Quick reference recommendations for conduct of an Opioid Trial in Chronic Non-Cancer Pain

1. Comprehensive assessment

- "Socio-": Role of relationships, work, other life events
- "-psycho-": Beliefs, mood, impact of pain, including sleep
- "-biomedical": Underlying treatable condition (if possible)

- Risk assessment for problematic opioid use:
  - History of past or current substance abuse
  - Family history of substance abuse
  - Concurrent psychiatric disorder
  - Aberrant drug taking behaviours (see below)

2. Multimodal therapy

- Consider self-management options
- Consider non-opioid drug options

3. Opioid therapy

(i) **Agreement regarding opioid trial**

- Part of multimodal treatment plan
- Set goals based on improved function
- Informed consent
- Explicit agreement regarding:
- One prescriber (and deputy), single pharmacy
- No early repeats, No loss replacements
- Dispensing according to risk assessment

(ii) **Conduct of an opioid trial**

- Use long-acting oral or transdermal opioid preparations
- Trial duration 6-8 weeks

- Regular reassessment and documentation: 5As
  Analgesia
  Activity
  Adverse effects
  Affect
  Aberrant behaviour

- Interval: weekly initially, no longer than monthly
- Titrate dose to stability provided satisfactory 5A assessment
- Limit dose to ~ 100mg/day oral morphine equivalent
- Repeats contingent on monthly reports, satisfactory 5A assessment
- Involve another colleague in decision to continue treatment
- A least annual peer or specialist review is recommended."

(iii)	**Response to difficulty in achieving or maintaining therapeutic goals**
	• Assess changes in sociological, psychological and biomedical dimensions • Consider pharmacodynamic and pharmacokinetic factors - Change preparation or dosing regimen
	• Consider behavioural factors - Action may include recalibration of goals of therapy, reduction or withdrawal of opioid, reconsideration of other modes of therapy
	• Tapered termination if : - treatment goals not met - serious adverse outcomes - misuse - review appointments not kept
	• Option for random drug monitoring: eg urine , or pill counts • Consultation with colleague(s)
(iv)	**Understanding of appropriate weaning strategies**
	• Weaning within 3 months after use for acute pain • "Slow" regimen: wean by 10-25% of starting dose at monthly intervals • "Fast" regimen: wean by 10-25% of starting dose at weekly intervals • Be alert to opioid dependency/addiction

SPECTRUM OF ABERRANT DRUG-RELATED BEHAVIOURS [1,2]

PROBLEMATIC OPIOID USE

Overwhelming focus on opioid issues, impeding progress with other issues

Resistance to change in therapy despite evidence of adverse drug effects

Aggressive complaining about need for more drug

Non-compliance with use instructions, including non-sanctioned dosage escalation

Pattern of prescription problems (lost, spilled or stolen medications)

Supplemental opioids (other providers, emergency departments, illicit sources)

Stealing or "borrowing" drugs

Selling prescription drugs

Prescription forgery

Evidence of deterioration in function: family life, work life, social life

Concurrent abuse of alcohol or of other illicit drugs

Injecting oral formulations

UNSANCTIONED OPIOID USE

REFERENCES

1. Cohen ML, Wodak AD. Judicious use of opioids in chronic non-malignant pain. Medicine Today 2010;11:10-18

2. Ballantyne JC, LaForge KS. Opioid dependence and addiction during opioid treatment of chronic pain. Pain 2007; 129: 235-255

3. Nicholas MK, Molloy AR, Brooker C. Using opioids with persisting noncancer pain: a biopsychosocial perspective. Clinical Journal of Pain. 2006;22(2):137-46