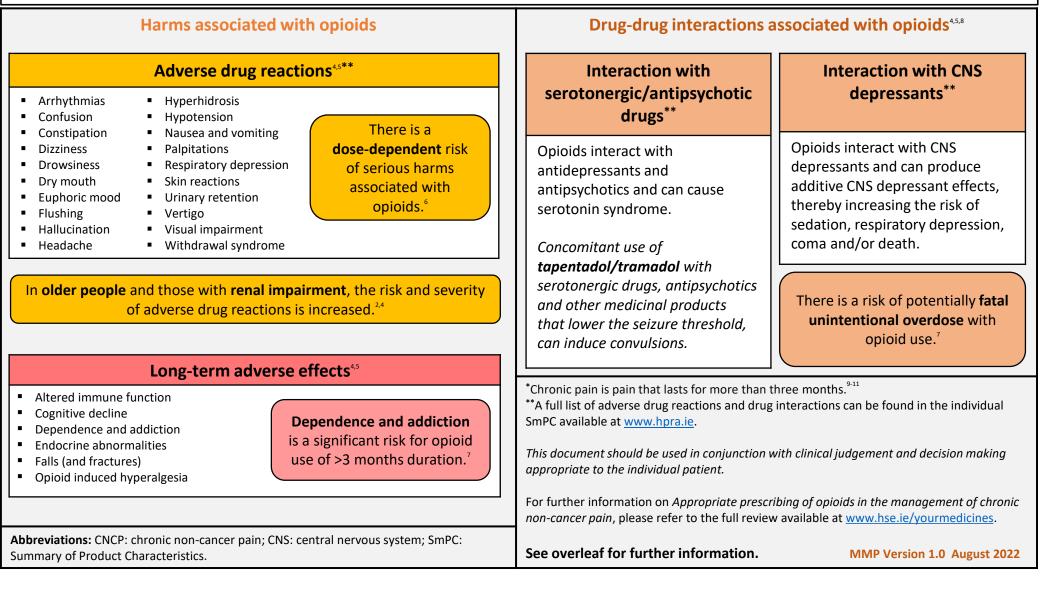
Opioids are only effective to treat chronic^{*} non-cancer pain (CNCP) in a small percentage of people.¹

- > There is a LACK OF ROBUST CLINICAL EVIDENCE to support the long-term use of opioids in the treatment of CNCP.²³
- > There are ASSOCIATED HARMS with the use of opioids, such as adverse drug reactions, long-term adverse effects and safety concerns in older people^{4,5}



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

Medicines Management Programme Prescribing Tips and Tools

Chronic non-cancer pain (CNCP) may be caused by a number of different pathophysiologic mechanisms that may require different approaches to treatment.²
 The aim of treatment of CNCP is to reduce the impact of pain on quality of life, mood and function.⁵

Prior to initiating an opioid

- \checkmark Optimise non-pharmacological treatments and non-opioid analgesics. ¹²
- \checkmark Consider that opioids are only effective to treat CNCP in a small percentage of people.¹
- ✓ Consider the SERIOUS HARMS associated with opioids.^{4,5}

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.^{13,14}
- ✓ 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.²
- ✓ Discuss potential ADVERSE DRUG REACTIONS, LONG-TERM ADVERSE EFFECTS of opioids and their ability to IMPAIR DRIVING SKILLS.^{2,4,5,7}
- ✓ Be aware that there is an ↑ risk and severity of adverse drug reactions with opioids in OLDER PEOPLE and those with RENAL IMPAIRMENT.^{2,4}
- ✓ Review the individual's medication history.

If initiating an opioid

- ✓ Agree realistic pain management goals with the individual.¹³
- ✓ Agree a treatment strategy and plan for discontinuation with the individual.⁷
- ✓ Prescribe the LOWEST EFFECTIVE DOSE as part of a trial.^{2,10,14,15}
- ✓ Use SHORT-ACTING opioids instead of extended release/long-acting opioids.¹⁴

Review

- ✓ Review prescriptions for opioids REGULARLY.²
- ✓ **REDUCE DOSE** when possible^{9,10}

Discontinue

✓ **DISCONTINUE** treatment if benefits in terms of meaningful improvements in pain and function do not outweigh significant risks or harms.¹³

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

Points to consider when prescribing opioids

Only consider initiating an opioid for a **trial** to evaluate efficacy, tolerability and suitability in **carefully selected individuals**.^{2,10}

Prescribe at the lowest effective dose.^{10,14,15}

Set a realistic treatment goal.

A realistic treatment goal is a 30% improvement in pain and/or a significant improvement in functional ability.¹³

Consider that individuals who do not achieve useful pain relief from opioids within 2-4 weeks are **unlikely to gain benefit in the longterm.**²

Discontinue opioid treatment if the person is still in pain despite using opioids, **even if no other treatment is available**.²

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