



Choices Before Opioids for CNCP: Clinical Pearls

General Principles

- Treating chronic non-cancer pain (CNCP) is about **management NOT cure**.
- Emphasize the value of a **long-term, holistic approach**, focusing on **incremental gains in function**, no matter how small.
- Non-pharmacological interventions and pain self-management programs are very important.
- Health care providers and patients need to determine goals for **improvement in function** that are patient specific, important to the patient and easily measureable e.g. grocery shopping and playing with grandchildren.
- Additional goals for pharmacologic treatment of CNCP
 - A reduction in pain of 30 to 40% is the realistic goal. It is important to **manage expectations**: pain may never reach "0 out of 10".
 - Avoid sedation.
- Pain scales are often seen as the "gold standard" of pain assessment but fail to help health care providers appreciate the multidimensional features of pain and how to best support patients back to a functional quality of life. Pain is a physical, psychosocial and spiritual experience.

Pharmacotherapy

- Given the complexity of CNCP conditions, it is not surprising that only a few patients will benefit from any one intervention; most drugs do not provide adequate pain relief for most patients.
- The evidence related to treatment of chronic pain is, for the most part, low to very low quality.
 - Trials are short in duration, most use pain scales instead of measuring improvement in function, often have high dropout rates, blinding can be lost due to adverse effects and the majority are industry sponsored.
- The **main theme** in trial outcomes is that the NNT and NNH are very similar.
 - **NNT** for 50% pain reduction: **Range 4-14**
 - **NNH** for discontinuation related to adverse events: **Range 3-18**
- An adequate trial includes a titration and an evaluation period. It is important to assess both benefits and harms.
- In general, a trial of 2 weeks at a **tolerated/titrated dose** is adequate to assess benefit.
- The medications used to treat chronic pain have high rates of adverse events which often lead to discontinuation sometimes despite the medication offering benefit.
- It is important to titrate at a pace that may help mitigate the intensity of some of these adverse events.
- If the medication is *not* offering *any* benefit **DISCONTINUE**.
 - In patients achieving *some* benefit and tolerating the medication, the addition of a second medication may be helpful.
 - Combination therapy may also be considered in patients getting some benefit but are intolerant to higher doses.

Six Step Approach to Chronic Pain*

- STEP 1: LISTEN to the patient's pain story
- STEP 2: ACKNOWLEDGE suffering
- STEP 3: EXAM carefully for any new pathology or progression of a pre-existing disease.
- STEP 4: **MAXIMIZE non-opioid and non-cannabinoid therapies**
- STEP 5: RISK STRATIFY for harm if opioids or cannabinoids are used to manage pain
- STEP 6: MANAGE the risk by MAPing out an approach to opioids and cannabinoids

MAPing

- STEP 1: MONITOR for aberrant behaviour (Urine drug testing, check prescription monitoring, check for double doctoring)
- STEP 2: ADJUST immediately if aberrancy present
- STEP 3: PRESCRIBE using principles of harm reduction (Dispense bi-weekly, weekly, or daily)

*Allen MA. Opioid Analgesics: Is it time for risk stratification prior to use? CJEM. September 2017