



# Acute pain opiate use: The problem and possible solution

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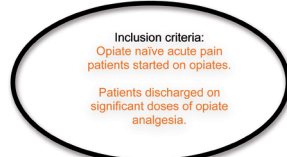
## Background

Opiates are well established for the management of Acute Pain. However, prescribing has become more liberal and the negative effects of longer term use: constipation, addiction, physical dependence, cognitive impairment, endocrine suppression, immunosuppression and opioid induced hyperalgesia are gradually emerging<sup>1-3</sup>.

At CMFT opiate reduction often begins whilst the patient is still in hospital. However, there was a lack of understanding of what happened when the patient went home. An audit at CMFT aimed at assessing the effectiveness of the pain team's advice to reduce opiates, revealed 58% of responders remained on strong opiates for up to 6 months after discharge. Nearly 70% of GPs who responded also said an acute Pain Follow-up service would be useful.

## The Solution

**The Possible Solution: Telephone Follow-up clinics**

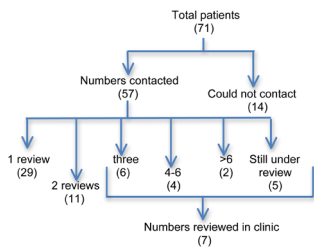


- Aim of the service:**
- Assess opiate use / Pain Severity / Pain Interference Score
  - Reinforce opiate reduction advice
  - Identify need for adjuvant therapy
  - Communicate changes with the GP.
  - Identify patients needing face to face consultation

## Methods

- Patients identified during ward rounds
- Consented for telephone review 2 weeks after discharge
- Discharge letter sent to GPs with opiate reduction advice
- Structured questionnaire used for first three reviews
- Further reviews tailored to patient need e.g. LANS scale for neuropathic symptoms.

## RESULTS



## TELEPHONE / CLINIC REVIEWS

**What happened in telephone reviews?**

Structured questionnaire  
Some of the issues discussed during the telephone review included:

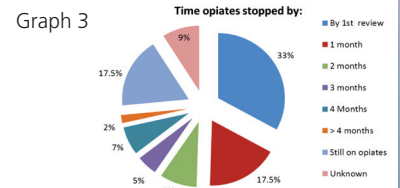
- Withdrawal effects: hot flushes / abdominal cramps
- Anxiety about opiate reduction
- Difficulty getting analgesia prescribed
- Plans to reduce opiates
- Adjuvant analgesia

## BENEFITS OF THE SERVICE

**Length of time on opiates:**

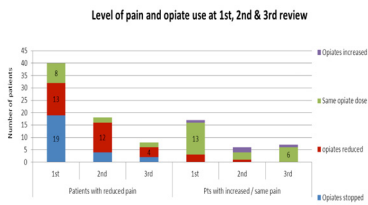
Overall 74% of patients telephoned are now off opiates.

Graph 3 shows the length of time patients remained on opiates. By first review 33% of patients had stopped their opiates. At 2 months this had increased to 60% and by 4 months 72%. Ten Patients (17.5%) remain on opiates, however 5 of these are still under review and only 1 of these has been on opiates for longer than 2 months.

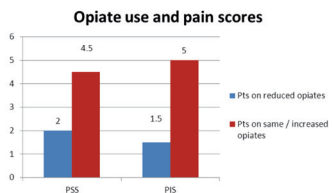


### Outcome of reviews

Graph 1



Graph 2



**Clinic reviews offered to patients that met specific criteria:**

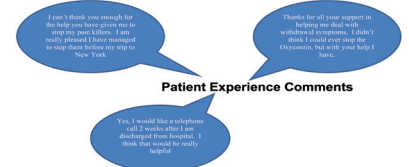
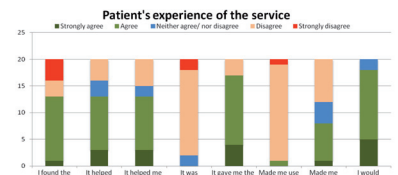
- Raised PSS / PIS scores (trigger point of  $\geq 5$ )
- Persistent pain and poor relief from medication
- Opiates increased
- Withdrawal symptoms
- Neuropathic symptoms

**What happened in clinics?**

- Detailed history of pain & examination of the painful area.
- Neuropathic pain assessment if appropriate including sensory testing.
- Discussing patient anxieties e.g. Struggling to cope with pain, feeling low in mood, withdrawal symptoms, fear of not coping with family life and neuropathic / chronic pain development.

### Patient Experience

The majority of patients reported the telephone follow up as a positive experience.



## LESSONS LEARNT

- Main issues patients encounter with opiate reduction are
  - Withdrawal effects: hot flushes / abdominal cramps
  - Anxiety about opiate reduction leading to increased pain
  - This anxiety leads to prolonged opiate use
- Adjuvant analgesia underutilised when patients are on opiates
- While patients with higher PSS and PIS either stayed on the same dose or increased dose, some with very low scores still remained on the same doses of opiates.
- This group with early support could have managed with non-opiate analgesia

## LIMITATIONS

The patients selected for the telephone follow up service were mostly acute pain patients, specially selected as being appropriate for opiate reduction. The initial audit was probably a very different population, including many chronic pain patients. However in the previous audit, 42% of acute pain patients were still on opiates after three months.

## References

1. Zin C.S, Chen L.-C, Knaggs R.D. Changes in trends and pattern of strong opioid prescribing in primary care. European Journal of pain. Article first published online: 22 APR 2014. DOI: 10.1002/j.1532-2149.2014.496.x
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3. Kaye A.D, Patel N., Bueno F.R., Hymel B., Vadivelu N, Kodumudi G., Urman R.D. Effect of Opiates, Anesthetic Techniques, and Other Perioperative Factors on Surgical Cancer Patients. The Ochsner Journal 2014; 14, pp.216-228

## CONCLUSION

Telephone follow up service has had a positive impact in assisting patients to manage their pain better and stop opiates in a timely manner. Patients report feeling more confident being discharged on opiates knowing they are going to be reviewed soon after discharge. The service has provided closer follow-up of patients discharged on opiates and helped us provide individualised care for patients. The Service is cost effective and of benefit to improving patient experience