

Reconsidering opioids

Dr Chris Hayes | Hunter Integrated Pain Service



About me

BETTER CARE
EVERYWHERE



ABOUT ME

My background

**PUBLIC
HOSPITAL
APPOINTMENT**

**HUNTER
INTEGRATED
PAIN SERVICE**

ORGANISATIONS



Brainman

Website

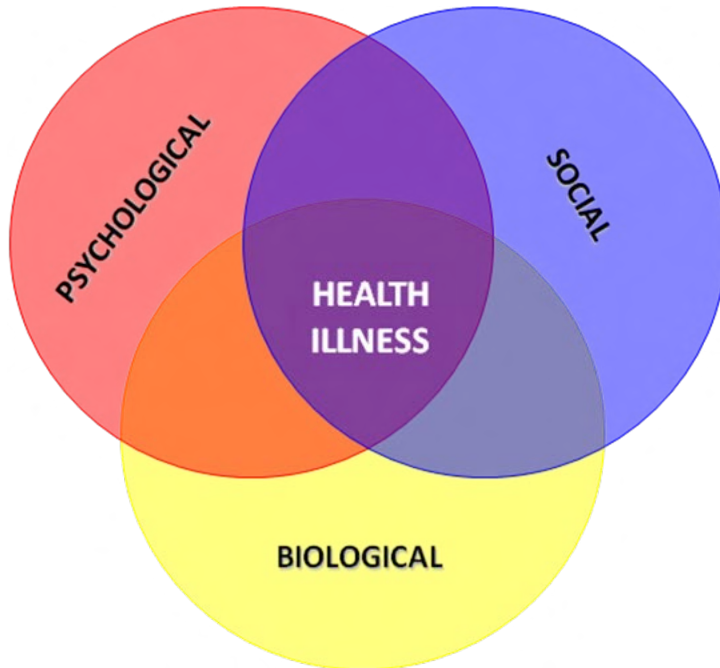
Painaustralia Board

Faculty of Pain Medicine,
ANZCA (Past Dean)

NSW Agency for Clinical
Innovation

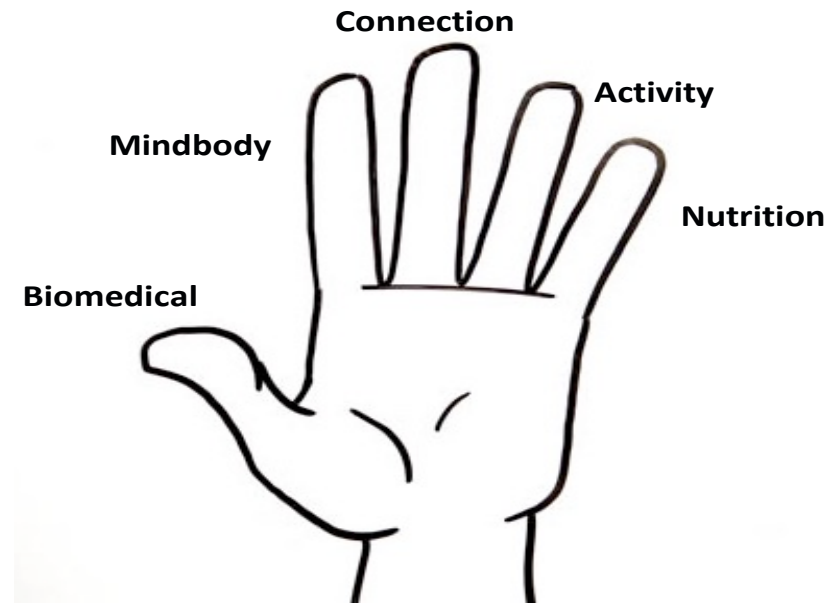
ABOUT ME

Biopsychosocial model



Sociopsychobiomedical
Inverting BPS, FPM ANZCA 2015

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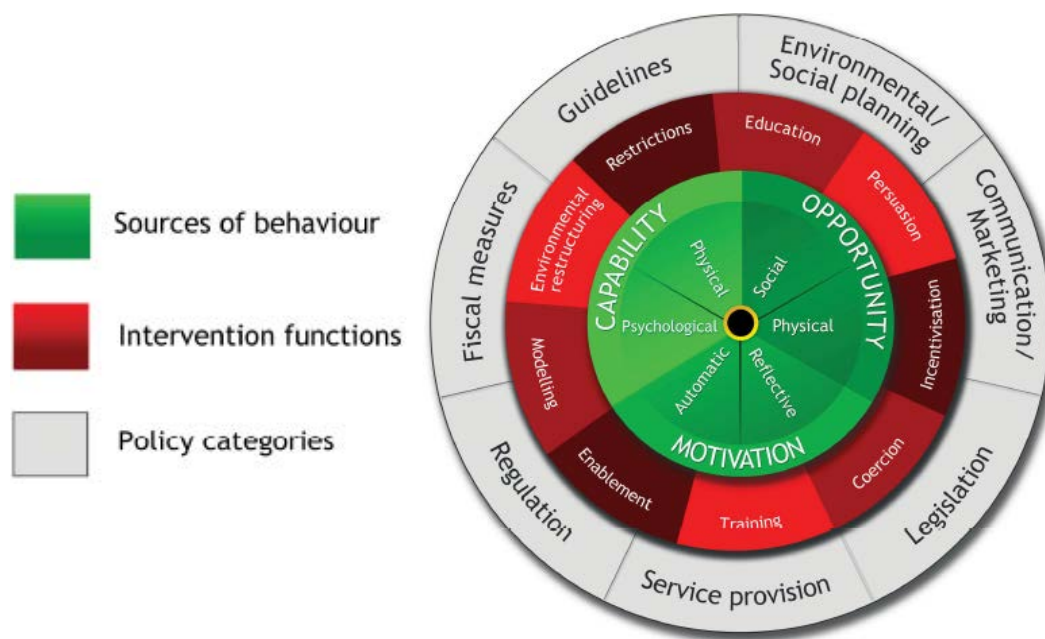


White R, Hayes C. **Brainman** story.
J Pain Research 2016



ABOUT ME

Behaviour change



Michie. **Implementation Science** 2011



Empathy & Boundaries

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Today's talk

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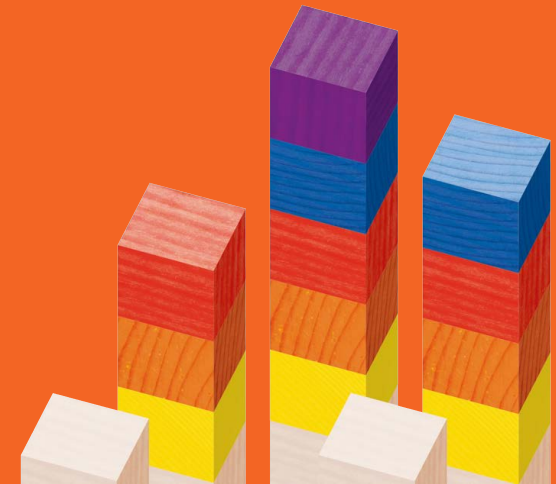


1. EVIDENCE
2. TRANSLATION
3. POLICY
4. RECOMMENDATIONS



Evidence

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EVIDENCE

What happens when opioids are over-used?

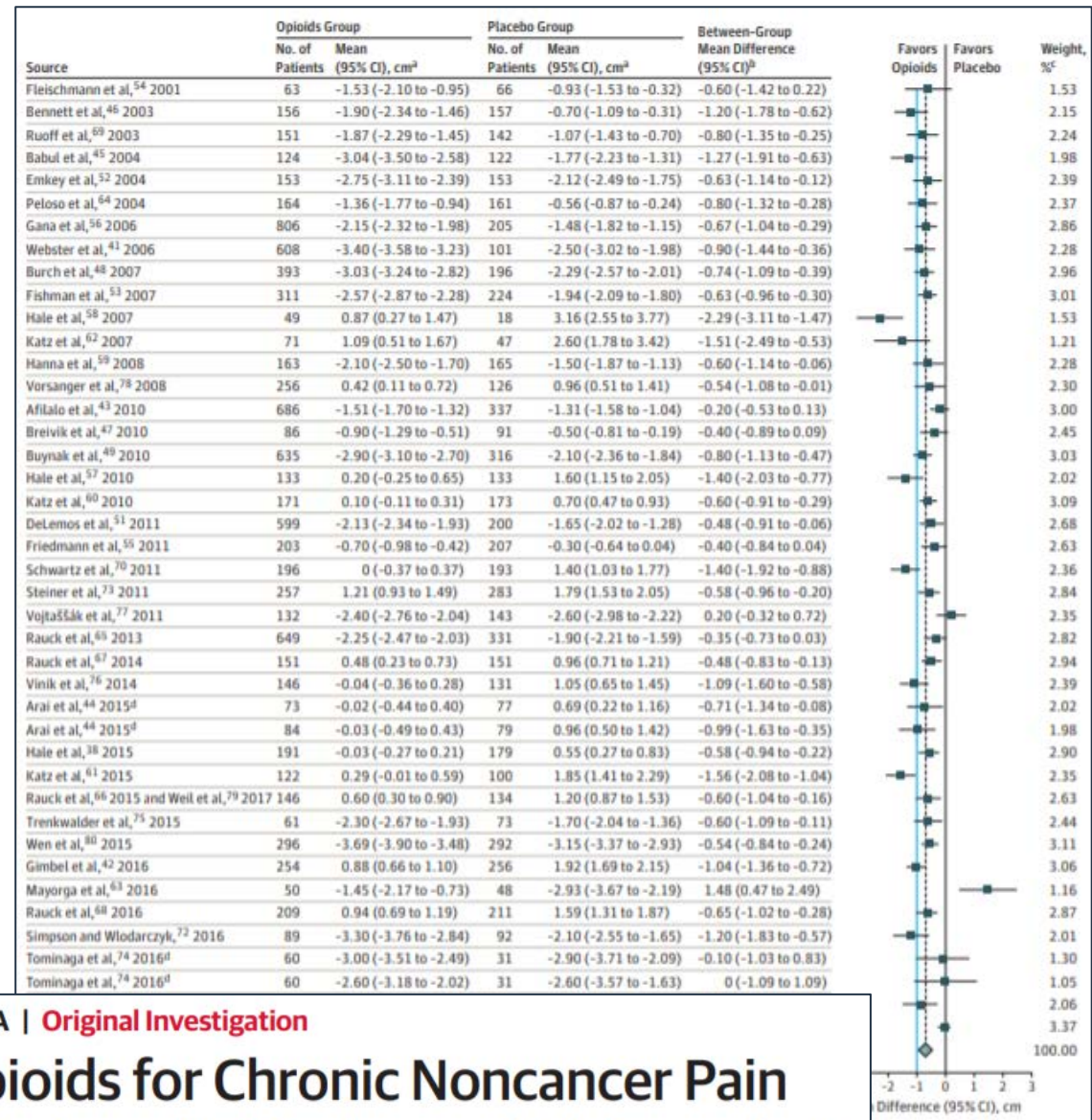
- ✓ INCREASED BURDEN OF ILLNESS
- ✓ OVER-MEDICALISATION
- ✓ INEFFECTIVE TREATMENT



EVIDENCE

- 42 'high quality' RCTs
- Only 9% non-industry funded
- Small benefit for pain and physical function – statistically, but NOT clinically significant
- No difference: nociceptive, neuropathic, nociplastic pain

Busse et al 2018



EVIDENCE

- Pragmatic RCT opioid v non-opioid medications for 1 year in primary care
- 240 VA patients: mod - severe chronic back pain or knee/hip OA, not on opioids
- Mean pain intensity initially 5.4 in both arms
- Pain scores at 1 year worse in opioid arm (4.0) than non-opioid (3.5) (P=0.034)
- Pain interference no different, adverse effects worse in opioid group (P=0.03)

Research

JAMA | Original Investigation

Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain The SPACE Randomized Clinical Trial

Erin E. Krebs, MD, MPH; Amy Gravelly, MA; Sean Nugent, BA; Agnes C. Jensen, MPH; Beth DeRonne, PharmD; Elizabeth S. Goldsmith, MD, MS; Kurt Kroenke, MD; Matthew J. Bair; Siamak Noorbaloochi, PhD



EVIDENCE

- 551 VA patients, long-term opioid therapy for CNCP for ≥ 1 year before discontinuing
- 87% musculoskeletal pain, 11% headache pain including migraines, 6% neuropathic pain

Research Paper

PAIN



Changes in pain intensity after discontinuation of long-term opioid therapy for chronic noncancer pain

Sterling McPherson^{a,b,c}, Crystal Lederhos Smith^{a,b}, Steven K. Dobscha^{d,e}, Benjamin J. Morasco^{d,e}, Michael I. Demidenko^d, Thomas H.A. Meath^{d,f}, Travis I. Lovejoy^{d,e,g,*}

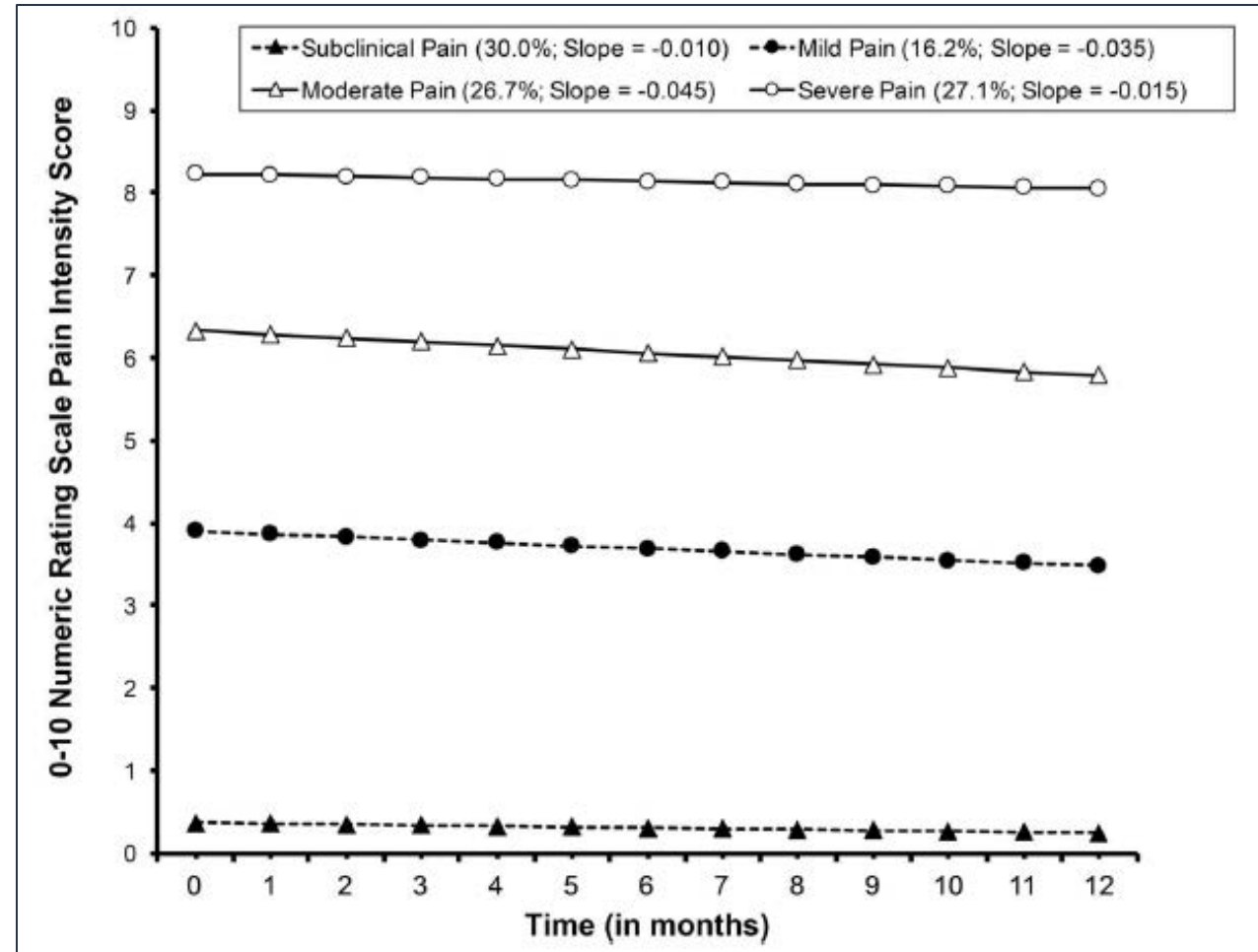


EVIDENCE

Median pain intensity

- Pre-discontinuation 4.8/10
- Post-discontinuation 4.6/10

McPherson et al. Pain 2018



Translation

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TRANSLATION

What are we doing in Australia?



OPIOID DISPENSING ON THE RISE



MAGNITUDE OF VARIATION IS INCREASING



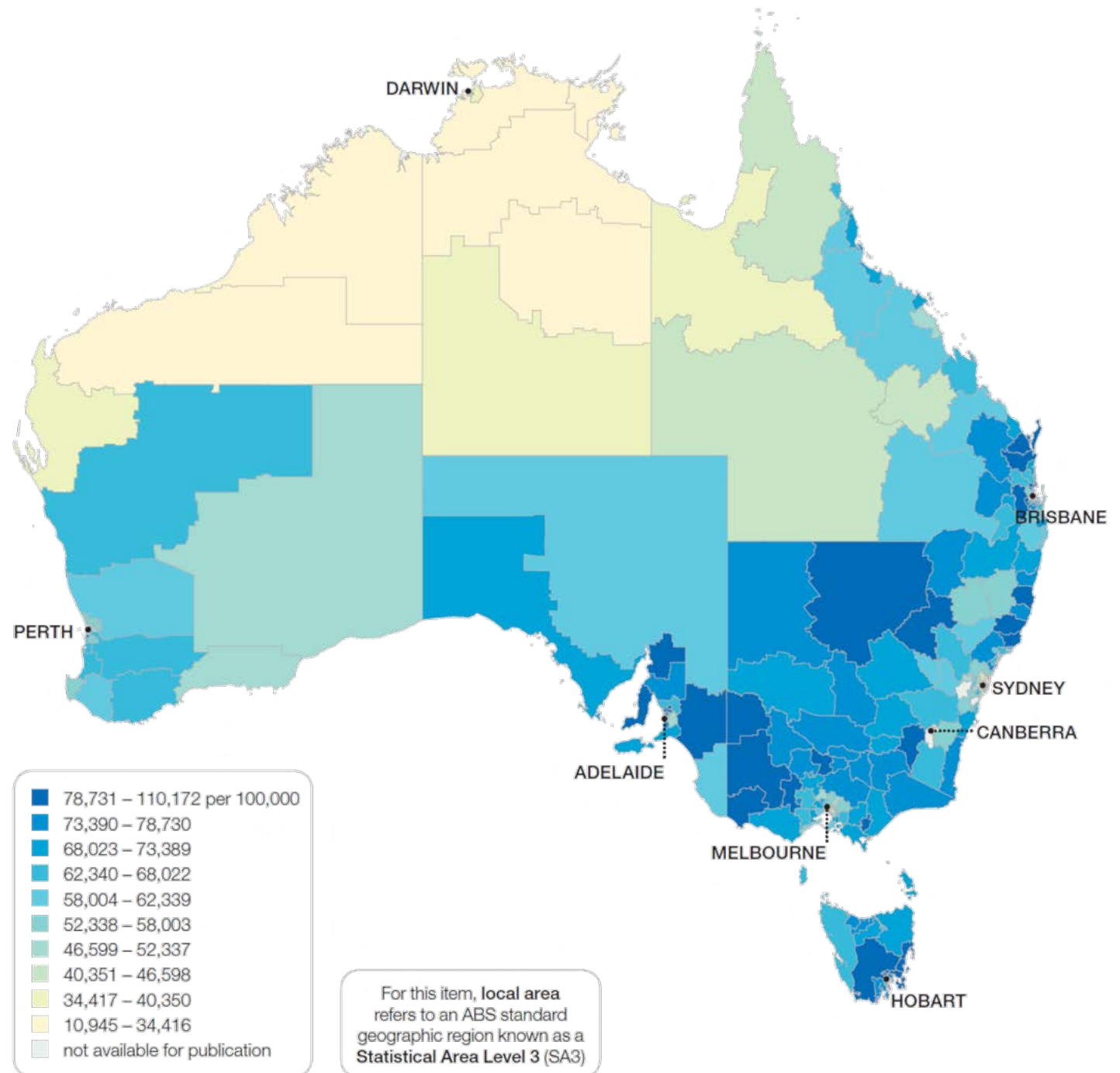
TRANSLATION

- Opioid prescriptions dispensed per 100,00 people

Source:

The First Australian Atlas of Healthcare
Variation 2015

Australian Commission on Safety and Quality
in Health Care



TRANSLATION

Opioid dispensing	2013-14	2014-15	2015-16	2016-17
Number of PBS opioid prescriptions per 100,000 per year	55,900	57,833	58,600	58,595
Number of defined daily doses of opioid per 1000	16.39	16.32	15.81	15.39

- Dispensing increased by 5%
- Variation in dispensing increased from 4.8 to 5.1x fold
- 2016-17
 - 1.5% of population on an opioid on any given day
 - 3.1 million people had ≥ 1 opioid prescriptions dispensed (most commonly oxycodone)

TRANSLATION

BMJ Open Persistence with opioids post discharge from hospitalisation for surgery in Australian adults: a retrospective cohort study

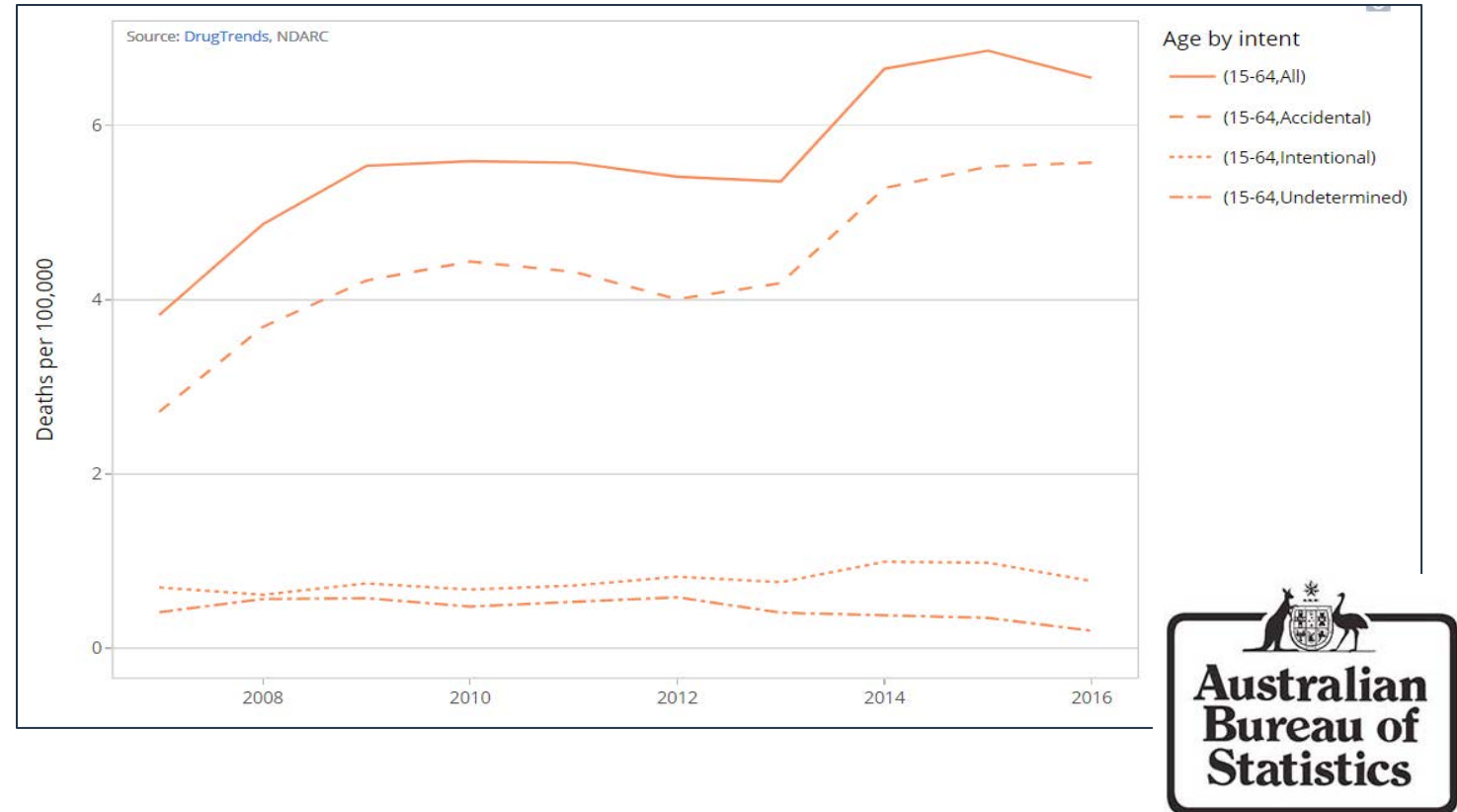
- Dispensing Australian DVA opioid naïve patients admitted to hospital for surgery 2014-2015 (n=24,854)
- 12 month follow-up
- 15.7% discharged on opioids (n=3907)
- 3.9% of those discharged on opioids became long term users (>90 days)

Roughead et al. BMJ Open 2019

TRANSLATION

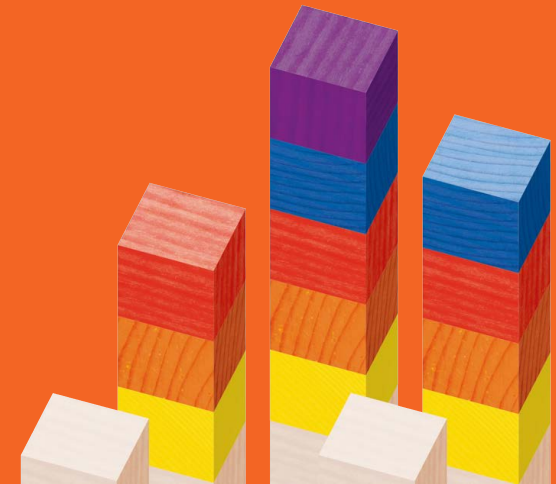
Opioid-induced deaths in Australia

- Opioids accounted for just over 3 deaths per day (n=1123)
- Similar to road traffic death rate
- Mostly unintentional overdoses: middle aged males, pharmaceutical opioids, often with other substances



Policy

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What shapes the Australian context?

- ✓ NATIONAL STRATEGIC ACTION PLAN
- ✓ MBS AND PBS
- ✓ REGULATORY BODIES



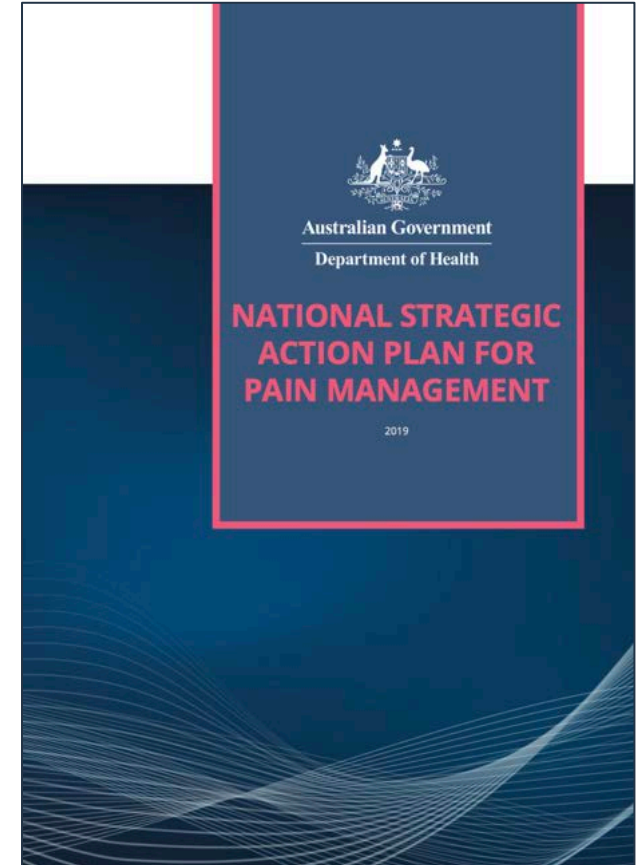
POLICY

Cost of Pain Report (2019)

- Deloitte Access Economics
- 2018 3.24 million Australians with CNCP; 68.3% working age
- Cost of \$73.2 billion per annum
- Call for GP education/support and multidisc care

National Strategic Action Plan (2019)

- Endorsed by federal government and opposition



POLICY

MEDICARE BENEFITS SCHEDULE

Item number review
Non-medication treatments

PHARMACEUTICAL BENEFITS SCHEME

Subsidised medication and authority

THERAPEUTIC GOODS ADMINISTRATION

Approval, indications, PI, CMI,
recommendations to sponsors

STATE HEALTH DEPARTMENTS

Authority for opioid dependency
Real time monitoring



POLICY

“Opioids are no longer indicated for use in chronic non cancer pain other than in *exceptional circumstances.*”

Therapeutic Goods Administration

Professor John Skerritt

Deputy Secretary

Health Products Regulation Group

POLICY

Prescribing indications



Recommendations

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RECOMMENDATIONS

What can we do now in our hospitals?

- ✓ **ADDRESS PATIENT EXPECTATIONS**
Pre-admission | Admission | Discharge
- ✓ **INDIVIDUALISED DOSING**
based on previous 24 hours
- ✓ **SHORT-TERM USE & CESSATION PLAN**
communicated to patient & GP



RECOMMENDATIONS

What can we do now in primary care?

- ✓ **DO NOT USE OPIOIDS**
for chronic non-cancer pain
- ✓ **HAVE A CONVERSATION**
about opioid weaning
- ✓ **NEGOTIATE TIMING**
and rate of reduction
- ✓ **SUGGEST A MONTHLY STEP-DOWN**
of 10-25% of starting dose
- ✓ **IF DRUG DEPENDENCE IS AN ISSUE**
consider switching to a Drug and Alcohol program



Up next

- Opioid decisions in primary care
- Q&A with Chris and Damien



AUSTRALIAN
COMMISSION
ON SAFETY AND
QUALITY IN
HEALTH CARE

bettercareeverywhere.gov.au

