

## Opioid prescribing for long term conditions at Hall Grove Group Practice

The Practice is introducing a policy on the prescribing of Opioid medications (eg Codeine, Co-codamol, Tramadol and Morphine) for long term pain conditions (eg low back pain and arthritis). It is now known that these medications actually make the problems worse for the majority of patients with long term conditions. This does not apply to patients with a terminal illness.

Firstly, we now know that after one month of regular use the body starts to become 'sensitized' - it recognises that the pain receptors are being blocked and makes them more sensitive. As a result the person feels more pain than they would have done if not taking the Opioid. If the person gets a new pain, such as a twisted ankle, this will be far more painful than it would otherwise have been. If a dose of opioid is not taken then the original pain sensors are no longer blocked causing more pain to be felt and creating the misunderstanding that the medication must be helping. This is the addiction – the Opioid must be taken to prevent the pain caused by the Opioid.

Opioid medications cause a wide range of side effects, such as drowsiness, lack of energy, depression, risk of falls/fractures, and erectile dysfunction. The most worrying complication is the increased risk of death, for example from accidental overdose (1 in 500 people started on an opioid will die of an opioid related cause within 2 years). In addition, studies have found that in patients with exactly the same long term condition, those taking opioids were more likely to: report more pain; report reduced quality of life; twice as likely to not be in work; and more likely to be considered disabled.

We want to do more to support people with long term pain. Along with not making things worse by prescribing Opioids we will look at alternative medications and alternative therapies that will help people improve their quality of life.

There are interesting resources on-line giving more information about managing long term pain. Including a short Youtube video by 'Brainman' called 'Understanding your pain'. There is a lot of more detailed information available at The British Pain Society website.

## Examples of support for patients with long term pains

- Encourage increased exercises, massage, heat, distraction
- Referral to Physiotherapy, Counselling, Pain clinic
- Alternative medications to opioids
- Setting goals for medication reduction and support in achieving that
- Setting goals for increased social/work activity

## Summary of our prescribing guidelines

We will not alter medications without discussing these changes first

- We will rarely be prescribing opioids for new pains, and when they are issued in most cases will be for 2 weeks only.
- Patients prescribed opioids in hospital, for example after an operation, will not be automatically continued on them. A further supply may be added if there is a short term reason after discussion with the patient.
- For those already taking Codeine and Tramadol they will be issued as maximum three times a day, however we would recommend having days with fewer than that, and ideally days not taking at all.
- Fast acting opioids such as liquid morphine will no longer be prescribed for long term pain conditions except when there is a specific reason (eg to be used before changing leg ulcer dressings).
- Morphine tablets will no longer be started for patients with long term pain.
- The national guidance for patients already taking Morphine tablets is not to prescribe doses higher than 30mg twice a day. Anyone on higher doses will need to discuss with their usual doctor a plan for slow reduction to within that upper limit.
- Any patients taking Morphine tablets can not also take another opioid such as Codeine or Tramadol at the same time.
- We will not be initiating Fentanyl patches as it is now known the risk of death or serious harm due to accidental overdose is very high.
- Anyone who requests an additional prescription because they have lost their prescription/their drug will not be issued an exact replacement amount. We will issue enough to prevent a withdrawal reaction only and will note that this has occurred.