Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NI Opioid Prescribing

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Background

- Opioids – weak and strong:
  - Controlled Drugs (CD) – legislation
  - High risk medicines
- NI - 5% prescribed opioids
- Concerning - limited place in therapy and associated risks
  - Acute/palliative care – benefits
  - Chronic non-cancer pain – limited benefit

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Chronic Non-Malignant Pain

Where necessary:

- Follow **NICE** – evidence based https://www.nice.org.uk/guidance/NG193
  - ➢ Limited role for weak opioids

- **NI Formulary** – no strong opioids
  - ➢ Buprenorphine patches/tramadol recently removed
  - ➢ Other strong opioids (S2) removed previously

- Document reasons if outside guidance
- Responsible for prescriptions signed

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.

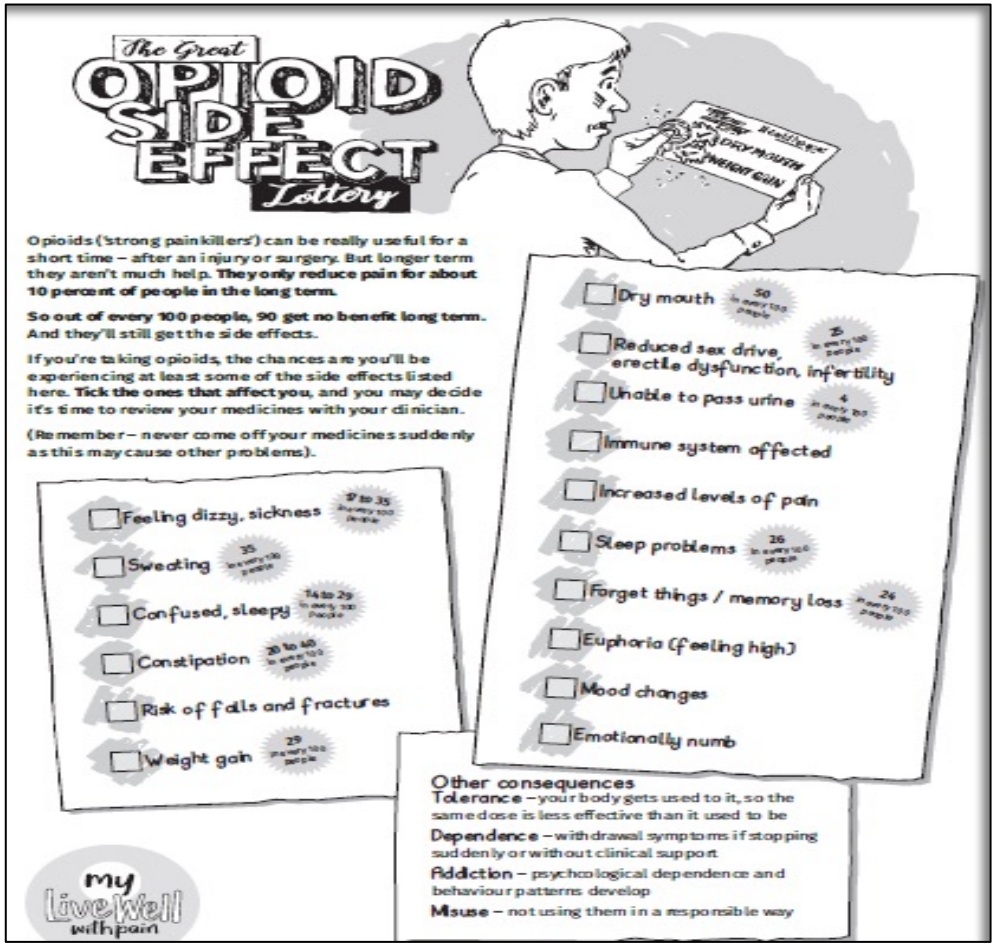
Pain Type		Opioid recommendation [1,2]
Chronic Primary e.g. fibromyalgia		Do not initiate opioids
Chronic Secondary	Osteoarthritis	Do not routinely offer paracetamol or weak opioids (e.g. codeine) unless: • they are only used infrequently for short-term pain relief *and* • all other pharmacological treatments 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

See SPPG Jan 23 Newsletter

Risk Mitigation

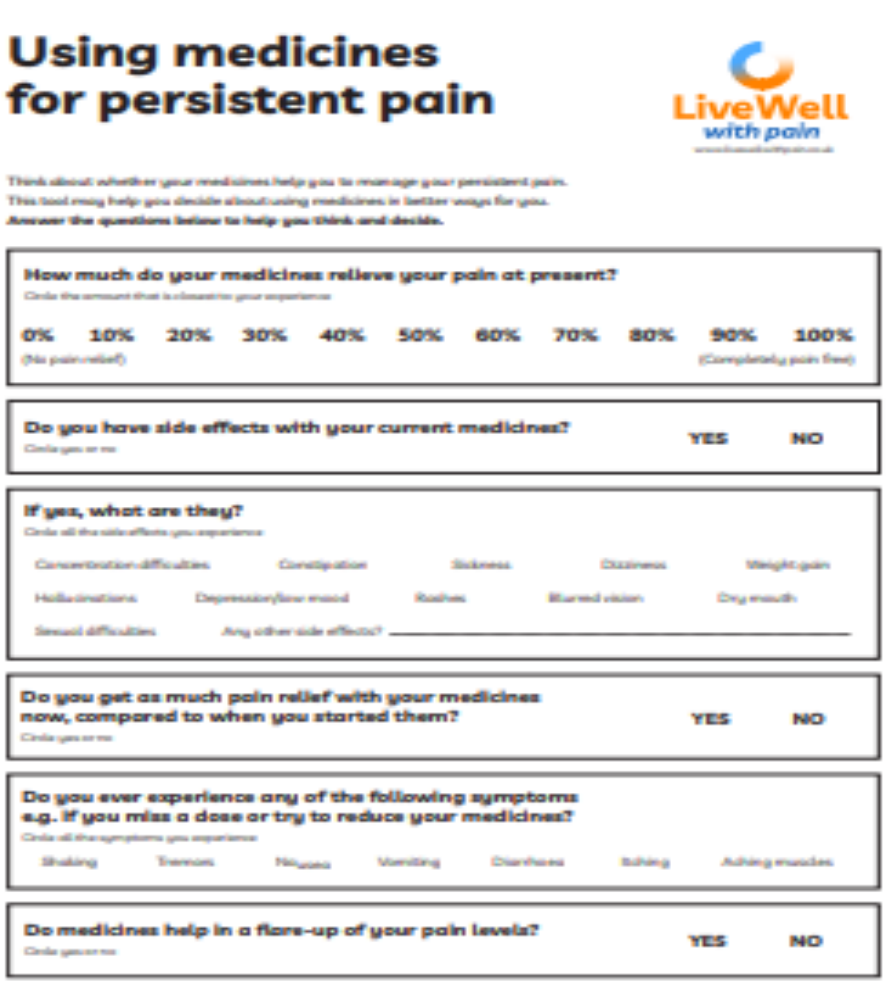


https://my.livewellwithpain.co.uk/resources/painkillers-and-me/the-great-opioid-side-effect-lottery/.

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Risk Mitigation



Using medicines for persistent pain

LiveWell with pain

Think about whether your medicines help you to manage your persistent pain.
This tool may help you decide about using medicines in better ways for you.
Answer the questions below to help you think and decide.

How much do your medicines relieve your pain at present?
Circle the amount that is closest to your experience

0% (No pain relief) 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% (Completely pain free)

Do you have side effects with your current medicines? YES NO
Circle yes or no

If yes, what are they?
Circle all the side effects you experience

Concentration difficulties Constipation Sickness Dizziness Weight gain
Hallucinations Depression/low mood Rashes Blurred vision Dry mouth
Sexual difficulties Any other side effects? _____

Do you get as much pain relief with your medicines now, compared to when you started them? YES NO
Circle yes or no

Do you ever experience any of the following symptoms e.g. if you miss a dose or try to reduce your medicines?
Circle all the symptoms you experience

Shaking Tremors Nausea Vomiting Diarrhoea Aching Aching muscles

Do medicines help in a flare-up of your pain levels? YES NO
Circle yes or no

Do they help you feel good about yourself? YES NO
Circle yes or no

Do they help you get a good night's sleep? YES NO
Circle yes or no

Write down the benefits and problems or side effects of taking medicines for your pain.

Benefits +	Problems or side effects -

Now look through your answers.
Are there more benefits or problems in taking medicines?
Circle the answer that applies to you

More benefits More problems

Choose from these medicine options for you now:
Tick your choice (s)

- ☐ Stay on the medicines
- ☐ Explore ways to reduce or make changes to them
- ☐ Plan to gradually reduce and stop
- ☐ Other (please state) _____

Please share your answers with your GP, pharmacist or pain management team.

It may help to know more ways to manage pain and cope with how it affects your life. It often leads to better pain relief, using less medication and feeling more confident to live well with pain.

Layout 1 (livewellwithpain.co.uk)

Reducing Harm

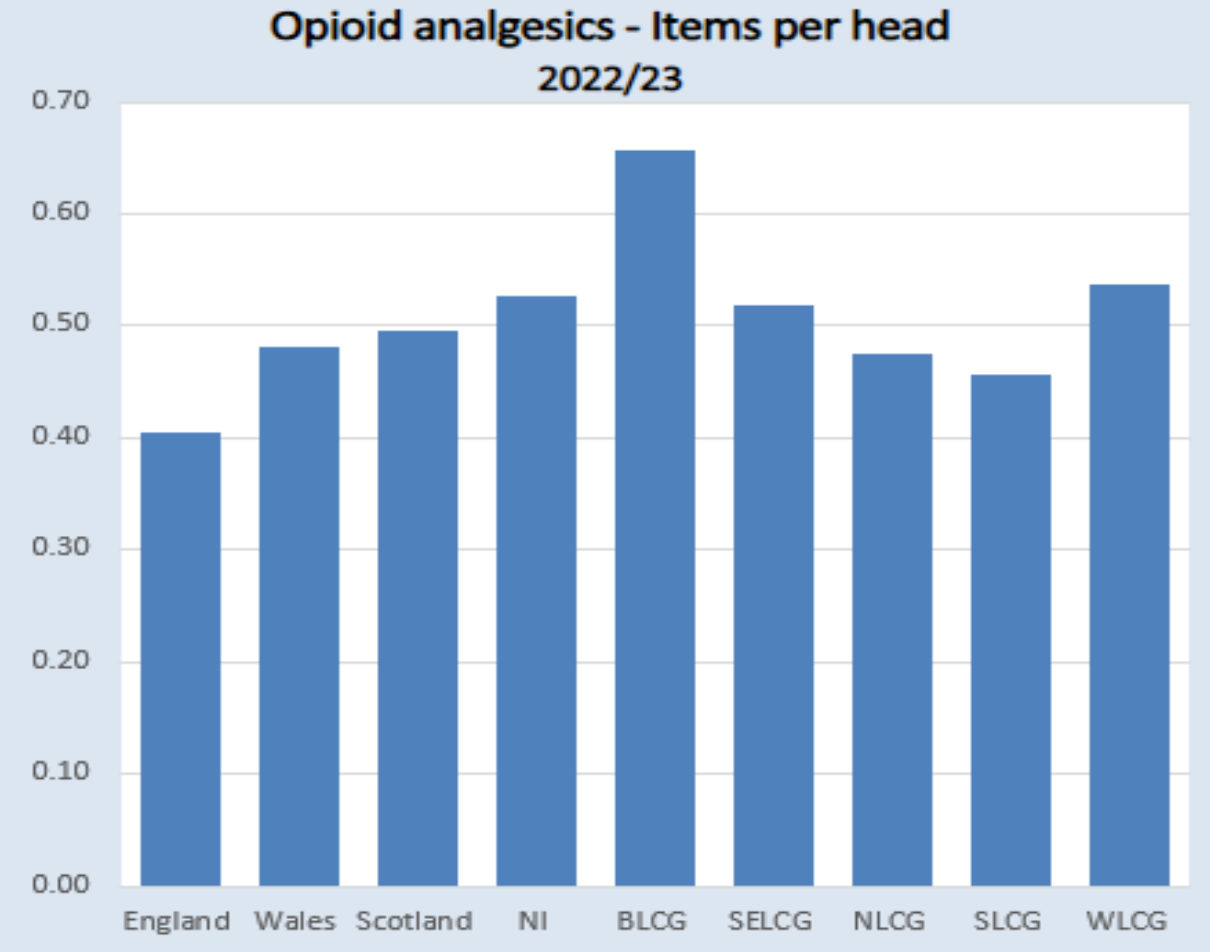
NHS England (estimate):

- 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

  ➢ 414 lives saved over 2 years

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

UK Comparison – Total Opioids



- **All schedules-** weak and strong
- **Significant outlier:**
  - Tramadol
  - CD Patches
  - Co-codamol

Supporting Resources

- GPNI website – below this webinar
- PMMT Correspondence – Primary Care Intranet (hscni.net) e.g
  - Guidance
  - Learning from other areas/practices
  - HCP Training resources and webinars
  - Prescribing checklist and template letters
  - Patient Information Leaflets/videos
  - Patient stories

Community Pain Support Programmes

- Ongoing and funded (free)
- Self/HCP referral - F2F and virtual options, e.g.
  - Better Days – Regional
    - Improving Health - Pain Support (hlcalliance.org) - includes short video
  - Versus Arthritis – Regional (except West)
    - NI Versus Arthritis website or contact: a.lyons@versusarthritis.org or 028 907 82 940
  - Managing the Challenge – West
    - https://www.amh.org.uk/services/managing-the-challenge/
    - Short video: https://www.youtube.com/watch?v=5c89wugV0jE

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Deprescribe: Opioids for chronic pain

Opioids are useful in acute and palliative pain, but evidence is limited in chronic non-malignant pain. It is estimated that only 1 in 10 people may benefit from opioids for chronic pain so this should be checked within a reasonable period following initiation. Given the high-risk nature of opioids, they should be used in line with NICE guidance as summarised in a previous article in the Jan 2023 newsletter. Note: NICE does not recommend **strong opioids** for chronic pain, and they are not included in the NI Formulary for this purpose.



Top Tips for Opioid Deprescribing

A local GP practice pharmacist has shared their top tips for successful opioid deprescribing:

BEFORE STARTING REDUCTIONS

1. Review practice COMPASS report, seeking advice from your pharmacy adviser if necessary. Start with highest area of opioid prescribing (e.g. fentanyl patches) and risk stratify for those on highest total oral morphine equivalent (OME).
2. Have a practice team meeting to discuss reduction strategy and ensure **everyone** is on board.
3. Detail how reductions will be flagged on patient notes so that all staff are aware that the patient is on a reduction plan, adding alerts where helpful.
4. Discuss as a practice how you will deal with setbacks, involving multi-disciplinary team members as available.
5. Involve local community pharmacies and advise them on reduction plans.
6. Know what resources are available in your area to refer to for further non-pharmacological support, e.g. Better Days and Versus Arthritis pain support programmes/information sessions, and Live Well with Pain and Flippin' Pain websites.

WHEN STARTING REDUCTIONS

1. Listen to the person's pain story.
2. Identify and explain the different types of pain (nociceptive, neuropathic, chronic secondary and/or primary) including acute vs chronic.
3. Explain how chronic pain develops, including sensitisation: explain faulty car alarm analogy.
4. Explain non-pharmacological strategies known to help chronic pain, e.g. physical activity, actions to improve mental health, Pain Toolkit.
5. Discuss limitations of opioids and side-effects – see Opioid Side-Effect Lottery - PIL.
6. Be honest about possibility of not being pain-free – instead the importance of managing pain.
7. Provide information leaflets, signpost to videos, and allow patient to digest, e.g.
   - Understanding Pain in less than 5 minutes
   - *Understanding Chronic Pain Leaflet*
   - Understanding Pain: Brainman stops his opi-oids – YouTube
   - Sean's story (Youtube video)
   - Faye's Story: newsletter and video
   - Actions to improve mental health
8. Arrange follow up appointment to begin reductions. Go Slow. Prepare person for possibility of increased pain when beginning reduction.
9. Be aware that human factors/life events may lead to setbacks.