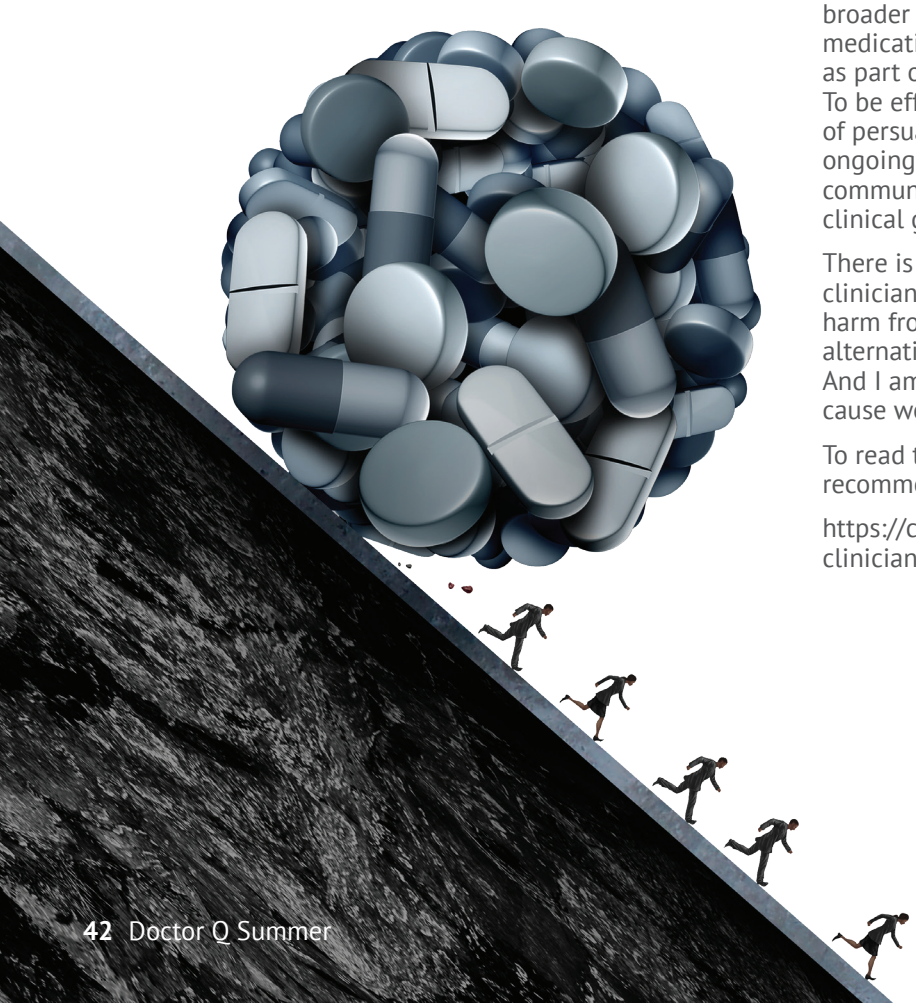
The balancing act of opioid prescribing

There is no doubt that prescription opioids have a place in pain management. The evidence is clear that well-managed opioid use is effective in a very defined group of patients. Outside of this group however, prescription opioid medication is putting patients at unnecessary risk of harm and even death.

Over the past 40 to 50 years, we have seen an increase in opioid prescribing to the point that we now have alarming numbers of patients dependent on opioids or dying from overdose or related side effects. Nationally, deaths from pharmaceutical opioids now exceed those from heroin. Locally, Queensland has seen a 2.7 fold increase in drug related and accidental deaths from 2001-05 to 2011-15.

The impact prescription opioid use has on morbidity is significant and this is particularly so for our elderly patients. Sent home from hospital on opioids for pain management, we impose upon them complications such as constipation, confusion, and delirium. As a result they may experience further adverse outcomes, such as a fall, and end up back in the emergency department followed by a lengthy admission.

Among the general population, prescription opioid use can lead to car accidents, increased pain intensity, immunosuppression and recurrent infections, hormonal dysfunction, and osteoporosis among others.



Evidence supports opioid use for acute pain within a controlled setting for trauma, illness, peri- operative, cancer and palliative care patients. It is not, however, supported for the long-term treatment of chronic non-cancer pain.

Prescribing opioids is a balancing act for medical practitioners. Naturally we want to effectively treat the pain our patients are experiencing but this must be carefully considered against the evidence and risks of side effects, misuse and abuse.

Non-opioid pharmacological treatment options can be effective, but these too have their downside. Ultimately, medication has a finite role in chronic pain management.

Evidence is growing for the long-term benefits of non-pharmacological alternatives, but it can take time for patients to accept and be willing to participate.

Certainly, a great deal of work is underway at a national, state and local level to tackle the opioid issue. Among the initiatives showing promise in other jurisdictions and at a number of Queensland Hospitals are stewardship programs.

In July 2018, the Queensland Clinical Senate hosted a meeting of 150 clinicians and consumers to consider whether a stewardship program could support the State's response to prescription opioid use.

It was agreed that a stewardship program with a broader focus on pain management and high-risk pain medication, and not just opioids, should be considered as part of Queensland's overall response to the problem. To be effective, the program would require a balance of persuasive and restrictive interventions built around ongoing education for clinicians and consumers, timely communication of pain management plans and strong clinical governance.

There is an overwhelming desire among consumers, clinicians and system leaders to minimise unanticipated harm from opioids while ensuring people have access to alternative and appropriate treatments to relieve their pain. And I am confident that if we all continue to champion the cause we will see progress in this space.

To read the opioid meeting report and full list of recommendations visit:

https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate

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