

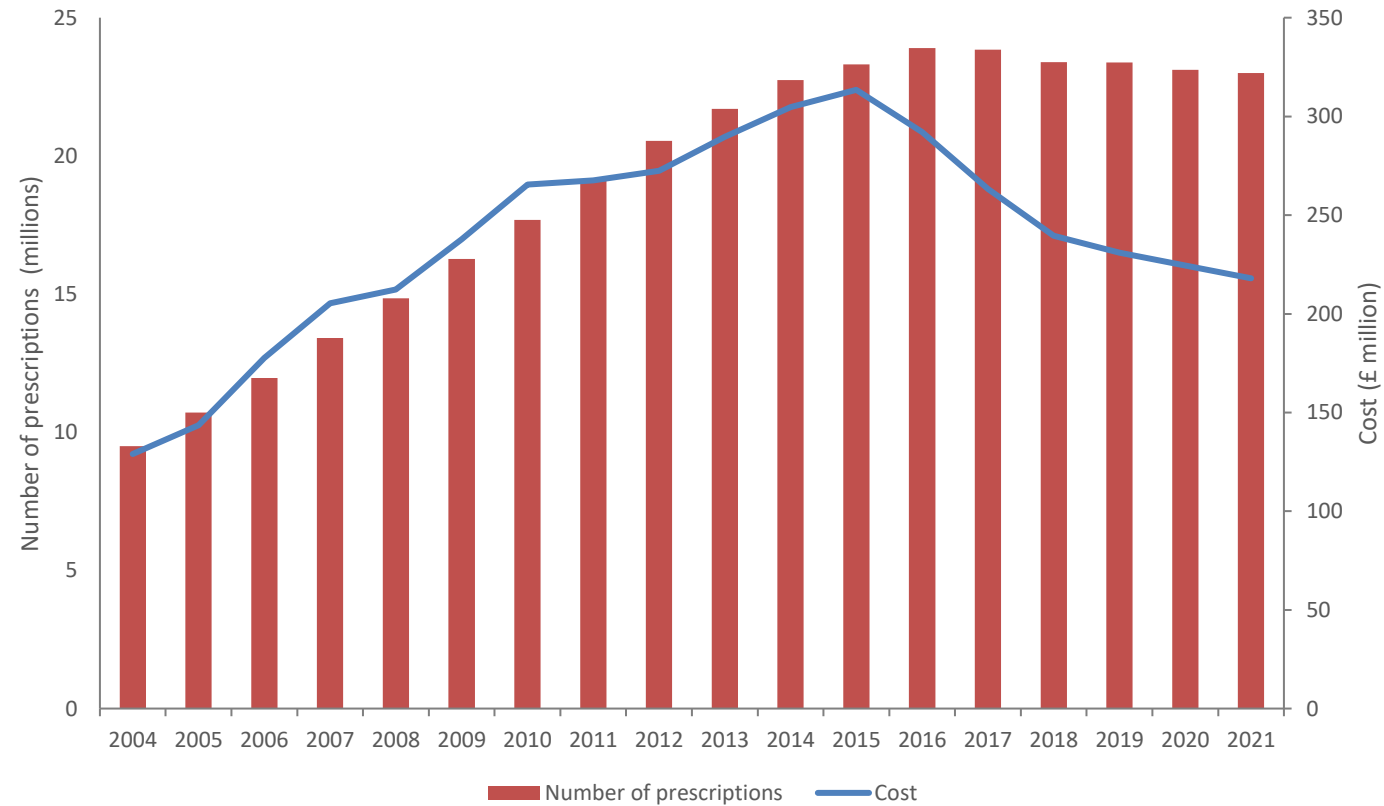
CATHY STANNARD
CLINICAL LEAD,
PAIN TRANSFORMATION PROGRAMME
NHS GLOUCESTERSHIRE ICB

Opioid prescribing: contextual considerations

PAIN MEDICINES: PRESCRIBING PATTERNS

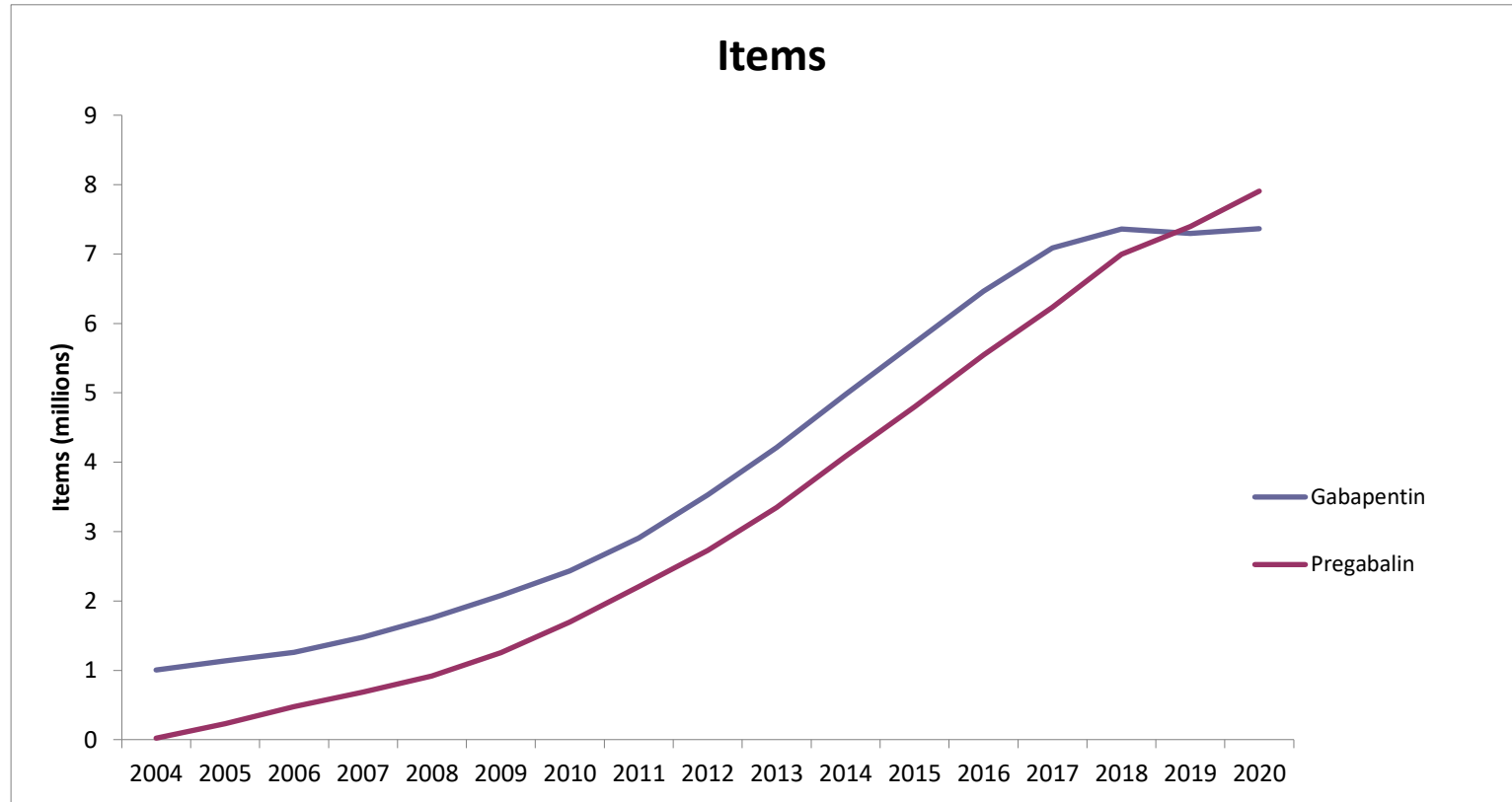


Opioid prescribing England



Source: NHSBSA published June 2022

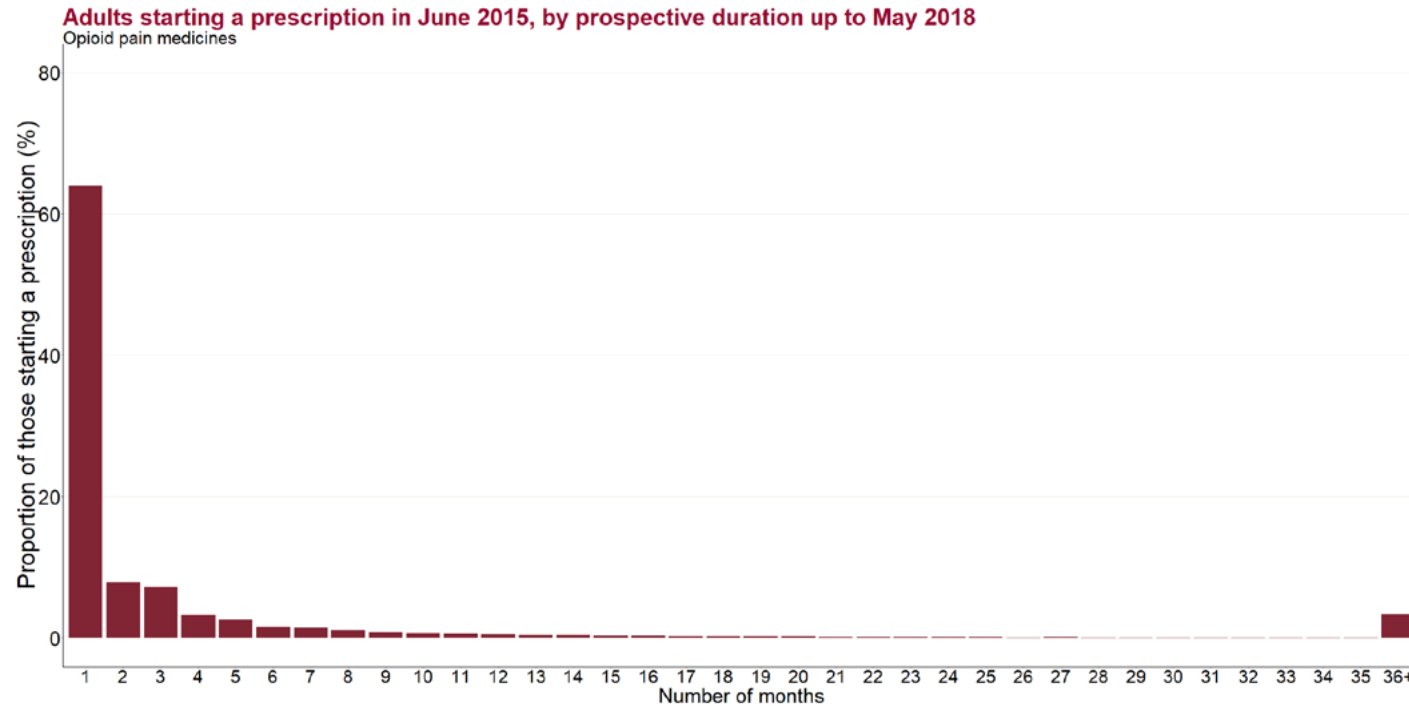
Gabapentinoid prescribing England



Source: NHSBSA published June 2022



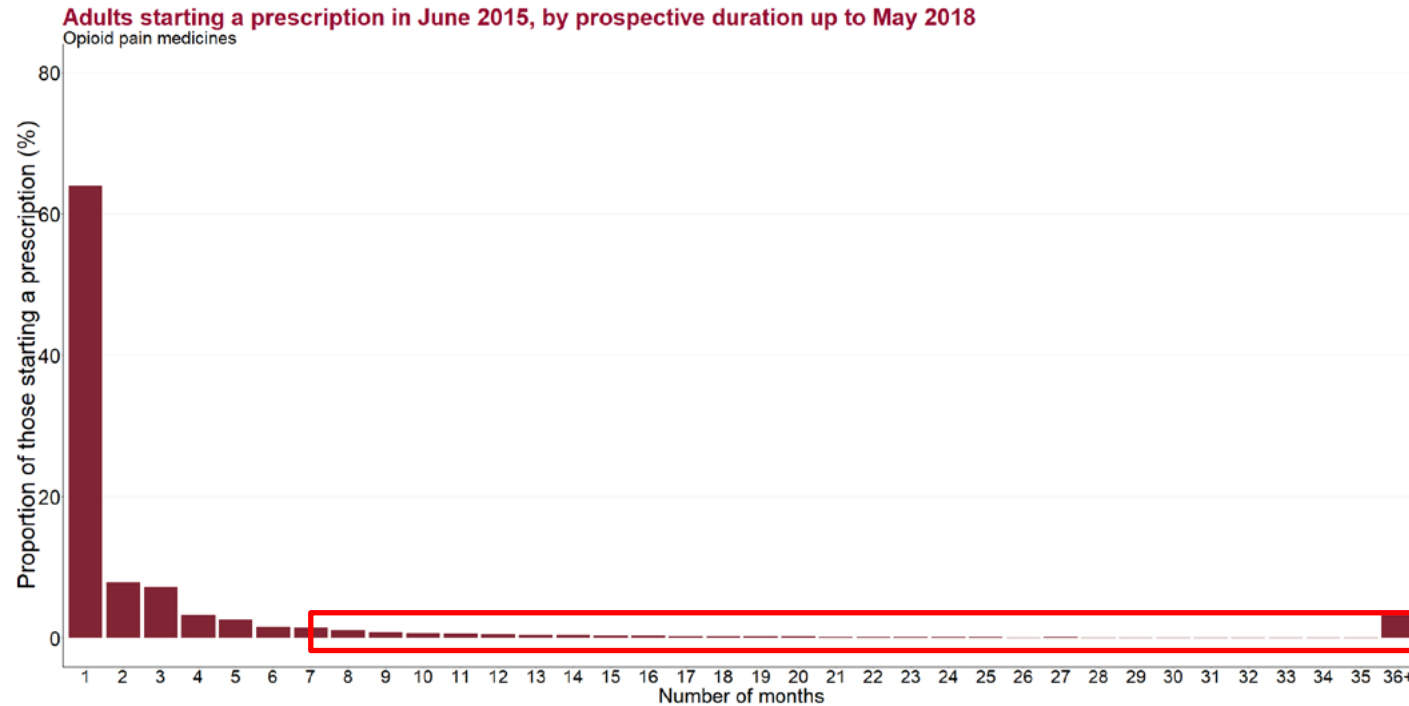
Duration of prescription is not the same as addiction



**Dependence and withdrawal associated
with some prescribed medicines 2019**



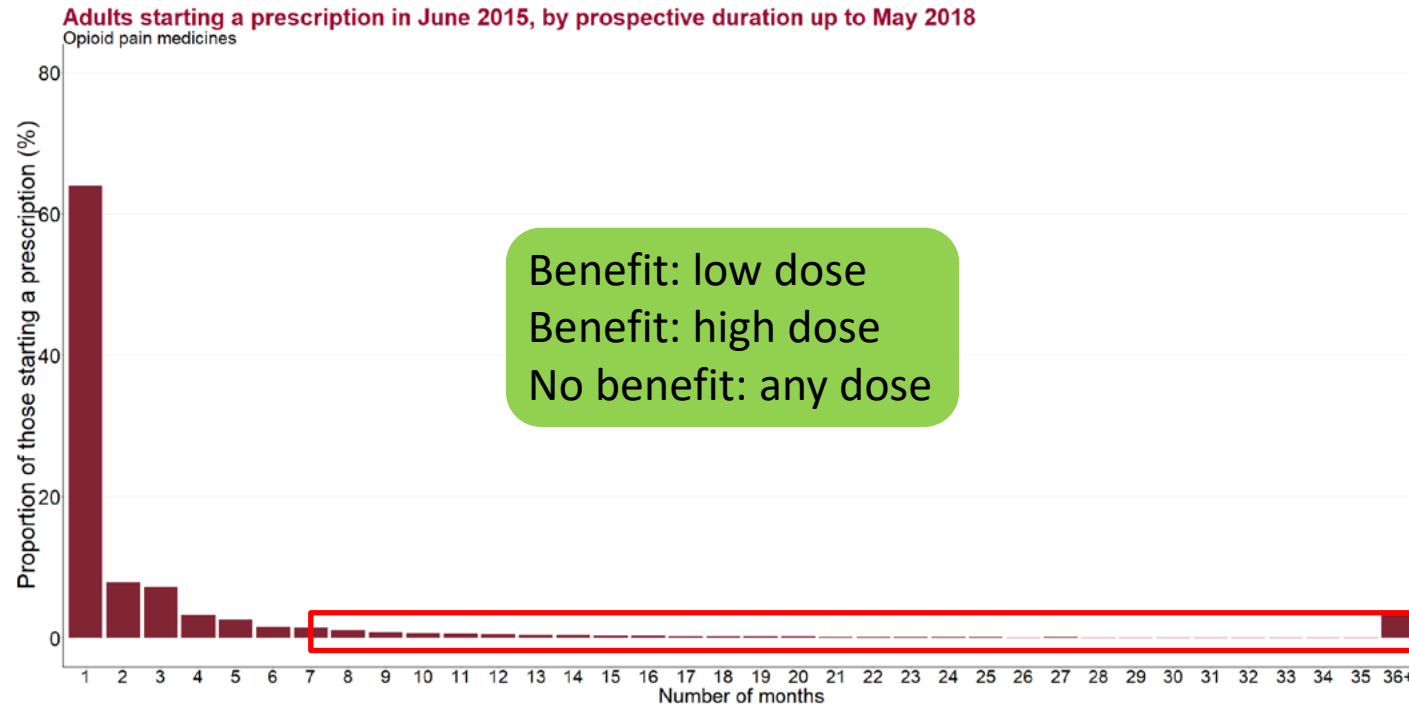
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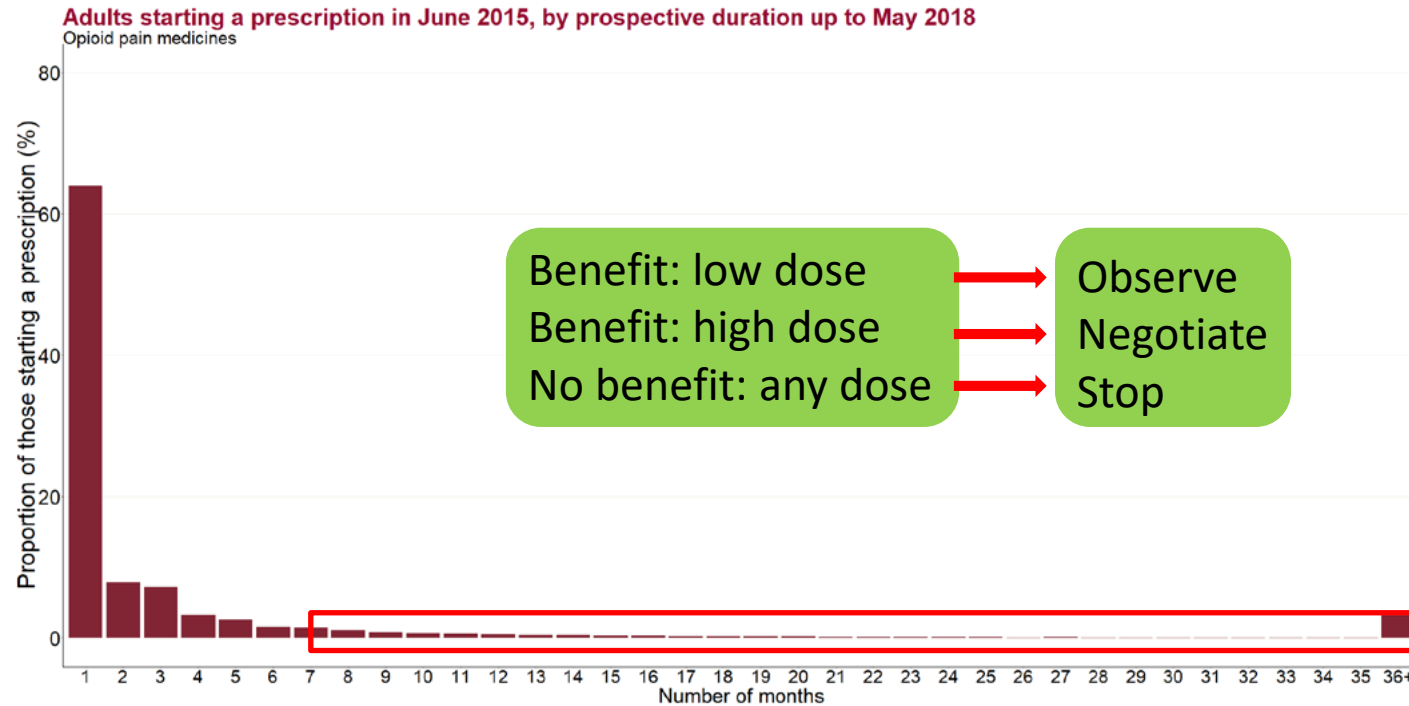
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**Dependence and withdrawal associated
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Duration of prescription is not the same as addiction



**Dependence and withdrawal associated
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Opioid prescribing: contextual considerations

WHAT GUIDELINES TELL US ABOUT PRESCRIBING OPIOIDS



Read about [our approach to COVID-19](#)

Home > NICE Guidance > Conditions and diseases > Musculoskeletal conditions > Low back pain

Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

NICE guideline [NG193] Published date: 07 April 2021

Guidance

Tools and resources

Information for the public

Evidence

History

Overview

[Download guidance \(PDF\)](#)

Guidance

Content

NG193

NICE Guideline on Chronic Pain

- Empathic, person-centred relationships are the central pillar of good pain management
- Exercise is the gold standard intervention for chronic pain
- Psychological interventions are a rational option
- Medicines rarely help chronic pain

Pharmacological management of chronic primary pain

- **Consider** an antidepressant (amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine, sertraline)
- Explain that the medicines may help with quality of life, pain, sleep and psychological distress even in the absence of a diagnosis of depression

Pharmacological management of chronic primary pain

- For people already taking these medicines review prescribing as part of shared decision making
 - Explain lack of evidence for CPP
 - Agree a shared plan for continuing safely if they report benefit at a safe dose with few harms
 - Explain the risks of continuing if they report little benefit or significant harm: encourage and support to reduce or stop if possible
 - Discuss problems associated withdrawal



Guidance ▾

Standards and
indicators ▾

Life
sciences ▾

British National
Formulary (BNF) ▾

British National
Formulary for
Children (BNFC) ▾

Clinical Knowledge
Summaries (CKS) ▾

About ▾

Read about [our approach to COVID-19](#)

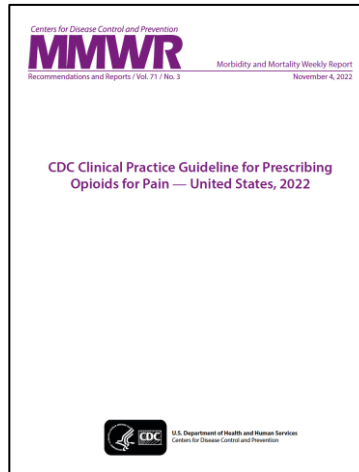
[Home](#) > [NICE Guidance](#) > [Conditions and diseases](#) > [Musculoskeletal conditions](#) > [Low back pain](#)

Low back pain and sciatica in over 16s: assessment and management

NICE guideline [NG59] Published: 30 November 2016 Last updated: 11 December 2020

Updates 2016 guidance (problems with misapplication)

- Addresses acute, subacute and chronic pain
- Maximise non opioid therapies where appropriate
- Lowest dose shortest duration
- Weigh up benefits and risks
- Avoid LA/ER preparations
- Diminishing returns when >50mg MED
- Use of naloxone



Key points

- there are persistent barriers to access to pain care and evidence-based treatment
- shared decision making by patients and clinicians is critical
- discontinuing opioids after extended use can be very challenging and potentially harmful
- the new recommendations need to be communicated and implemented carefully

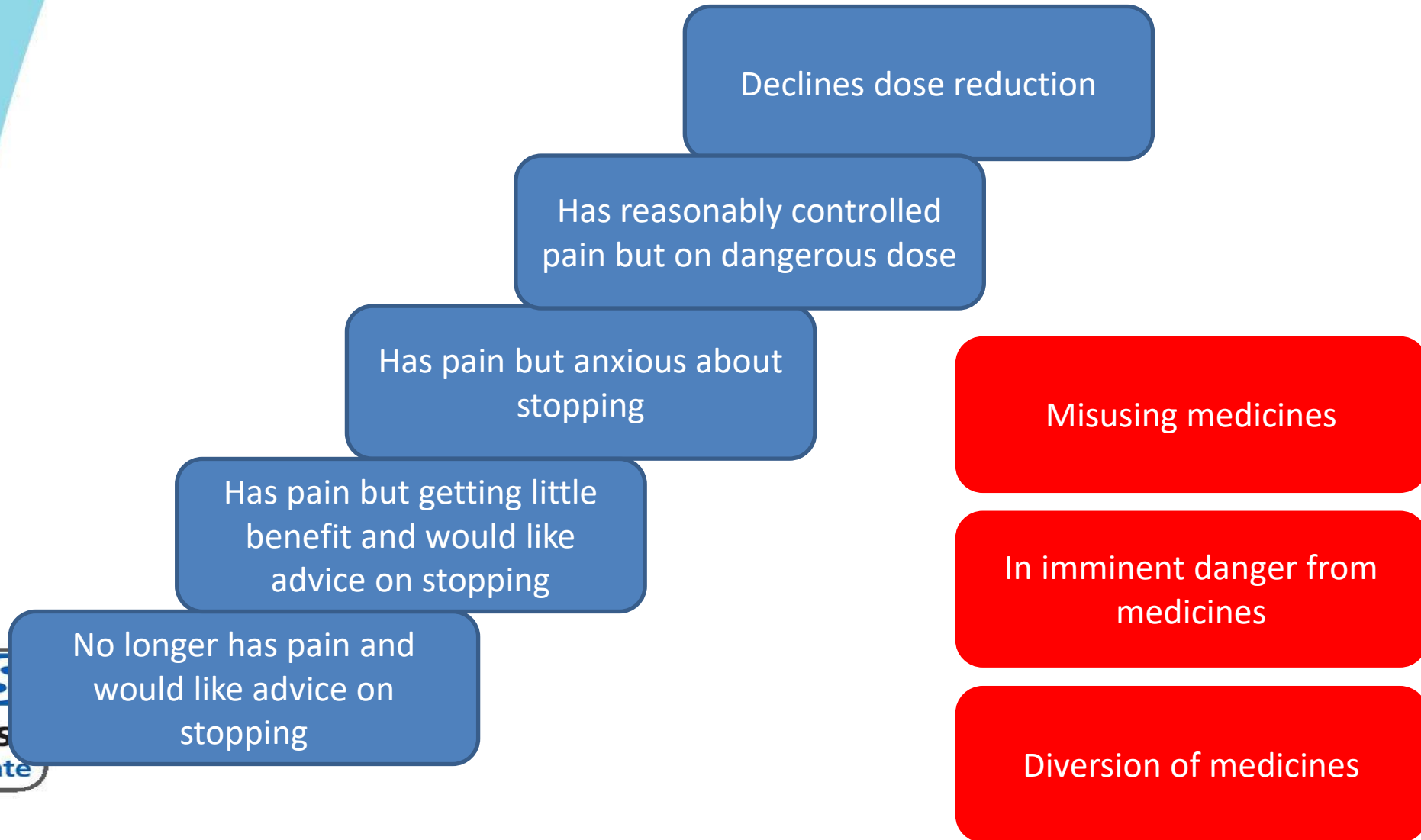
<https://www.cdc.gov/mmwr/volumes/71/rr/pdfs/rr7103a1-H.pdf>

Opioid prescribing: contextual considerations

SUPPORTING PEOPLE TO COME OFF MEDICINES



De-prescribing: patient populations





Read about [our approach to COVID-19](#)

Home > NICE Guidance > Health and social care delivery > Medicines management


Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

In development [GID-NG10141] Expected publication date: 20 April 2022 [Register as a stakeholder](#)

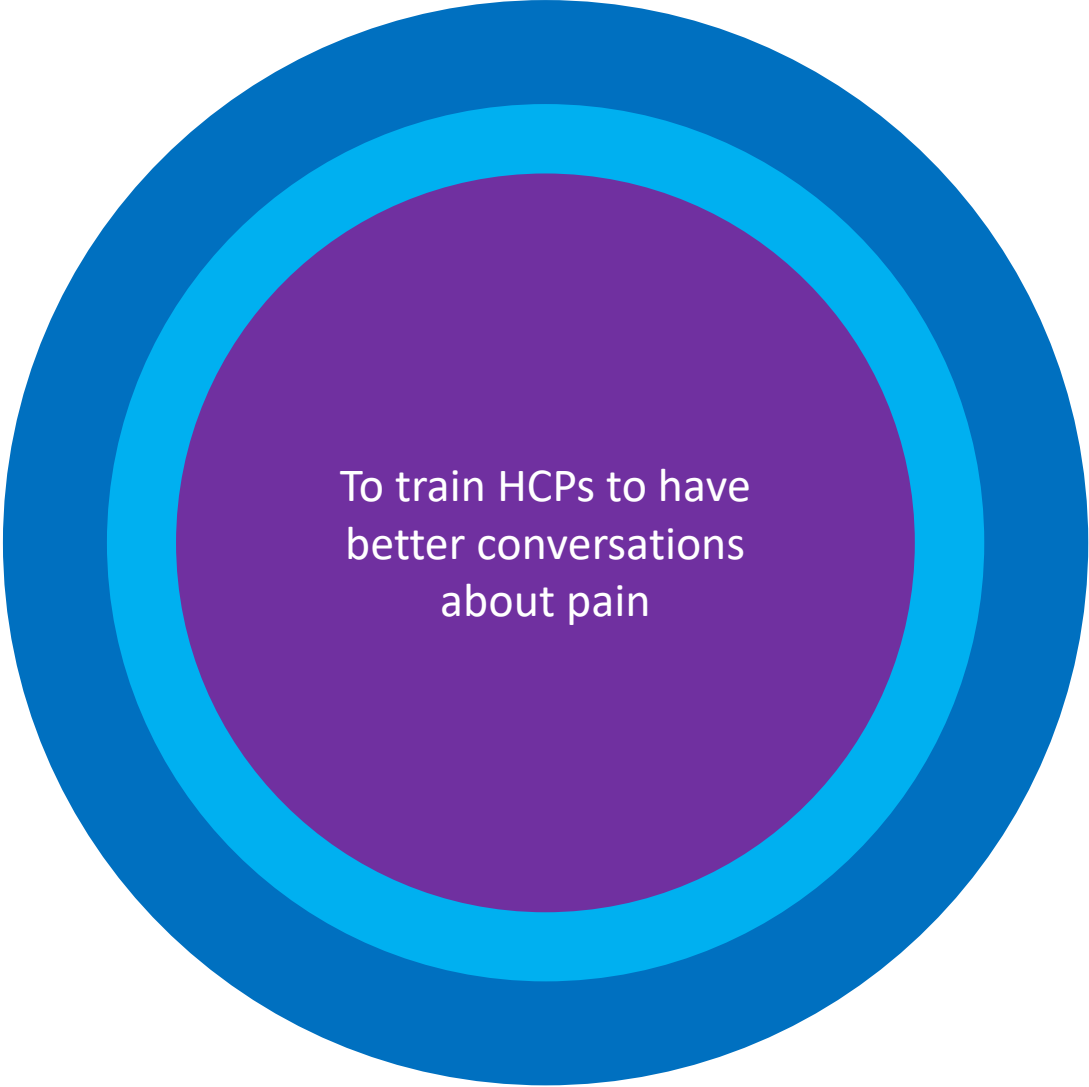
Project information

[Project documents](#)

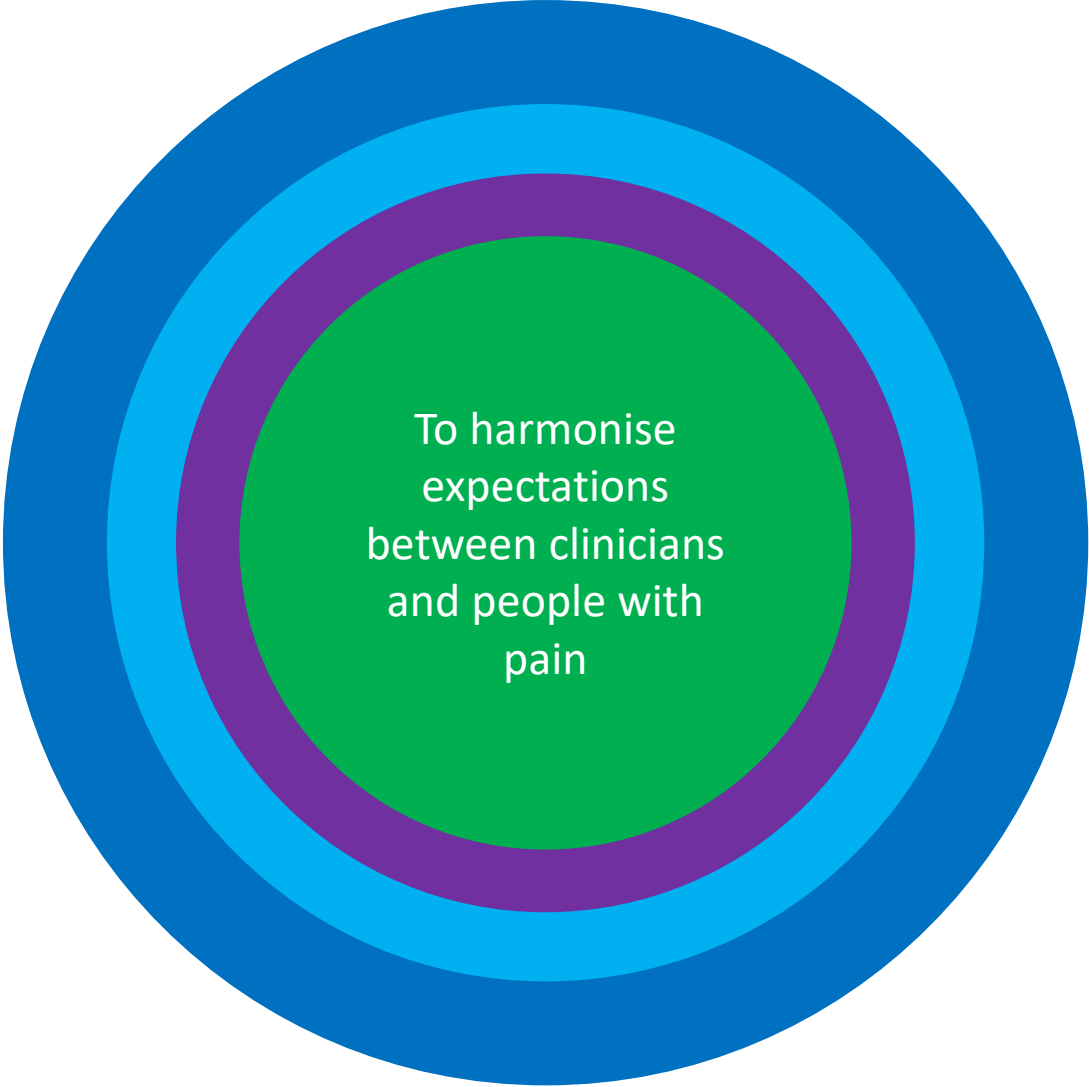
To minimize inappropriate
prescribing of opioid medicines



To grow and develop non-
medicines offers for pain



To train HCPs to have
better conversations
about pain

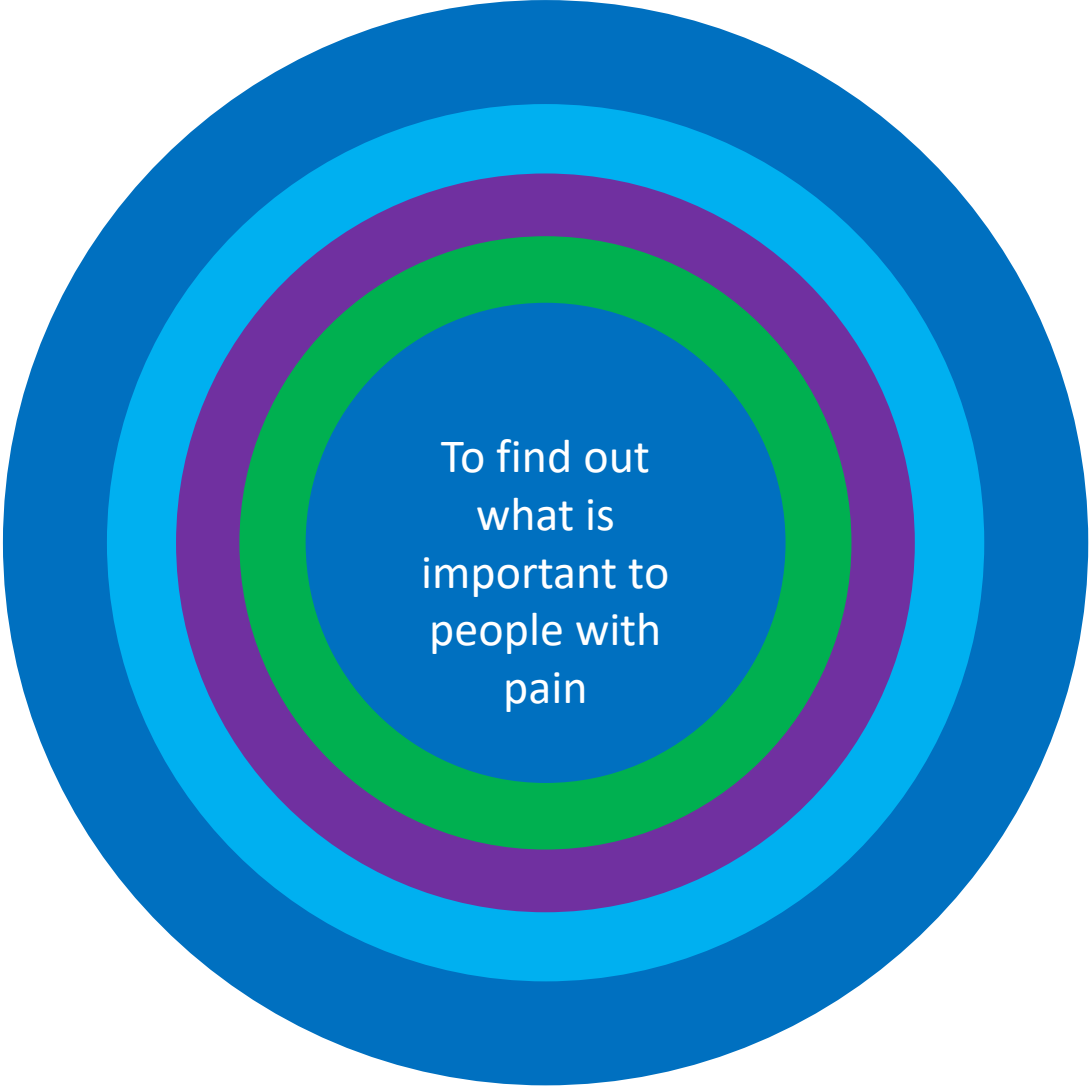


To harmonise
expectations
between clinicians
and people with
pain



NHS

South West
Clinical Senate



To find out
what is
important to
people with
pain



Time to
do the
right
thing



NHS

South West
Clinical Senate

Deprivation

Social context

Education

Religion

Ethnicity

Sex

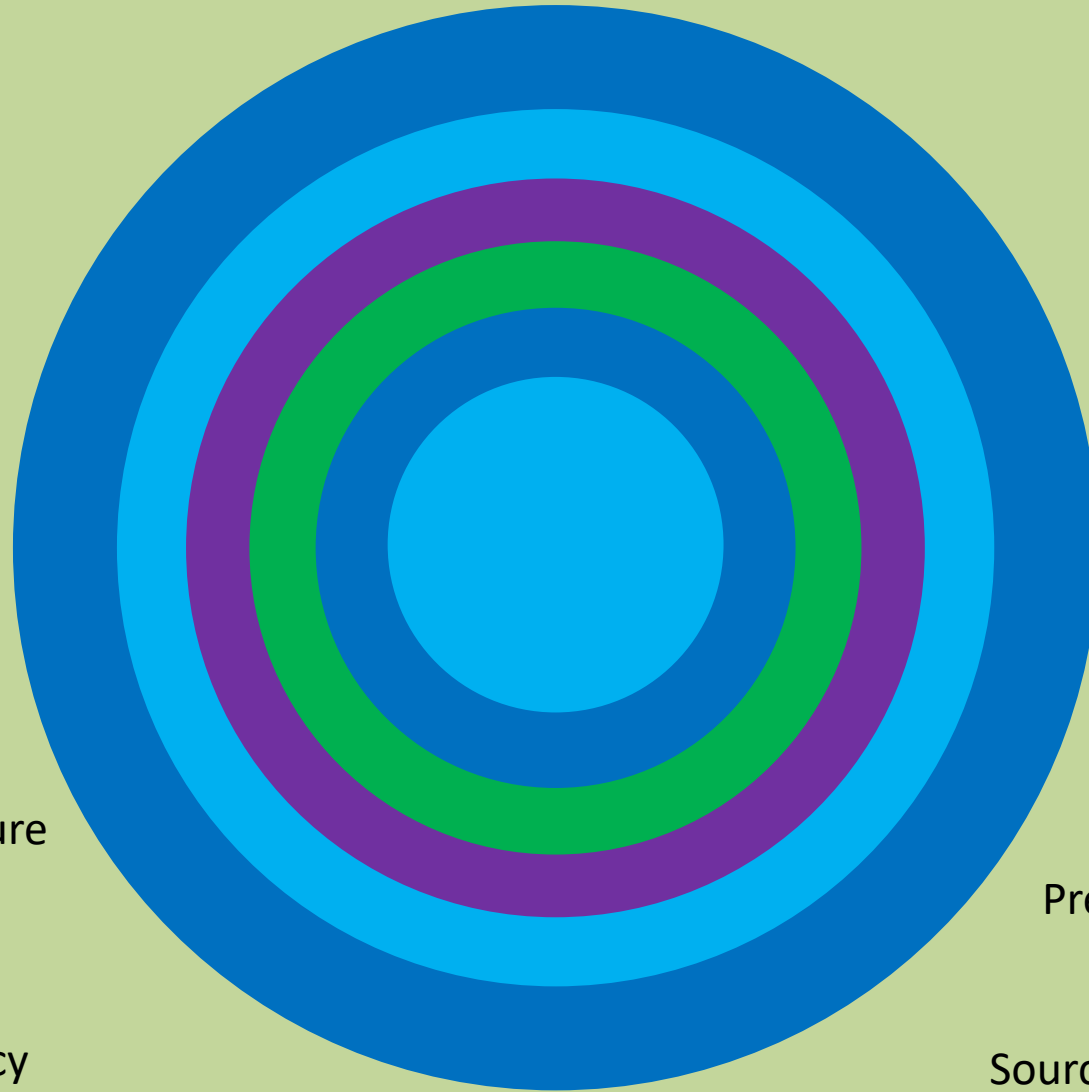
Popular culture

Media

Health literacy

Previous trauma

Sources of support



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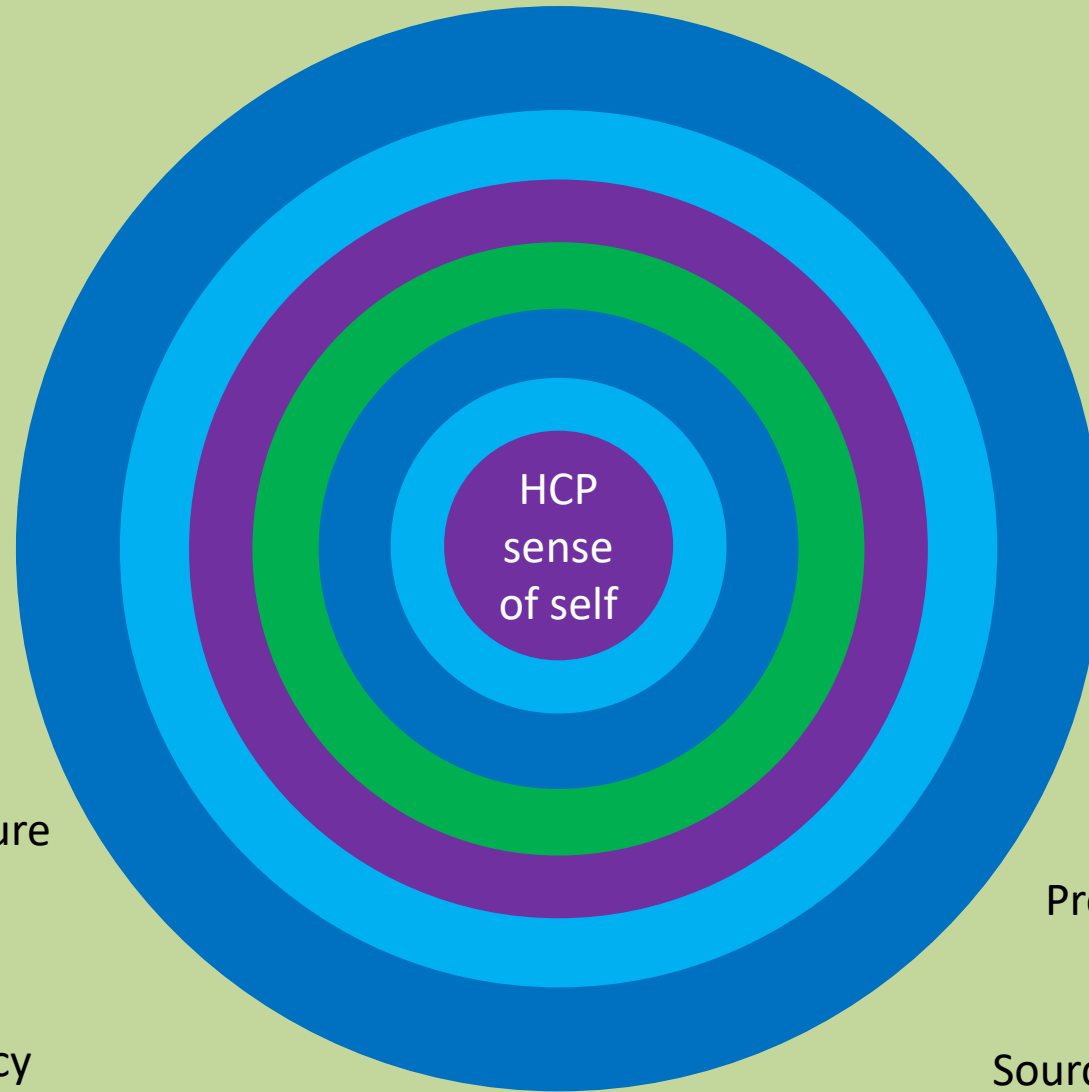
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Opioid prescribing: contextual considerations

TRAINING AND SUPPORT



Looking after yourself

- Recognising your own feelings
- MDTs in practices
- Joint consultations
- Sharing responsibility for complex patients

NHS Glos ICB

Health coaching training pilot

- Pain consultations not so emotionally impactful
- Clinician as facilitator not fixer
- Loss of feelings of dread before pain encounters
- Feeling less intimidated during pain encounters
- Not dreading seeing a pain consultation on clinic list
- Feeling calmer in consultations
- Finding joy in working
- ‘The whole thing made me rethink my consultation style and take a step back’
- ‘We would recommend this to all our colleagues’

The context of opioid prescribing: takeaways

- Recognise complexity of chronic pain and assess appropriately with consideration of patients' preferences
- Recognise that high dose opioid use is a sensitive marker of complexity
- Building better relationships comes before and during prescribing and de-prescribing
- Need teams to support management of complex cases to avoid burnout
- Changing prescribing practice is about much more than medicines