

News Release

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Improper use of opioids sparks a new Canadian practice guideline

Increases in opioid prescriptions, leading to increased misuse, serious injuries, and overdose deaths have spurred Canadian colleges of physicians and surgeons to create a new guideline for opioid use with chronic non-cancer pain, states an article in *CMAJ (Canadian Medical Association Journal)* <http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100187>.

Opioid use in Canada has increased significantly, with a 50% increase in recorded prescription-opioid consumption between 2000 and 2004. Canada is now the world's third-largest opioid consumer per capita.

In November 2007, Canadian medical regulators formed the National Opioid Use Guideline Group (NOUGG) and created the *Canadian Guideline*. Their goal was to help develop and implement a guideline to provide physicians with information to prescribe opioids safely and effectively to patients with chronic non-cancer pain.

"The *Canadian Guideline* is intended to assist physicians with decisions to initiate appropriate trials of opioid therapy for patients with chronic non-cancer pain, to monitor long-term opioid therapy, and to detect and respond appropriately to situations of opioid misuse including addiction," write Clarence Weppler, Co-chair of the National Opioid Use Guideline Group and coauthors. "It was not designed to serve as a standard of care nor as a training manual."

The *Canadian Guideline* targets primary-care physicians and medical and surgical specialists who manage patients with chronic non-cancer pain. Pharmacists, nurses and dentists may also find it useful. The *Guideline* does not discuss treatment of chronic pain with non-opioids.

The full guideline documents are available at <http://nationalpaincentre.mcmaster.ca/opioid/>.

In a related commentary <http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100548>, Dr. Roger Chou writes that more studies of high-risk populations with long-term follow-up are needed, as are studies on optimal methods for risk stratification, patient selection, opioid initiation, dose titration, monitoring and discontinuation of therapy. "Until these studies are completed, the new Canadian guideline offers clinically sound recommendations for making decisions regarding the use of opioids for treating non-cancer pain," writes Dr. Chou.

MEDIA NOTE: Please use the following public links after the embargo lift:

Review <http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100187>.

Commentary <http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100548>

Media contacts for research:

Kelly Eby, Manager, Communications, College of Physicians & Surgeons of Alberta, tel: 780-969-4973, kelly.eby@cpsa.ab.ca

Or

Bruce Thorne, Manager, Policy and Communications, College of Physicians and Surgeons of Nova Scotia, tel: 902-421-2212, bthorne@cpsns.ns.ca

Contact for commentary: Dr. Chou, Oregon Health and Science University, Portland, Oregon, tel: 503-494-5367, chour@ohsu.edu

General media contact: Kim Barnhardt, Senior Strategist, Communications and Partnerships, CMAJ, tel: 613-520-7116 x2224, kim.barnhardt@cmaaj.ca