

Inclusion criteria:

- Patients on Tramadol Hydrochloride for > 12 weeks
- Dates: between August 2018 and February 2019 (6 month period)
- Course status is current and classed as repeated prescription

Exclusion criteria:

- Medication not started in primary care
- Patient had an active malignancy



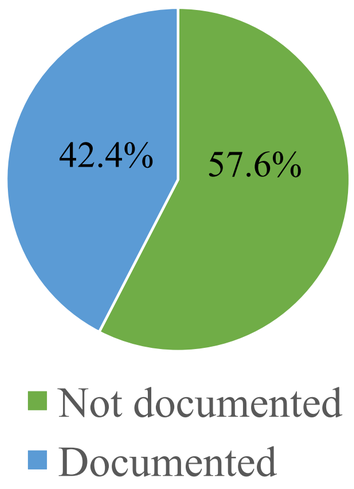
Aims

1. To evaluate the safety of opioid prescribing for NCCP in a primary care centre
2. To make recommendations regarding improvements in order to contribute to reducing opioid dependency and related side effects

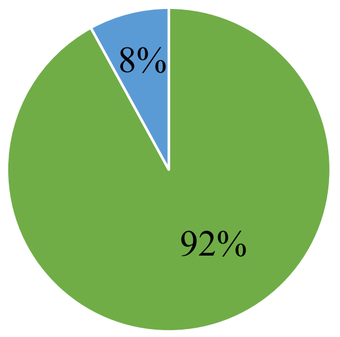
Results

1. Clear indication: 100%; all cases had a clear indication for the prescription of medication
2. Documented discussion:
   - 57.6% not documented
   - 42.4% documented
3. Stepwise approach adopted as per the WHO pain ladder:
   - 90.5% followed this approach
   - 5.8% were immediately started on Tramadol as a first line
4. The medication was not beneficial in 45%
   - 92% further management
   - Only 8% left on
5. 99% of patients received a review within 12 weeks of starting the medication

Standard 2



Standard 4



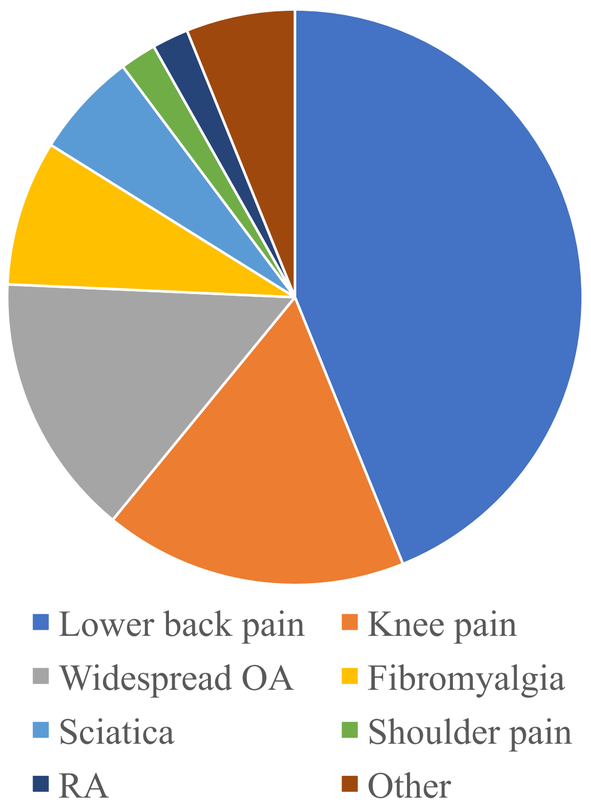
Recommendations

- The two standards that weren't achieved included:
  - Documenting a discussion of the risks
  - Minority of patients remained on Tramadol despite having no benefit without further investigations
- It is recommended that a tool which encourages safety of opioid prescribing in primary health care be introduced; the tool should:
  - Reaffirm the indication for prescription
  - Ensure a discussion of the side effects is carried out and is clearly documented in the medical notes
  - Consider use of non-opioids first if not already done so
  - Reminders about regular reviews to avoid patients remaining on the mediation for long term

Limitations

- Limited to one primary health care centre
- Limited sample size and setting for initial background
- Only Tramadol audited
- Standards were not formally defined but were generated based on preliminary guidelines and research into the topic areas

Indication for prescription



1. Mansfield, K., Sim, J., Jordan, J. and Jordan, K., 2016. A systematic review and meta-analysis of the prevalence of chronic widespread pain in the general population. *Pain*, 157(1) pp.55-64.
2. Gupta, S. and Atcheson, R., 2013. Opioid and chronic non-cancer pain. *Journal of Anaesthesiology Clinical Pharmacology*, 29(1), p.6.
3. *Rheumatology*, 2016. O35 Long-Term Opioid Prescribing and the Risk of Adverse Events in Patients with Musculoskeletal Pain: A Cohort Study.
4. Stannard, C., 2013. Opioids in the UK: what's the problem?. *BMJ*, 347(aug15 1), pp.f5108-f5108
5. Nice.org.uk. 2022. *Overview | Medicines optimisation in chronic pain | Advice | NICE*. [online]
6. Faculty of Pain Medicine. 2022. *Opioids Aware*. [online] Available at: <https://www.fpm.ac.uk/opioids-aware>
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