Health and Social Care

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GPIP High Dose Opioid Dashboard

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Strategic Planning and Performance Group

Why This Matters

- Concerns regarding opioid-related harms and deaths
- Risks increase at higher doses
- Long-term opioids have limited benefit for chronic (non-cancer) pain
- Despite guidance - high dose prescribing persists
- Variation across practices
- Legislation:
  - Need for review / monitoring
  - Reporting of incidents/concerns: www.cdreporting.co.uk

Why This Matters

- Opioids – major safety issue
  - Priority under NI Transforming Medication Safety Programme (TMSNI)
  - NHS England (estimate):
    - For every 62 people who stop opioids (any dose) (or do not start) **prevents 1 death.**
    - For every 9 people who stop high-dose opioid treatment (or do not start), one hospital admission is prevented

Ref: Medications Safety Improvement Programme (MedSIP) Methodology Report Dec 22

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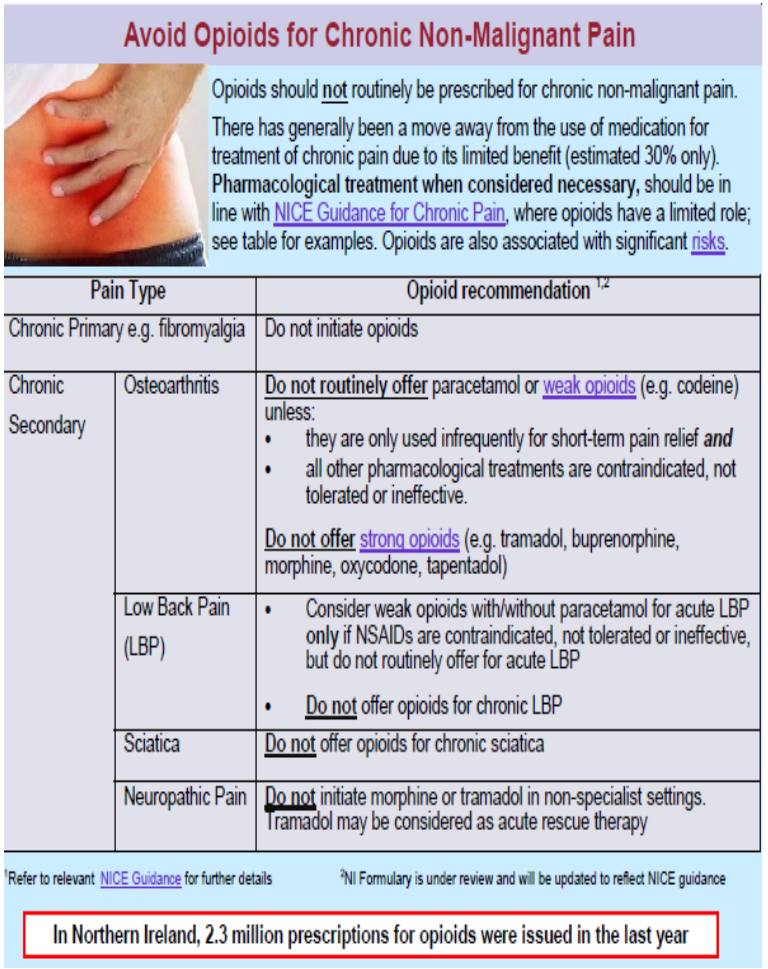
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Reminder: Chronic Non-Malignant Pain

Follow:

- **NICE** – evidence based https://www.nice.org.uk/guidance/NG193
  - Limited role for weak opioids
  - Strong opioids not recommended (exceptions only)

- **NI Formulary**
  - **Chronic non-malignant pain**
  - No strong opioids (removed in line with NICE)



Avoid Opioids for Chronic Non-Malignant Pain

Opioids should not routinely be prescribed for chronic non-malignant pain.

There has generally been a move away from the use of medication for treatment of chronic pain due to its limited benefit (estimated 30% only). **Pharmacological treatment when considered necessary,** should be in line with NICE Guidance for Chronic Pain, where opioids have a limited role; see table for examples. Opioids are also associated with significant risks.

Pain Type		Opioid recommendation [1,2]
Chronic Primary e.g. fibromyalgia		Do not initiate opioids
Chronic Secondary	Osteoarthritis	Do not routinely offer paracetamol or weak opioids (e.g. codeine) unless: • they are only used infrequently for short-term pain relief *and* • all other pharmacological treatments are contraindicated, not tolerated or ineffective. Do not offer strong opioids (e.g. tramadol, buprenorphine, morphine, oxycodone, tapentadol)
	Low Back Pain (LBP)	• Consider weak opioids with/without paracetamol for acute LBP only if NSAIDs are contraindicated, not tolerated or ineffective, but do not routinely offer for acute LBP • Do not offer opioids for chronic LBP
	Sciatica	Do not offer opioids for chronic sciatica
	Neuropathic Pain	Do not initiate morphine or tramadol in non-specialist settings. Tramadol may be considered as acute rescue therapy

[1]Refer to relevant NICE Guidance for further details

[2]NI Formulary is under review and will be updated to reflect NICE guidance

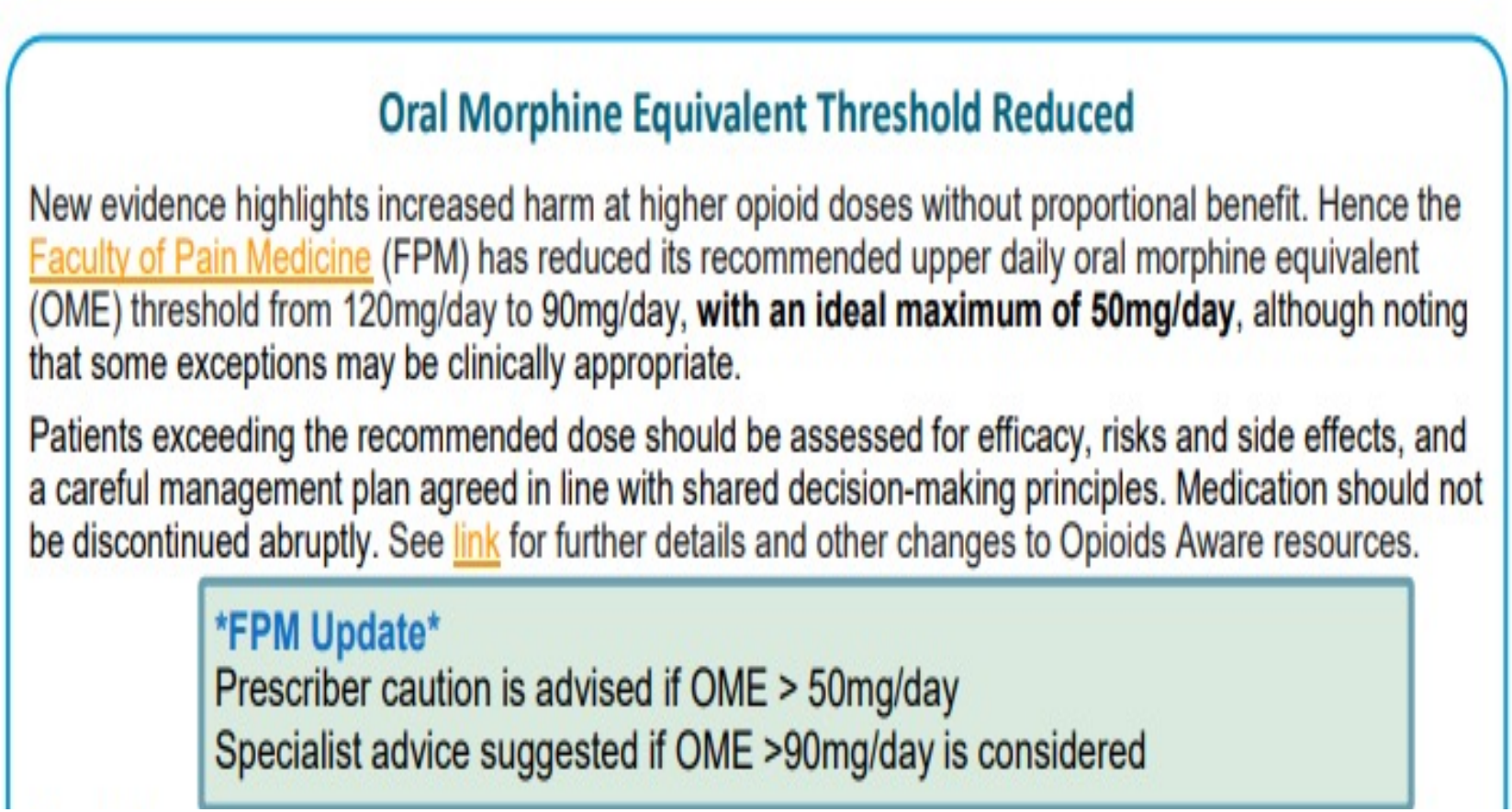
In Northern Ireland, 2.3 million prescriptions for opioids were issued in the last year

SPPG Jan 23 Newsletter

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FPM Oral Morphine Equivalent (OME) Threshold Reduced



Oral Morphine Equivalent Threshold Reduced

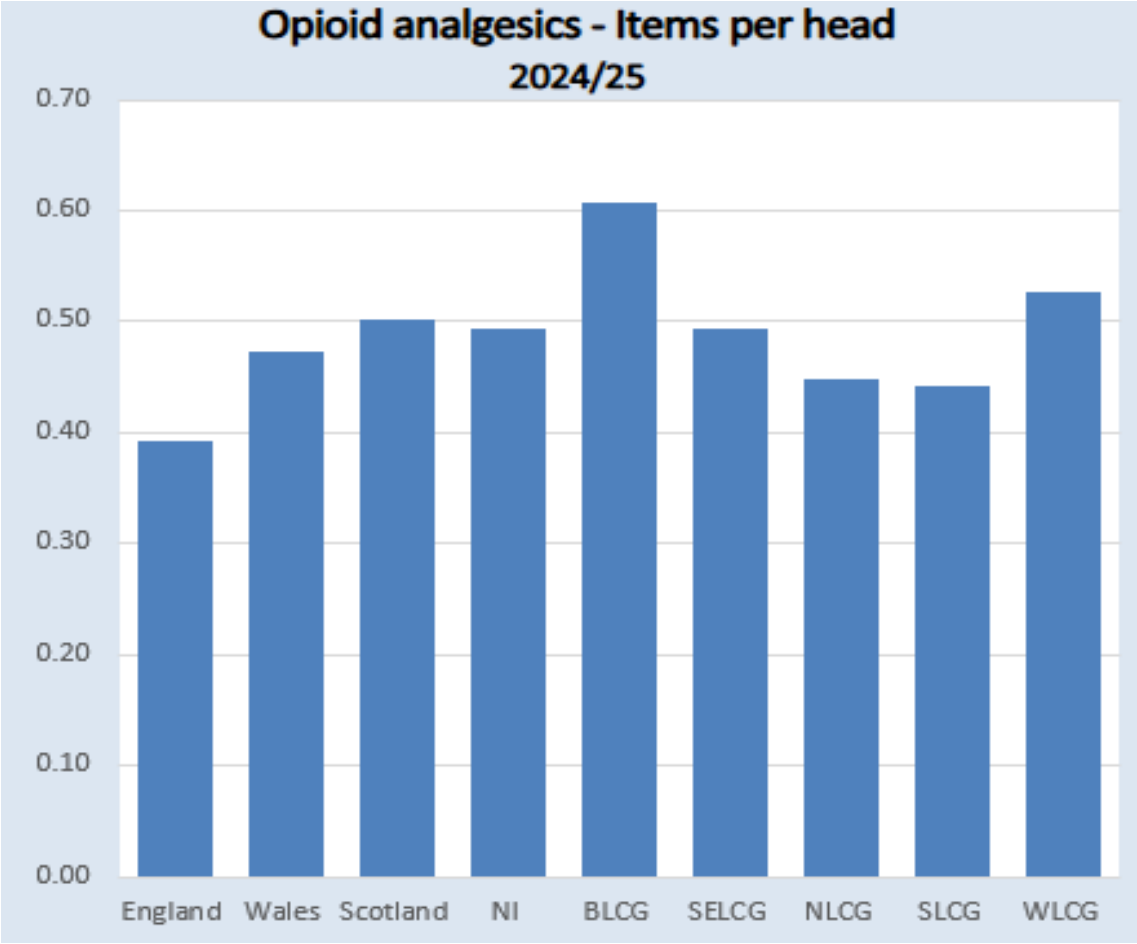
New evidence highlights increased harm at higher opioid doses without proportional benefit. Hence the Faculty of Pain Medicine (FPM) has reduced its recommended upper daily oral morphine equivalent (OME) threshold from 120mg/day to 90mg/day, **with an ideal maximum of 50mg/day**, although noting that some exceptions may be clinically appropriate.

Patients exceeding the recommended dose should be assessed for efficacy, risks and side effects, and a careful management plan agreed in line with shared decision-making principles. Medication should not be discontinued abruptly. See link for further details and other changes to Opioids Aware resources.

FPM Update
Prescriber caution is advised if OME > 50mg/day
Specialist advice suggested if OME >90mg/day is considered

Opioid Supplement Mar 26 and FPM Opioids Aware

UK Comparison – Total Opioids



- All schedules
- Progress seen
- NI: significant outlier for CD patches, tramadol and co-codamol

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Supporting Resources

Examples

- Primary Care Intranet – Pain Section
- Chronic Pain Management Bulletin – Apr 25
  - Key points for management
  - Patient and HCP resources
  - Community Pain Support Programmes
- FPM Opioids Aware
- NICPLD/ Medicines NI Recorded Webinars
  - Medication review, and self management
  - Note: will not include new FPM opioid thresholds
  - Available until June 26
- GPNI Chronic Pain Webinar/Resources Jan 24



Chronic Pain Supplement Newsletter

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GPIP High Dose Opioid Dashboard

- Based on prescriptions issued by the practice
- Helps identify/prioritise highest risk patients - total OME
- Additional tool/back-up to support usual opioid review processes
- Not a guarantee to identify all patients
- Filters for patients:
  - Total OME >50mg
  - Total OME >90mg
  - Palliative care (coded)
- Majority conversion factors based on NI Opioid Equivalence Guide
- Excludes injectables, methadone and non-transdermal buprenorphine and fentanyl
- Small number of early adopters – feedback encouraged
- If any difficulties getting set up, contact: GPIP.SUPPORT@HSCNI.NET