Opioids are only effective to treat chronic* non-cancer pain (CNCP) in a small percentage of people.¹

- There is a **LACK OF ROBUST CLINICAL EVIDENCE** to support the long-term use of opioids in the treatment of CNCP.²,³
- There are **ASSOCIATED HARMs** with the use of opioids, such as adverse drug reactions, long-term adverse effects and safety concerns in older people⁴,⁵

### Harms associated with opioids

| Adverse drug reactions**⁴** | Interaction with CNS depressants**
|-----------------------------|----------------------------------------
| - Arrhythmias | - Opioids interact with CNS depressants and can produce additive CNS depressant effects, thereby increasing the risk of sedation, respiratory depression, coma and/or death.
| - Confusion | | 
| - Constipation | - Concomitant use of tapentadol/tramadol with serotonergic drugs, antipsychotics and other medicinal products that lower the seizure threshold, can induce convulsions.
| - Dizziness | | 
| - Drowsiness | | 
| - Dry mouth | | 
| - Euphoric mood | | 
| - Flushing | | 
| - Hallucination | | 
| - Headache | | 
| - Hyperhidrosis | | 
| - Hypotension | | 
| - Nausea and vomiting | | 
| - Palpitations | | 
| - Respiratory depression | | 
| - Skin reactions | | 
| - Urinary retention | | 
| - Vertigo | | 
| - Visual impairment | | 
| - Withdrawal syndrome | | 

There is a **dose-dependent** risk of serious harms associated with opioids.⁶

### Drug-drug interactions associated with opioids⁴,⁵,⁸

**Interaction with serotonergic/antipsychotic drugs**

- Opioids interact with antidepressants and antipsychotics and can cause serotonin syndrome.

**Concomitant use of tapentadol/tramadol with serotonergic drugs, antipsychotics and other medicinal products that lower the seizure threshold, can induce convulsions.**

**Interaction with CNS depressants**

- There is a risk of potentially fatal unintentional overdose with opioid use.⁷

*Chronic pain is pain that lasts for more than three months.⁹-¹¹

**A full list of adverse drug reactions and drug interactions can be found in the individual SmPC available at www.hp.ie.**

This document should be used in conjunction with clinical judgement and decision making appropriate to the individual patient.

For further information on Appropriate prescribing of opioids in the management of chronic non-cancer pain, please refer to the full review available at www.hse.ie/yourmedicines.

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**Abbreviations:** CNCP: chronic non-cancer pain; CNS: central nervous system; SmPC: Summary of Product Characteristics.

**Prescribing Tips and Tools for Opioids in the Management of Chronic Non-Cancer Pain**

See overleaf for further information.

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Prescribing Tips and Tools for Opioids in the Management of Chronic Non-Cancer Pain

- Chronic non-cancer pain (CNCP) may be caused by a number of different pathophysiological mechanisms that may require different approaches to treatment. The aim of treatment of CNCP is to reduce the impact of pain on quality of life, mood and function.

Prior to initiating an opioid
- Optimise non-pharmacological treatments and non-opioid analgesics.
- Consider that opioids are only effective to treat CNCP in a small percentage of people.
- Consider the SERIOUS HARMs associated with opioids.

Carefully select individuals for an opioid trial
- Develop the individual’s understanding of chronic pain, how it differs from acute pain and the impact this may have on goals of therapy.
- Discuss the degree of pain relief that might be expected and that the aim is not complete pain relief but rather reducing pain sufficiently to engage in self-management.
- Discuss potential ADVERSE DRUG REACTIONS, LONG-TERM ADVERSE EFFECTS of opioids and their ability to IMPAIR DRIVING SKILLS.
- Be aware that there is an ↑ risk and severity of adverse drug reactions with opioids in OLDER PEOPLE and those with RENAL IMPAIRMENT.
- Review the individual’s medication history.

If initiating an opioid
- Agree realistic pain management goals with the individual.
- Agree a treatment strategy and plan for discontinuation with the individual.
- Prescribe the LOWEST EFFECTIVE DOSE as part of a trial.
- Use SHORT-ACTING opioids instead of extended release/long-acting opioids.

Review
- Review prescriptions for opioids REGULARLY.
- REDUCE DOSE when possible.

Discontinue
- DISCONTINUE treatment if benefits in terms of meaningful improvements in pain and function do not outweigh significant risks or harms.

Points to consider when prescribing opioids
- Only consider initiating an opioid for a trial to evaluate efficacy, tolerability and suitability in carefully selected individuals.
- Prescribe at the lowest effective dose.
- Set a realistic treatment goal. A realistic treatment goal is a 30% improvement in pain and/or a significant improvement in functional ability.
- Consider that individuals who do not achieve useful pain relief from opioids within 2-4 weeks are unlikely to gain benefit in the longterm.
- Discontinue opioid treatment if the person is still in pain despite using opioids, even if no other treatment is available.

References:
2. Faculty of Pain Medicine of the Royal College of Anaesthetists. Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain.

For further information on Appropriate prescribing of opioids in the management of chronic non-cancer pain, please refer to the full review available at https://www.hse.ie/yourmedicines.