

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 have been featured in issues of *The Messenger*.

This issue highlights the last of the clusters - **Cluster 5: Recommendations for Managing Opioid Misuse and Addiction in Chronic Non-Cancer Pain.**

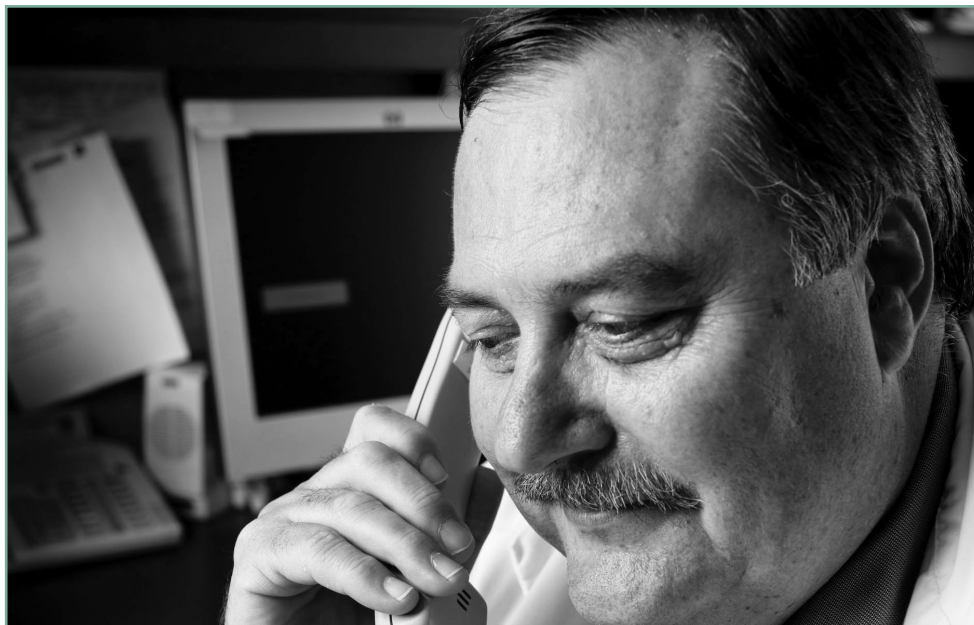
R21 For patients with chronic non-cancer pain who are addicted to opioids, three treatment options should be considered:

1. **Methadone or buprenorphine treatment (Grade A¹),**
2. **Structured opioid therapy (Grade B¹), or**
3. **Abstinence-based treatment (Grade C¹).**

Consultation or shared care, where available, can assist in selecting and implementing the best treatment option (Grade C¹).

Methadone Maintenance Treatment (MMT) involves daily supervised dispensing, urine drug screening and counselling. To prescribe methadone for addiction or pain, physicians are required to hold a Health Canada exemption.

To obtain a methadone exemption for dependence (in Alberta), physicians are required to take the MMT workshop and apply to Health Canada through the College. Details and a link to the application form are available on the College



website at www.cpsa.ab.ca under Programs & Services/Methadone Program/Methadone Exemption.

Primary care physicians should be cautious when prescribing other opioids or benzodiazepines to a patient on methadone. Methadone has unique properties that pose potential safety concerns for patients, particularly when combined with other medications. As such, communication between the primary care physician and the methadone provider is highly recommended.

The Guideline² describes indications and details regarding the treatment options for opioid-addicted patients. Consultation with an addiction specialist is recommended to ensure the treatment selected is the best available option for the patient.

R22 To reduce prescription fraud, physicians should take precautions when issuing prescriptions and work collaboratively with pharmacists (Grade C¹).

To reduce the risk of fraud, physicians can take the following precautions:

- Fax prescriptions directly to a pharmacy. Note: remember to void the original prescription after it has been faxed.
- Fill out the prescription with complete information, including date of birth and personal health-care number.
- Write prescription quantities in numeric **and** written formats.
- Cross out unused portions of the prescription.
- Keep blank prescriptions in a secure place.
- Encourage patients to attend a single pharmacy.
- Access the Pharmaceutical Information Network and Triplicate Prescription Program databases to for collateral information.

Pharmacists are in a unique position to provide feedback about a patient's prescription use. They are part of the "circle of care", so physicians do not

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require special consent to communicate with them regarding a patient. Treated with respect, pharmacists can be a valuable resource.

R23 Be prepared with an approach for dealing with patients who disagree with their opioid prescription or exhibit unacceptable behavior (Grade C¹).

A physician can minimize the risk of conflict with patients by using opioid contracts and documenting reasons for changes in prescribing in the patient's medical record.

The Guideline² offers additional suggestions for how to approach aggressive or threatening patients.

R24 Acute or urgent health care facilities should develop policies to provide guidance on prescribing opioids for chronic pain to avoid contributing to opioid misuse or diversion (Grade C¹).

Being consistent with the application of your facility opioid policies can assist in discouraging drug-seeking behaviors by patients.

The Guideline² suggests topics to consider when developing a policy for your facility. For example: Patients with chronic pain on long-term opioids can have legitimate reasons for acute pain and it may not be considered appropriate to have a blanket refusal policy to prescribe opioids. Once an appropriate evaluation and examination is done by the attending physician, there may be clear indications to prescribe opioids.

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/>).



College Chaperone Training Course

The College of Physicians & Surgeons of Alberta promotes the presence of a chaperone during intimate examinations and is once again offering a chaperone training course for staff working in physician offices.

Date: Monday, February 28, 2011

Time: 9:00 a.m. to 4:00 p.m.

Cost: \$250 (plus GST)

Location: Edmonton; CPSA office;
2700-10020 100 ST NW

To register call 780-969-4941 or email Charlene.Hiemstra@cpsa.ab.ca.

