

Opioid prescribing for chronic non-cancer pain

The Canadian Medical Protective Association (CMPA) offers the following risk management information for physicians who prescribe opioids to their patients for chronic non-cancer pain. This is a summary of suggestions based on the opinions of peer experts commenting on CMPA medical-legal files and the published literature.

■ INFORMATION AND KNOWLEDGE

- Regularly seek up-to-date knowledge about medication and non-medication pain relief options, including treatment indications, contra-indications, medication interactions, and adverse effects.¹
- Consider whether your practice complies with recognized clinical practice guidelines.

■ PATIENT ASSESSMENT, INFORMED CONSENT, AND MANAGING EXPECTATIONS

- Carefully assess the patient's symptoms and ability to function. Consider first whether non-medication analgesia options are appropriate or adjunctive and whether non-opioid analgesics may be more appropriate to prescribe.² If opioids are being considered, be mindful of other medications the patient is taking and any past history of opioid or substance abuse, in addition to potential under-recognized or under-treated mental health conditions.
- Before starting opioid therapy, obtain the patient's informed consent. The expected benefits of both pain relief and improved function should outweigh the patient's risk factors for opioid-related harms.¹ Provide explanations for changes in prescriptions and the potential for ongoing risks.
- Consider the origin and nature of the pain. Manage expectations regarding pain relief.³
- Consider offering opioids on a trial basis and have a strategy to discontinue opioid therapy for cases where pain does not improve.⁴
- Consider using a validated pain scale and take into account patient age, size, risk factors for misuse and dependency, as well as opioid naiveté.⁵
- Obtain agreement on the patient's and clinician's respective responsibilities for managing opioid therapy. Clearly communicate opioid use and refill policies to patients. Set clear boundaries and expectations for behaviour. Consider using treatment agreements.⁶ If a treatment agreement is used, verify the patient understands and accepts it.
- Warn patients to avoid driving or operating machinery,⁷ and document this in the medical record.

■ PATIENT MONITORING AND OPIOID SUPPLIES

- Monitor patients who have been prescribed opioids, including a periodic reassessment of the benefits and risks of ongoing opioid therapy.¹ Some provinces and territories have helpful prescription drug monitoring programs. Review the patient's goals, overall control of pain, side effects, and other options.
- Prescribe exact amounts of medication based on what patients should need until the next appointment,¹ and consider shorter time periods between appointments.



■ CONSULTATION, DOCUMENTATION AND SECURITY

- Consult with peers, pharmacists or other experts (such as physicians specializing in addiction or pain management) when needed.¹
- Consider screening for addiction and dependence, and then referring patients to substance use resources or creating a tapering plan.⁶
- Document all medication-related discussions, including informed consent discussions, and treatment decisions in the medical record.¹ Ensure a copy of any treatment agreement signed by patients is also retained in their medical record. Prescription pads and medication supplies should be securely stored.⁸
- Talk to patients about secure medication storage at home and the risks of diversion.¹

TREATING ACUTE AND POST-OPERATIVE PAIN

Non-opioid pain medications or therapies may not provide adequate pain relief for patients, and the severity of the pain may warrant opioids. A patient's previous history of addiction or substance abuse should be considered before prescribing. Careful opioid prescribing is important. Consider the following:

- Explain potential benefits and risks to patients.
- Limit the number of doses prescribed based on the expected duration of pain.
- Remind patients to return any unused opioids to a pharmacy.
- Inform patients that opioids are intended for short-term use only.
- Warn patients to avoid driving or operating machinery.
- Document consent and warnings in the medical record.



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