

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 4 recommendations for Treating Specific Populations with Long-Term Opioid Therapy**.

R17: Opioid therapy for elderly patients can be safe and effective (Grade B¹) with appropriate precautions, including lower starting doses, slower titration, longer dosing interval, more frequent monitoring, and tapering of benzodiazepines (Grade C¹).

Older patients may be less likely to complain of pain or accept opioid therapy because they fear addiction. As a result, opioids are often under-utilized in the elderly.

Opioids are generally safe in this population and should be titrated carefully. Controlled release preparations improve compliance due to reduced dosing frequency. Morphine solutions may be helpful in patients with dysphagia or those who require tight titration to minimize side effects.

R18: Opioids present hazards for adolescents (Grade B¹). A trial of opioid therapy may be considered for adolescent patients with well-defined somatic or neuropathic pain conditions

when non-opioid alternatives have failed, risk of opioid misuse is assessed as low, close monitoring is available, and consultation, if feasible, is included in the treatment plan (Grade C¹).

It is recommended to use opioids cautiously in adolescents with chronic pain. Non-medical use of opioids is common in this age group and may be a risk factor for future opioid addiction. Whenever feasible, obtain consultation with an experienced adolescent healthcare provider before placing an adolescent on long term opioid therapy. Explore all non-opioid treatment options first.

R19: Pregnant patients taking long-term opioid therapy should be tapered to the lowest effective dose slowly enough to avoid withdrawal symptoms, and then therapy should be discontinued if possible (Grade B¹).

Pregnant women with chronic pain and addiction to opioids, should be considered for methadone treatment due to improved obstetrical and neonatal outcomes.

Regular use of opioids during pregnancy is associated with neonatal abstinence syndrome. These babies should be delivered in a hospital setting prepared to identify and treat the syndrome. Some people rapidly metabolize codeine to morphine, which can place breast-fed babies at risk for fatal opioid toxicity.

R20: Patients with a psychiatric diagnosis are at greater risk for adverse effects from opioid treatment. Usually in these patients opioids should be reserved for well-defined somatic or neuropathic pain conditions. Titrate more slowly and monitor closely; seek consultation where feasible (Grade B¹).

This recommendation highlights the importance of patient selection, cautious opioid prescribing and consideration of tapering when there is a co-morbid psychiatric condition.

Patients on chronic opioid therapy have a higher prevalence of depression and other psychiatric conditions than the general population. The analgesic response to opioids may be reduced in these patients due to heightened pain perception or diminished analgesic response. Opioid tapering is associated with improved mood and pain intensity.

Patients on long term opioid therapy with psychiatric disorders are at higher risk for substance misuse and dependence than patients without psychiatric conditions. It is important to balance the benefits of pain reduction with the risk of treatment. Inadequate housing and other social issues may complicate the picture in psychiatric patients. Consider slow titration for those at risk.

(Next issue: Cluster 5: Managing Opioid Misuse and Addiction in Chronic Non-Cancer Pain)



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The complete guideline and practice tools are available on the National Pain Centre website at McMaster University² 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.

References:

¹McMaster University; National Pain Centre website, Recommendation Grading (http://nationalpaincentre.mcmaster.ca/opioid/cgop_a10_literature_search_methods.html#table_a10_03_02).

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

Next issue: Cluster 5: Managing Opioid Misuse and Addiction in Chronic Non-Cancer Pain

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CORNER** 

For your information

Critical Care Canada Forum

The Critical Care Canada forum is a three-day conference focusing on topics that are relevant to doctors, nurses, and team members involved with the care of critically ill patients, wherever the patients are located.

Internationally recognized, the forum focuses on leading-edge science through informative and interactive sessions, dynamic speakers, and exhibitions. Featuring over 95 sessions and 110 international faculty, this is the premier conference for critical care in Canada.

The CCCF is being held November 7 - 10, 2010 at the Sheraton Downtown Toronto, Canada. Full conference information can be found at www.criticalcare-canada.com.

Canadian Patient Safety Week November 1 - 5, 2010

An initiative of the Canadian Patient Safety Institute, Canadian Patient Safety Week aims to increase awareness of patient safety issues and share information about best practices in patient safety with Canadian healthcare providers, patients and their families.

Building on the premise that good healthcare starts with good communication, the theme for 2010 is *Ask, Listen, Talk* – promoting the importance of communication in all healthcare settings and sectors. For further information go to www.asklistentalk.ca

CanLNC Education - TEACH Course

In cooperation with the University of Calgary Faculty of Medicine, Department of Obstetrics and Gynecology, CanLNC Education is offering the TEACH course (Testifying Experts – Avoiding Courtroom Hazards).

TEACH provides foundational instruction on how to be an effective participant in the courtroom as an expert witness or defendant.

This course is intended to familiarize doctors with courtroom roles and logistics, and to improve confidence and effectiveness as a testifying expert or defendant.

For more information, please go to www.CanLNC.ca and click on the TEACH course tab.

POSP Fall Forum - EMR Adoption and Use: Prescription for Success

The Physician Office System Program (POSP) is hosting a fall forum to assist Alberta physician clinics interested in transitioning to an electronic medical record (EMR) or upgrading to one of the POSP-funded complete EMR solutions.

Sessions are tailored for paper-based clinics, clinics transitioning between EMR solutions, and apply to both general practice and specialties.

EMR Adoption and Use: Prescription for Success will be held at the Radisson Hotel Edmonton South November 18 and 19, and at the Carriage House Inn, Calgary November 25 and 26, 2010.

Visit www.posp.ca and click on the forum icon to register.