



SAFELY PRESCRIBING OPIOIDS FOR CHRONIC PAIN
A SURVEY OF PRIMARY CARE PHYSICIANS



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OVERVIEW

- Research project funded by the Canadian Patient Safety Institute (CPSI)
- Collaboration between:
 - ❖ CAMH: Centre for Addiction and Mental Health
 - ❖ CNO: College of Nurses of Ontario
 - ❖ OCP: Ontario College of Pharmacists
 - ❖ CPSO: College of Physicians and Surgeons of Ontario




BACKGROUND

- Prescribing of opioids has increased dramatically throughout North America in last 15 years
- 850% increase in prescriptions of oxycontin from 1991 to 2007
- This has been accompanied by increases in opioid overdose, misuse and addiction




BACKGROUND

- Majority of opioid related adverse events involve a medical prescription
 - Of 1095 fatal overdoses in Ontario, 56% were prescribed an opioid 4 weeks before death (Dhalla 2009)
 - Majority addicted to Rx opioids get them from a physician




BACKGROUND

- Yet, chronic pain is undertreated, especially in the elderly
- Concerns from CP groups that physicians are “opiophobic” and are underprescribing
- Are physicians over or underprescribing? Are they comfortable with opioid prescribing?



OBJECTIVES OF PHYSICIAN SURVEY

- Survey objectives:
 - To categorize opioid-related adverse events (cause of the event, nature of MD concerns)
 - To measure confidence, comfort, satisfaction with opioid prescribing
 - To elicit MDs’ views on strategies to improve prescribing



METHODS: SURVEY DESIGN

- 1000 family doctors
- Self-rated confidence, comfort, satisfaction, and expectation of positive outcome
- Research suggests these attitudes are associated with physicians' willingness to prescribe opioids
 - Morley-Forster 2003, Hutchinson 2007 Nwokeji 2007, Potter 2001

RESULTS

- Response rate 65.8% (658/1000)
- Mean age 52.2 years (range 27-83)
- Mean 26.8 years in practice (range 1-61)
- 79.4% practiced in centres with 30,000+ populations
- Respondents similar in age, sex to total sample of 1000 and to Ontario MDs in general

PATIENTS PRESCRIBED OPIOIDS IN PAST 3 MONTHS

No of patients	Frequency	Percent
None	30	4.6
1-5	136	20.9
6-10	174	26.4
11-20	166	25.5
21 or more	136	10.9
Don't know	9	1.4

PHYSICIANS ARE WILLING TO PRESCRIBE

- Most physicians prescribe opioids for CP
- Only 4.6% (30) MDs haven't prescribed in last 3 months
 - Of these, only 9 don't prescribe because of concern about opioid misuse and addiction



CONFIDENCE, COMFORT, SATISFACTION

Statement	Percent Agree	Percent Disagree
I am comfortable prescribing opioids for chronic pain	75.1	24.9
I am confident in my clinical skills in prescribing opioids.	86.4	13.6
Many pain patients experience substantial pain relief with opioids.	92.1	7.9
Many pain patients function better with opioids.	86.3	13.7
Many pain patients become addicted to opioids.	57.2	42.8
I find it satisfying to prescribe opioids to pain patients.	43.8	56.2

ASSOCIATION: BELIEFS WITH NO. OF PAIN PATIENTS

Belief	Association	Strength
Comfort	Positive	rho=0.29, p<0.001
Satisfaction	Positive	rho=0.162, p<0.001
Confidence	Positive	rho=0.14, p<.001
Many become addicted	Negative	rho = -0.11, p=0.008
Many have pain relief	Positive	rho=0.18, p<.001
Many function better	Positive	rho = 0.25, p<.001



RESOURCES

Educational resource	Very helpful (%)
Provincial opioid prescription database	52.5
Guidelines for managing high-risk patients	47.4
Office materials	37.2
"Pocket Guide"	33.6
College guidelines	33.0
One day course	30.1
Web site	24.2
Help Line for clinical advice	21.6

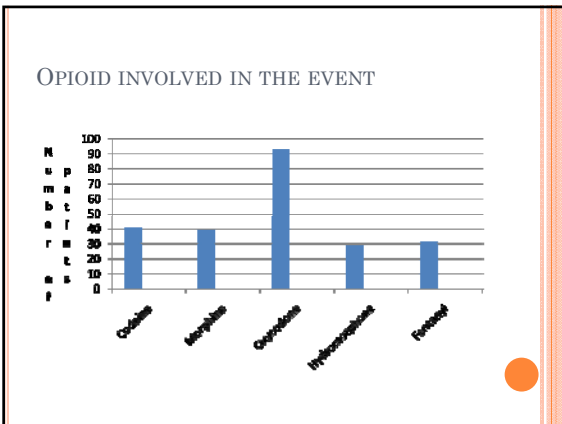
- ### RESULTS
- Physicians think the following could be helpful in improving safe opioid prescribing:
 - > Central database
 - > Guidelines
 - > Office materials
 - > Educational courses

NUMBER OF PATIENTS EXPERIENCING ADVERSE EVENTS DUE TO OPIOIDS

Number of patients	Percent
None	42.0%
One	9.7%
Two	12.5%
Three	6.9%
Four or more	12.7%
Don't know	16.3%

CAUSE OF THE ADVERSE EVENTS

Factor	N
Patient took more than prescribed	88
Prescribed dose was too high	48
Patient took additional alcohol or sedatives	39
Patients didn't contact the physician or pharmacist about symptoms	32
Patient/caregiver dose misunderstanding	24
Patient injected, crushed or snorted the tablet	12
Other	30



- ### SAFETY
- Adverse events are common!
 - Three main factors:
 - Patient over-use
 - High prescribed doses
 - Mixing opioids with alcohol, sedatives

VERY CONCERNED ABOUT...

Concerns	Very concerned (%)
Running out early, demanding fit-in appointments, lost scripts	44.8
Lack of specialized pain clinics	42.2
Getting patient addicted (n=641)	38.4
Patients getting high doses	28.0
Lack of addiction treatment resources	26.4
Disagreements with patients about opioids	22.0

CONCERNS BOIL DOWN TO:

- Patient misuse and “aberrant behaviours”
- High opioid doses
- Lack of assessment and treatment resources


LESSONS LEARNED

- Physicians confident, comfortable, and do Rx
- Concerned, unsatisfied with this area of practice
- Concerned about aberrant behaviours, high doses
- Adverse events are common
- Guidelines, database, treatment resources needed

OUTCOMES

Educational courses:

- OCP and CPSO : Manitoulin island, Cornwall, Thunder Bay
- CAMH course



OUTCOMES

- National Guidelines by the federation of medical regulatory colleges (FMRC)
- Guidelines presented at FMF, NAPCRG, CMAJ article, presentations, community workshops (17), toolkit
- Guidelines available online

