

# Prescribing Corner

## Highlights of new opioid guideline recommendations

Released in May, the *Canadian Guideline for Safe and Effective Use of Opioids in Chronic Non-Cancer Pain* offers 24 recommendations to help physicians safely use opioids to treat patients with chronic non-cancer pain.

For easy reference, the recommendations are organized into five clusters, each of which will be featured in issues of *The Messenger*.

Previous issues featured recommendations for deciding to initiate opioid therapy and conducting an opioid trial. This issue highlights Cluster 3 recommendations for monitoring Long-Term Opioid Therapy, or LTOT.

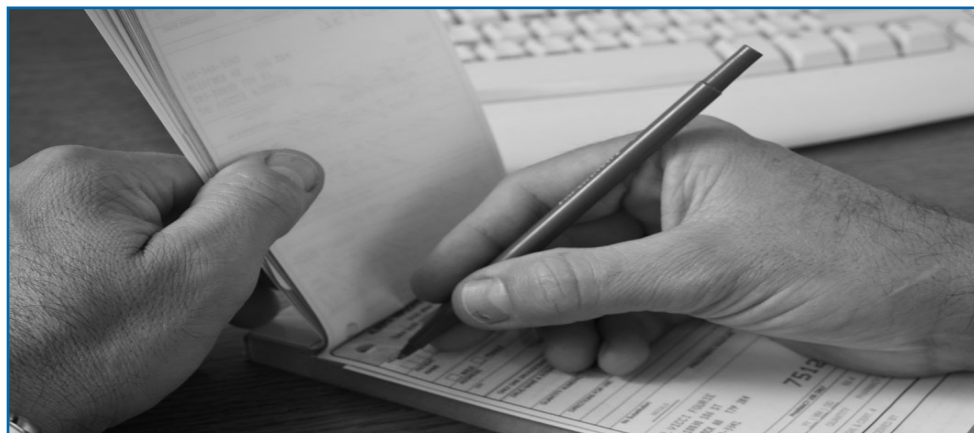
### Cluster 3: Monitoring Long-Term Opioid Therapy (LTOT)

**R12: When monitoring a patient on long-term therapy, ask about and observe for opioid effectiveness, adverse effects or medical complications, and aberrant drug-related behaviors (Grade C<sup>1</sup>).**

Opioid effectiveness should improve function or reduce pain by 30 per cent to justify continuation. Physicians should monitor for neuroendocrine dysfunction, erectile dysfunction, sleep apnea and opioid-induced hyperalgesia in addition to the more common side effects.

Aberrant drug-related behaviors such as escalating the dose, altering the route of delivery or engaging in illegal activities may indicate addiction or drug misuse.

**R13: For patients experiencing unacceptable adverse effects or insufficient opioid effectiveness from one particular opioid, try prescribing a different opioid or discontinuing therapy (Grade B<sup>1</sup>).**



To switch opioids, convert the daily dose to oral morphine equivalence first. A conversion table is included in the guideline.

If the previous dose was high, the suggested new dose is 50 per cent or less of the previous opioid dose. If the previous dose was low or moderate, the suggested new dose is 60 to 75 per cent of the previous opioid dose.

Opioids should be tapered and discontinued if the patient's pain remains unresponsive after a trial of several different opioids. Patients who received high doses and remain incapacitated by pain should be considered treatment failures, even if the opioid "takes the edge off" the pain.

**R14: When assessing safety to drive in patients on long-term opioid therapy, consider factors that could impair cognition and psycho-motor ability, such as a consistently severe pain rating, disordered sleep, and concomitant medications that increase sedation (Grade C<sup>1</sup>).**

Physicians should assess cognitive and psycho-motor ability as these functions are essential for driving a motor vehicle. Factors such as severe pain, sleep disorders, some pre-existing medical conditions and sedating medications can

exacerbate the cognitive impairment of opioids.

The Canadian Medical Association guide **Determining Medical Fitness to Operate Motor Vehicles (2009)** is available from the CMA Member Service Centre at 1-888-855-2555 or email [cmamsc@cma.ca](mailto:cmamsc@cma.ca).

In Alberta, legislation gives physicians discretionary power as to whether or not to report a patient's medical condition. Physicians are protected from legal action if a report is made in good faith.

**R15: For patients receiving opioids for a prolonged period who may not have had an appropriate trial of therapy, take steps to ensure that long-term therapy is warranted and dose is optimal (Grade C<sup>1</sup>).**

For physicians who have "inherited" patients on long-term opioids, it is still recommended to review the appropriate steps for an opioid trial and to address/document your opioid monitoring. In other words, physicians would be advised to address the following: pain diagnosis, risk screening, goal setting, informed consent, appropriate opioid selection and documenting effectiveness.

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This process can be done over several appointments. Consider using the Opioid Manager as a practice tool to guide and track your prescribing.

The Opioid Manager can be downloaded from the National Pain Centre website at: <http://nationalpaincentre.mcmaster.ca/opioidmanager/>. Please provide feedback on the website if you have suggestions for improving this tool.

**R16: When referring patients for consultation, communicate and clarify roles and expectations between primary-care physicians and consultants for continuity of care and for effective and safe use of opioids (Grade C<sup>1</sup>).**

For complex pain patients or when aberrant behavior is detected, it is important to seek consultation from a multidisciplinary pain program and/or addiction treatment program.

When care is collaborative, it is important to clarify the roles and responsibilities of the various team members to ensure opioid prescribing is optimized.

**(Next issue: Cluster 4: Special Populations)**

The complete guideline and practice tools are available on the National Pain Centre website at McMaster University<sup>2</sup> or from the College website. Practice tools can be downloaded or printed for clinical use.

If you have feedback or comments on this month's Prescribing Corner, contact Dr. Susan Ulan, Senior Medical Advisor at: 780-969-4930, 1-800-561-3899 ext. 4930 (in Alberta), or email [Susan.Ulan@cpsa.ab.ca](mailto:Susan.Ulan@cpsa.ab.ca).

### References:

<sup>1</sup>McMaster University; National Pain Centre website, Recommendation Grading ([http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_a10\\_literature\\_search\\_methods.html#table\\_a10\\_03\\_02](http://nationalpaincentre.mcmaster.ca/opioid/cgop_a10_literature_search_methods.html#table_a10_03_02)).

<sup>2</sup>McMaster University; National Pain Centre website (<http://nationalpaincentre.mcmaster.ca/opioid/>).

**Next issue: Cluster 4: Special Populations**



## Upcoming Council Election

Election of members to the Council of the College of Physicians & Surgeons of Alberta will take place on November 17, 2010. Detailed election information will be mailed to members the week of September 13, 2010.

Councillors with terms expiring on December 31, 2010 include:

- Dr. Louis Francescutti, Edmonton
- Dr. Marlene Lidkea, St. Albert
- Dr. Cheri Nijssen-Jordan, Calgary
- Dr. Carol Rowntree, Sundre

The new three-year terms will commence January 1, 2011.

Profiles of College Councillors are available at [www.cpsa.ab.ca](http://www.cpsa.ab.ca) (under About Us - Council - Councillor profiles) or you can access the *Becoming A CPSA Councillor* brochure on the Council Overview page (About Us - Council).