

Quick reference recommendations for conduct of an Opioid Trial in Chronic Non-Cancer Pain

1. Comprehensive assessment	
<ul style="list-style-type: none"> • “Socio-”: Role of relationships, work, other life events • “-psycho-”: Beliefs, mood, impact of pain, including sleep • “-biomedical”: Underlying treatable condition (if possible) 	
<ul style="list-style-type: none"> • Risk assessment for problematic opioid use: <ul style="list-style-type: none"> • History of past or current substance abuse • Family history of substance abuse • Concurrent psychiatric disorder • Aberrant drug taking behaviours (see below) 	
2. Multimodal therapy	
<ul style="list-style-type: none"> • Consider self-management options • Consider non-opioid drug options 	
3. Opioid therapy	
(i) Agreement regarding opioid trial	
<ul style="list-style-type: none"> • Part of multimodal treatment plan • Set goals based on improved function • Informed consent • Explicit agreement regarding: <ul style="list-style-type: none"> • One prescriber (and deputy), single pharmacy • No early repeats, No loss replacements • Dispensing according to risk assessment 	
(ii) Conduct of an opioid trial	
<ul style="list-style-type: none"> • Use long-acting oral or transdermal opioid preparations • Trial duration 6-8 weeks • Regular reassessment and documentation: 5As <ul style="list-style-type: none"> • Analgesia • Activity • Adverse effects • Affect • Aberrant behaviour 	
<ul style="list-style-type: none"> • Interval: weekly initially, no longer than monthly • Titrate dose to stability provided satisfactory 5A assessment • Limit dose to ~ 100mg/day oral morphine equivalent • Repeats contingent on monthly reports, satisfactory 5A assessment • Involve another colleague in decision to continue treatment • A least annual peer or specialist review is recommended.” 	
(iii) Response to difficulty in achieving or maintaining therapeutic goals	
<ul style="list-style-type: none"> • Assess changes in sociological, psychological and biomedical dimensions • Consider pharmacodynamic and pharmacokinetic factors <ul style="list-style-type: none"> • Change preparation or dosing regimen 	
<ul style="list-style-type: none"> • Consider behavioural factors 	

<ul style="list-style-type: none"> • Action may include recalibration of goals of therapy, reduction or withdrawal of opioid, reconsideration of other modes of therapy
<ul style="list-style-type: none"> • Tapered termination if : <ul style="list-style-type: none"> • treatment goals not met • serious adverse outcomes • misuse • review appointments not kept
<ul style="list-style-type: none"> • Option for random drug monitoring: eg urine , or pill counts • Consultation with colleague(s)
<p>(iv) Understanding of appropriate weaning strategies</p> <ul style="list-style-type: none"> • Weaning within 3 months after use for acute pain • “Slow” regimen: wean by 10-25% of starting dose at monthly intervals • “Fast” regimen: wean by 10-25% of starting dose at weekly intervals • Be alert to opioid dependency/addiction

Spectrum of aberrant drug-related behaviours [1,2]

PROBLEMATIC OPIOID USE

- Overwhelming focus on opioid issues, impeding progress with other issues
- Resistance to change in therapy despite evidence of adverse drug effects
- Aggressive complaining about need for more drug
- Non-compliance with use instructions, including non-sanctioned dosage escalation
- Pattern of prescription problems (lost, spilled or stolen medications)
- Supplemental opioids (other providers, emergency departments, illicit sources)
- Stealing or “borrowing” drugs
- Selling prescription drugs
- Prescription forgery
- Evidence of deterioration in function: family life, work life, social life
- Concurrent abuse of alcohol or of other illicit drugs
- Injecting oral formulations

UNSANCTIONED OPIOID USE

References

1. Cohen ML, Wodak AD. Judicious use of opioids in chronic non-malignant pain. *Medicine Today* 2010;11:10-18
2. Ballantyne JC, LaForge KS. Opioid dependence and addiction during opioid treatment of chronic pain. *Pain* 2007; 129: 235-255
3. Nicholas MK, Molloy AR, Brooker C. Using opioids with persisting noncancer pain: a biopsychosocial perspective. *Clinical Journal of Pain*. 2006;22(2):137-46