RACGP's Inherited Pain Patient Webinar, 7 October 2020

Opioids are not indicated for chronic non cancer pain. Chronic pain: pain that persists for 3 months or more, after tissue healing. Opioids indication is for acute pain, cancer pain, palliative/end of life care, opioid use disorder. Overall Cannabinoids are not indicated for chronic non cancer pain with current evidence. (Similar to opioids)

Patients need coaching on the 'pain system' and an 'overprotective' pain system. Conceptually the brain has been conditioned to perceive danger (chronic pain) when acute injury has resolved, brain can be 'retrained' out of this response, but takes time.

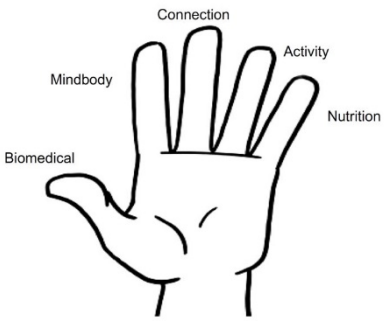
Assessment; Visual analogue scale, PEG score, simple, 3 question, validated for primary care. PBS prescribing for the 'exceptional circumstance group' is a grey zone, uncertain benefit e.g. elderly with severe OA approaching end of life, opioid responsiveness and harms need to be thoroughly considered.

The 'inherited patient' is an opportunity for 'new eyes' for management and review

Is prescribing an opiate for this patient: 1. Rational, 2. Defensible, 3. Confirmed, 4. Professional comfort with pharmacotherapy.
Options are: Continue: Benefit > Risk. Continue and modify: Benefit – Risk. Or Cease: Benefit < Risk + Exit strategy.
Harm minimization approaches can include:

- ✓ **S**taged supply
- ✓ **T**aper dose (10-25% monthly reduction), care with being humane, a fast reduction can risk drug seeking, severe psychological distress and potential suicidal ideation. Negotiate reduction and pace.
- ✓ **O**pioid reversal antagonist – prescribe naloxone! Intranasal and intramuscular options available.
- ✓ Discuss overdose risk. Low <40mg, Mod <100mg, High >100mg. Could dependents find the medications and overdose?
- ✓ **P**harmacotherapy – Methadone or buprenorphine+naloxone for Opioid Use Disorder (see DSM V). Is slow reduction too difficult? Harms increasing? Loss of control? Shorter times between scripts?
- ✓ **Q**uantity – PBS changes pertinent here box size reduced to 10 tablets. (Clinical need v packet size)
- ✓ **I**njecting- harm minimization advice on safer injecting
- ✓ **R**eferral- minimizing harms, enabling specialist advice e.g. pain, psychology
- ✓ (Rotation – not indicated outside of specialist realms)

Whole person care model in the treatment of chronic pain



5 fingers, 5 domains. Useful to shift emphasis from 1 (the biomedical) to other 4 whole-person care domains.
Engage patient early without colluding. Rapport is essential. Instill hope. Motivational interviewing listening then talking (GP). Be aware of the psyche/distress when patients describe pain as cruel, punishing or torture.

Set long & short term goals. Where would you like to get to over the next 1-2 years? health/strength, relationships, mindbody, nutrition. Given this, what can we aim for in the shorter-term?

Explain new scientific evidence about longer-term use of opioids. Brainman, excellent short video to sit through with patients and explain pain concepts. Opioids work on limbic system to feel better (cope with pain, but not repair/heal).

Use objective pain scores. Trial TCA/SNRI antidepressants. Guide patients from biomed (opioids, steer away from quetiapine, pregabilin where not indicated). Use recent PBS changes/NPS education to/Pain Australia.

'I would like you to see this multidisciplinary team to support you to transition away from opioids so we can more effectively manage your pain and improve your quality of life'. If in rural/remote areas, consider telehealth options, Pain Australia – directory of pain services for local resources, call local pain service and request telehealth option.

Chronic pain: is pain that persists for 3 months or more, after tissue healing

- ✓ Nociplastic – plasticity in the nervous system, dysfunction in the nervous system.
- ✓ Nociceptive – tissue/inflammatory soup, warning to brain, brain interprets
- ✓ Neuropathic – nerve origin pain (demonstrating disease or injury to the NS)
- ✓ Nociplastic - central sensitisation
- ✓ Most healing achieved 3-6 months.
- ✓ Chronic pain eventuates in brain due to upregulation, sensitisation. Brain is protecting itself from 'perceived danger' rather than 'true danger'.

ARTICLES:

Hayes C, et al. Hunter New England Integrated Pain Service Position Statement. September 2020. (Accessed 12 Oct 2020)
Hunter New England Pain Service: Reconsidering Opioids
The Conversation: What is pain and what happens when we feel it?
The conversation: The right words matter when talking about pain
AJGP: A practical case walk through and strategy on the inherited pain patient.
Dr Nick Christelis, Pain Specialist: Top 10 tips and tricks article
NPS: Safe Prescribing of Opioids for Non-Malignant Pain
AFP: Opioid Prescribing March 2013 part I
AFP: Opioid Prescribe March 2013 part II
NPS article: Naloxone Nasal Spray Nyxoid for Opioid Overdose
Prescribing wellness: A springboard article for concepts on how to treat chronic pain without opioids
2020 opioid PBS changes https://www.pbs.gov.au/news/2020/09/files/PBS-opioid-changes-prescriber-information.pdf
2020 opioid PBS changes https://www.tga.gov.au/prescription-opioids-what-changes-are-being-made-and-why
Stockings, E et al. Cannabis and cannabinoids for the treatment of people with chronic noncancer pain conditions: a systematic review and meta-analysis of controlled and observational studies. J Pain; Oct 2018. (Accessed 12 October 2020)
NPS: If not opioids, then what
The Conversation: An introduction summary article on the rationale for Opioid Substitution Therapy

RACGP RESOURCES:

RACGP webinar: Managing chronic pain in general practice
Free GP learning modules:
Effective pain management in general practice
Management of moderate acute pain and the role of combination analgesia
Chronic pain: an integrative approach.
Complementary medicine in chronic pain syndromes:
RACGP Drugs of Dependence prescribing guides (including practice systems in Part A and benzos in Part B, Opioids in Part C):

RESOURCES FOR USE WITH PATIENTS AND FAMILIES:

Brainman quick videos on pain, great option to educate patients (and GPs!):
Understanding pain in less than 5 minutes
Understand pain and what to do about it in 10 minutes
Whole person care (the hand) http://www.hnehealth.nsw.gov.au/Pain/Pages/For%20everyone.aspx
Website and video explaining persisting pain, for patients: www.tamethebeast.org
Pennington Institute: Excellent information and resources about take-home naloxone as part of opioid overdose prevention
The ANZCA's Faculty of Pain Medicine 'Opioid Calculator' app is recommended: http://www.opioidcalculator.com.au/
NSW Health resources for patients and GPs
NSW Health Pain self-management strategies
NPS GP Opioid tapering plan, patient handout
http://thefirststop.org.au/
www.fds.org.au/
www.sharc.org.au/program/family-drug-help/
https://cracksintheice.org.au/families-friends/when-someone-you-care-about-wont-seek-support

COURSES:

Free course run out of Faculty of Pain Medicine ANZCA: https://www.betterpainmanagement.com/product?catalog=TGA-BPM
Huge resource bank @ painaustralia https://www.painaustralia.org.au/health-professionals/education-training-1
Huge resource bank @ noi https://www.noigroup.com/resources/
Meducate has free online resources on safe opioid prescribing and opioid substitution therapy
Permission to move, cost associated: https://www.permissiontomove.com/clinicians
Series of recorded workshops/podcasts from PainWeek conferences: https://www.painweek.org/media/listen
'The Chronic Pain Course' - 90 days free with clinician prescription: https://thiswayup.org.au/courses/the-chronic-pain-course/
This Way Up Clinic: Clinician registration to free 'prescribe a course'. Course preview accessed once signed-up.
Mindspot. 5 Free lessons and guidance from Macquarie University virtual clinical psychologist

TOOLS:

PEG questionnaire, 3 item, validated for primary care, essential tool for initial and ongoing assessment, useful in assessing treatment efficacy
Faces pain scale visual analogue
Opioid risk assessment tool
Excellent comprehensive tool on how to go about opioid prescribing and de-prescribing:
Chronic pain management 8 step prompt and chronic disease care plan template:
Clinical assessment of pain 'how to', Pain Australia factsheet:
CDC opioid tapering pocket guide for GPs