

OPIOID PRESCRIBING PATTERNS IN FAMILY HEALTH TEAM; THE GOOD, THE BAD AND THE UGLY

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OBJECTIVES

- To describe prescription patterns of opioids for chronic non-cancer pain (CNCP) in an Academic Family Health Team
- To assess prescribing compliance with Canadian guidelines for use of opioids for CNCP

INTRODUCTION

- Prevalence of CNCP: ~25% in Canada
- In Ontario from 1991 to 2007: Increase in oxycodone prescriptions by 850% and average amount/prescription rose from 1830 mg to 2280 mg
- In Ontario from 1991 to 2004, the mortality rate due to unintentional opioid overdose increased from 13.7/million to 27.2/million/year
- As a result, Guidelines for Safe and Effective Use of Opioids for Chronic Non-cancer Pain were released in 2010

METHODS

Retrospective Chart Review:

- EMR database searched using following key words in prescription column of cumulative patient profile:

Codeine, Demerol, Dilaudid, Doloral, Duragesic, Endocet, Endodan, fentanyl, hycodan, Hydrocodone, Hydromorph, Meperidine, Morphine, MS Contin Oxycocet, Oxycodone, Oxycontin, Oxy-ir, Oxymorphine, Pentazocine, Percocet, Percodan, Ralivia, Statex, Talwin, Tramacet, Tramadol, Tridural, Ultram, Zytram

Data Collection Sheet:

- 31-items based on Grade A and B recommendations of 2010 *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain* for opioid initiation
- Created and filled on a website – 'Google document'
- No personal data was entered, only ID number

Table 1: Selection Process

Total Charts: 571	
Initiation of opioids before EMR	-135
436	
Opioid prescribed for cancer pain	-10
426	
Prescribed for acute & time limited disease	-283
143	
Opioid prescribed by non-FHT physician	-47
n=96	

RESULTS

Total Sample: n = 96 (17% of original 571 cases reviewed)
Sex: 59% female (n=57), 41% male (n=39)
Age: 30 yrs to 98 yrs; mean age = 69 yrs

Figure 1. First Opioid Prescribed Figure 2. Second Opioid Prescribed

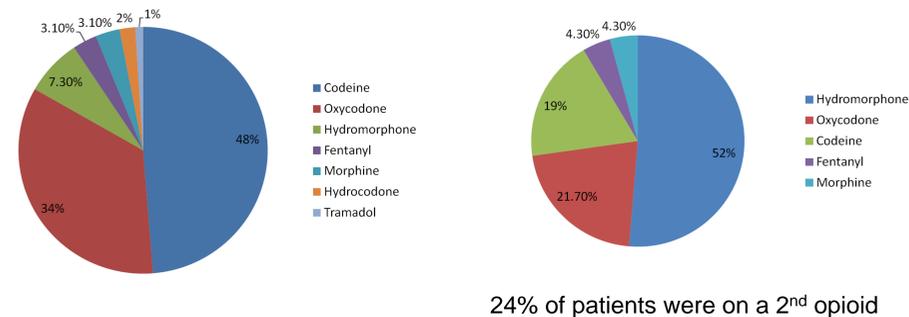


Figure 3. Grade A Recommendations: The Good

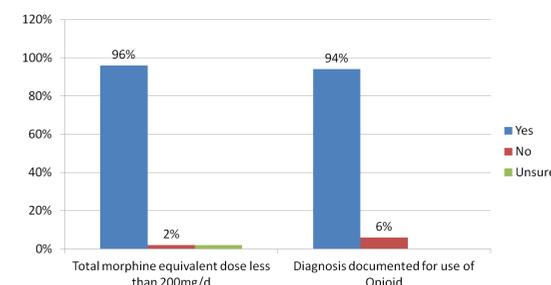


Figure 4. Grade B Recommendations: The Bad

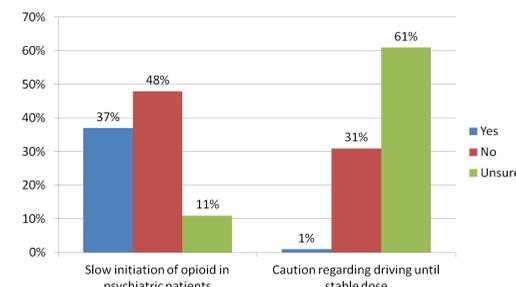


Figure 5. Grade B Recommendations: The Ugly

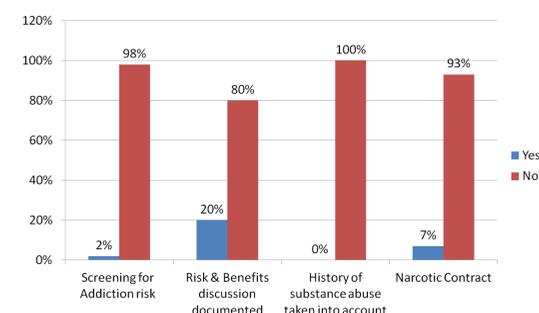


Figure 6. Location of Diagnosis Documentation

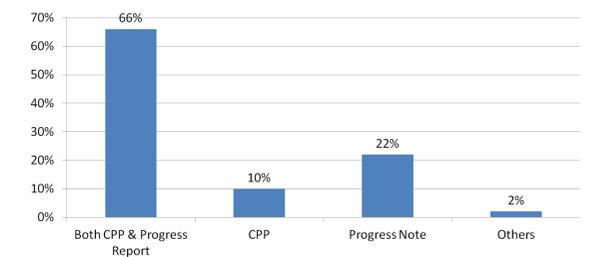
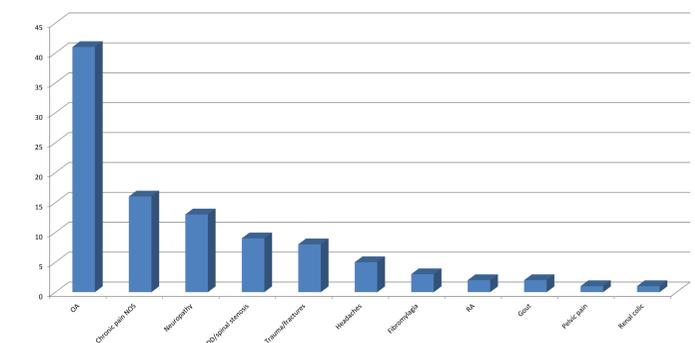


Figure 7. Frequency of Documented Conditions for Use of Opioids



SUMMARY

- Concordance for Grade A recommendations (dosage of opioids and documenting the indication for opioid use) was high
- At initiation of opioids, there was poor documentation for Grade B recommendations including:
 - discussion of risk/benefits of opioids
 - screening for addiction risk
 - caution regarding driving
 - slow titration in patients with history of psychiatric diseases and substance abuse

DISCUSSION: LESSONS LEARNT

- Acute and time-limited prescriptions accounted for almost 50% (263/571) of charts reviewed. Opioid had not been removed from the CPP
- Poor documentation of grade B recommendations possibly due to:
 - lack of time
 - physician's comfort level with their patients
 - physician's knowledge of guidelines
 - Opioid started for something acute which became chronic

REFERENCES

- Boulanger A, Clark AJ, Squire P, Cui E, Horbay GL. Chronic pain in Canada: have we improved our management of chronic noncancer pain? *Pain Res Manag.* 2007
- Dhalla IA, Mamdani MM, Sivillotti ML, Kopp A, Qureshi O, Juurlink DN. Prescribing of opioid analgesics and related mortality before and after the introduction of long-acting oxycodone. *CMAJ.* 2009 Dec 8;181(12):891-6.
- Ivanova JI, Birnbaum HG, Yushkina Y, Sorg RA, Reed J, Merchant S. The prevalence and economic impact of prescription opioid-related side effects among patients with chronic noncancer pain. *J Opioid Manag.* 2013 Jul-Aug;9(4):239-54.
- Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. Canada: National Opioid Use Guideline Group (NOUGG); 2010. Available from: <http://nationalpaincentre.mcmaster.ca/opioid/>