Pain Relief and Drug Use

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Some references, all available on the internet, but I have mentioned several I can email to individuals if interested.

Guidelines

Recommendations for the appropriate use of opioids for persistent non-cancer pain March 2004. Pain Society, Royal College of Anaethetists, Royal College of GPs, Royal College of Psychiatrists.

Pain and substance misuse: improving the patient experience. April 2007. The British Pain Society, The Royal College of GPs, The Royal College of Psychiatrists and the Advisory Council on the Misuse of Drugs.

Chou et al. Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-Cancer Pain, via www.jpain.org, vol 10, issue 2, 113-130.

Use of Opioids in the treatment of Chronic, Non-Malignant Pain, Jan 2009. American Academy of Addiction Psychiatry

S. Illingworth et al. Treatment of Chronic Pain in the Prison Setting (I can email this guideline if interested)

Review Article

Hojsted et al. Addiction to Opioids in Chronic Pain Patients: A literature review. European Journal of Pain11 (2007) 490-518 (I can email a copy of this if interested)

Nicholas et al. Using Opioids with Persisting Noncancer Pain: A biopsychosocial Perspective. Clin J Pain 2006;22:137-146 (I can email a copy of this if interested)

SMMGP Newsletter

Dawn Wintle. Pain Management and Addiction in the Acute Hospital, October 2009,

Lectures available on the internet

http://www.exchangesupplies.org/conferences/NDTC/2008_NDTC/speakers/lesley_colvin.html

http://www.exchangesupplies.org/conferences/NDTC/2006_NDTC/speakers/jason_white.html

Articles on increased mortality

Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone

Authors: Dhalla IA et al

Summary: The association between opioid-related mortality and opioid prescribing in Ontario, Canada, was investigated in this paper. Annual prescriptions for opioids increased from 458 to 591 per 1000 individuals between 1991 and 2007, and during this time there was an 850% increase in prescriptions for oxycodone. Oxycodone-related mortality increased 5-fold and overall opioid-related mortality increased by 41% after the addition of the long-acting formulation of the agent to the drug formulary. Among individuals for whom relevant data were available, 66.4% had visited a physician during the month before death (n=3066), and 56.1% had filled a prescription for an opioid during the month prior to death (n=1095).

Can Med Assoc J 2009;181(12):891–6

http://www.cmaj.ca/cgi/content/abstract/181/12/891

Opioid prescriptions for chronic pain and overdose

Authors: Dunn KM et al

Summary: This HMO data analysis of 9940 individuals who received ≥3 prescriptions for opioids within 90 days for noncancer pain identified 51 opioid-related overdoses, six of which had a fatal outcome. Individuals who received 50–99 mg/day and ≥100 mg/day morphine equivalents were respectively 3.7 and 8.9 times more likely to overdose than individuals receiving 1–20 mg/day, with respective annual overdose rates of 0.7% and 1.8%. The investigators noted that indications associated with higher dosages could have confounded the results, but they did emphasise the need for close supervision of patients on such dosages.

Ann Intern Med 2010;152(2):85–92

http://www.annals.org/content/152/2/85.abstract

Comment: These two papers agree with several others describing the increase in opioid prescribing in chronic noncancer pain over the last two decades. A recent Australian study published in Pain Medicine (Murnion BP et al. Pain Medicine 2010;11(1):58–66) described incomplete pain relief in the acute hospital setting with the use of opioids. The authors attributed this to a combination of factors: underprescribing, poor knowledge of different opioid preparations and knowledge of titration. In chronic pain patients, has this increase in opioid prescriptions provided improvement in our patients' quality of life and function against the increased risk of harm described in these papers? Poor knowledge of opioid use is also a factor in the harm caused. We know that a small percentage of chronic pain sufferers will do well when prescribed opioids, but high-dose opioids (e.g. >100mg morphine equivalents/day) is very problematic in achieving a good patient outcome, with a marked increased risk of misuse and abuse.