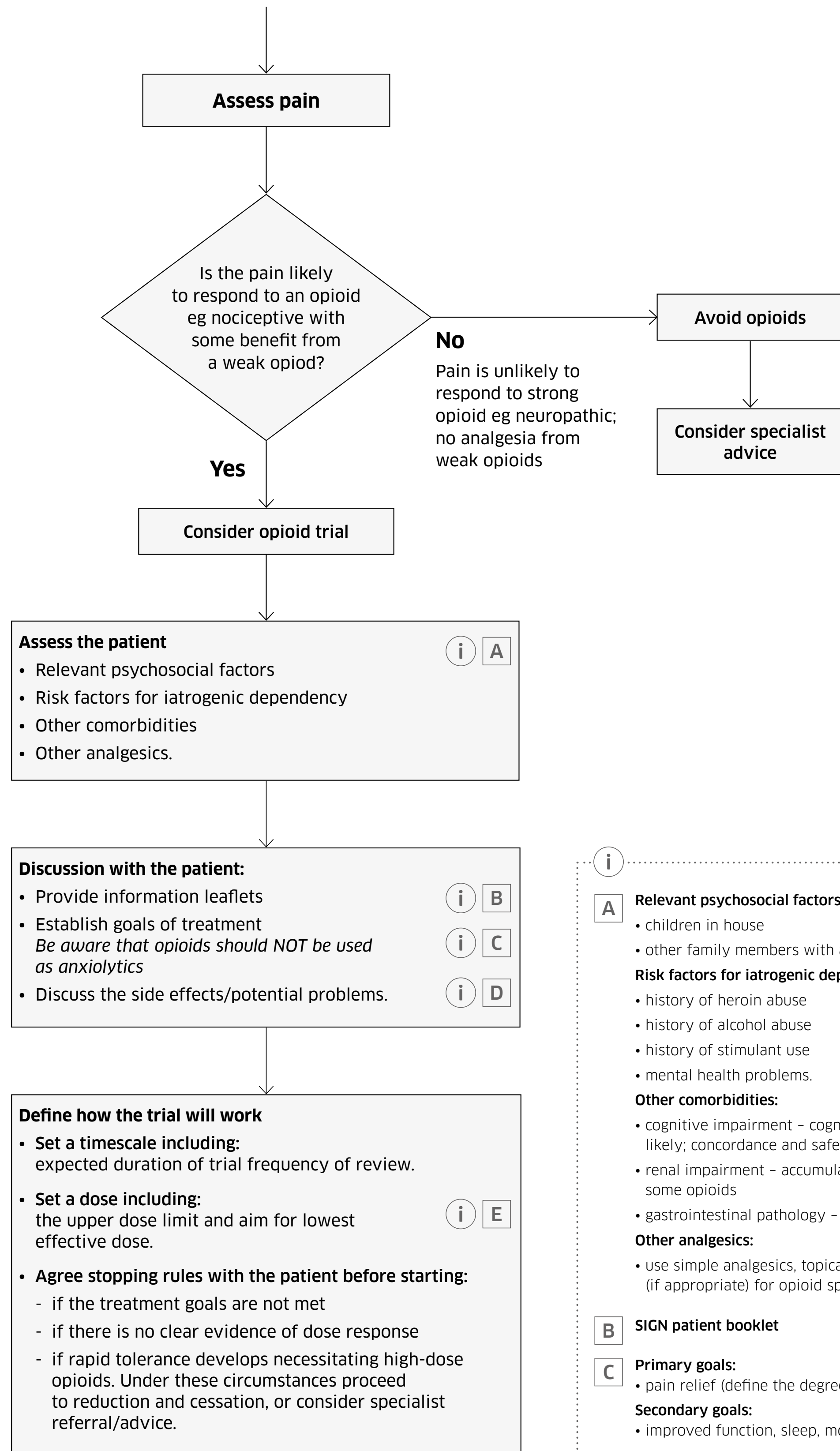
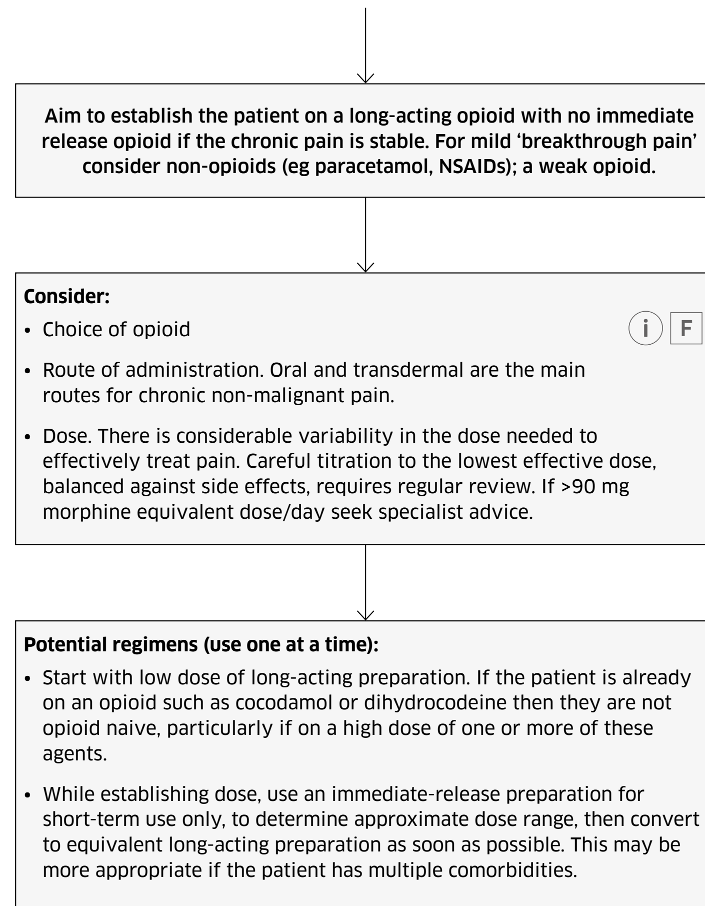
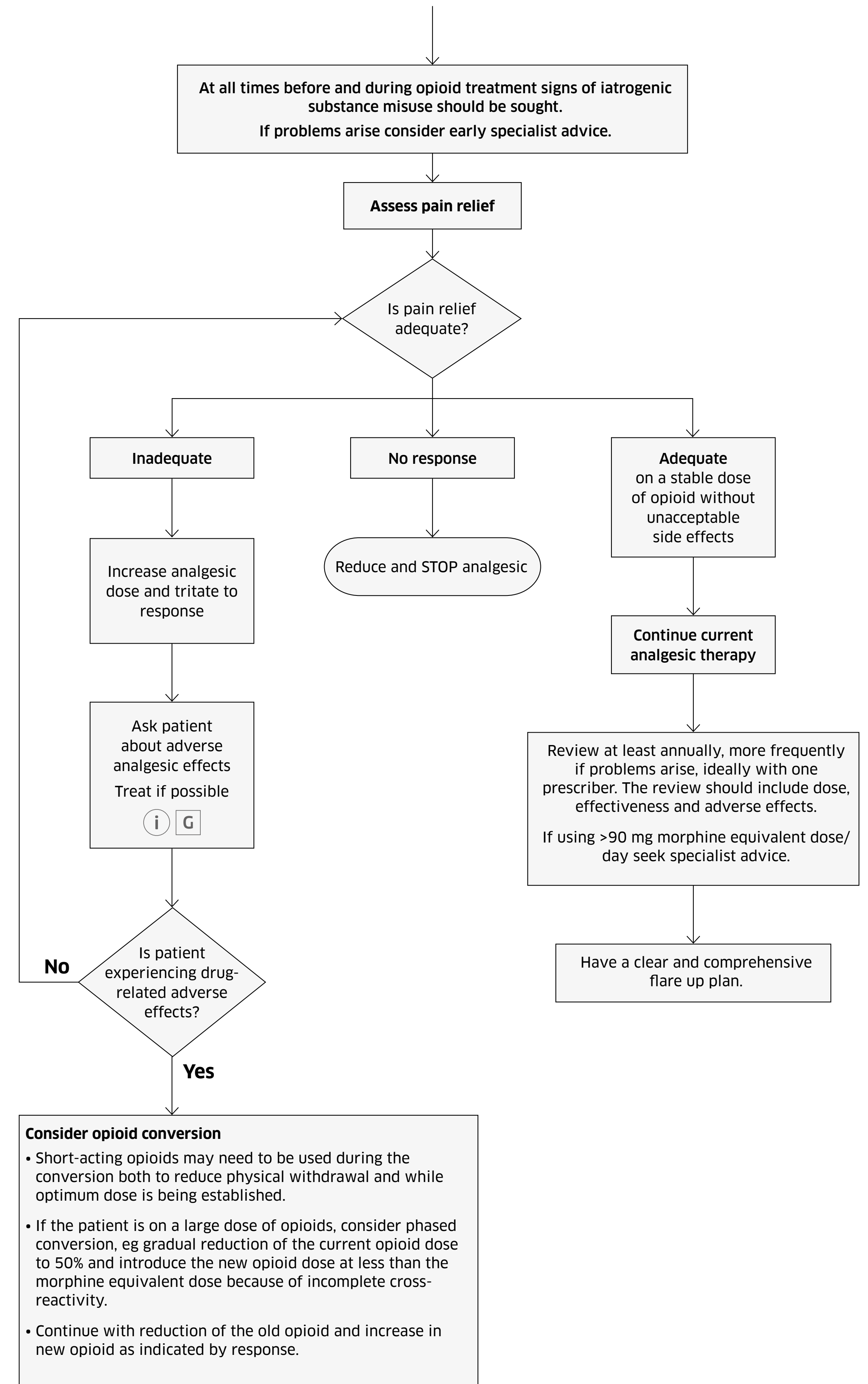
Pathway for using strong opiods in patients with chronic pain







i

A **Relevant psychosocial factors:**
- children in house
- other family members with a history of substance misuse problems.

Risk factors for iatrogenic dependency:
- history of heroin abuse
- history of alcohol abuse
- history of stimulant use
- mental health problems.

Other comorbidities:
- cognitive impairment – cognitive side effects are more likely; concordance and safety may be an issue
- renal impairment – accumulation of active metabolites with some opioids
- gastrointestinal pathology – adverse effect on bowel function.

Other analgesics:
- use simple analgesics, topical therapies and antineuropathic agents (if appropriate) for opioid sparing effect.

B **SIGN patient booklet**

C **Primary goals:**
- pain relief (define the degree that would be acceptable to the patient)

Secondary goals:
- improved function, sleep, mood.

D **The patient needs to be aware of the potential side effects and they need to be acceptable to the patient, eg:**
- GI dysfunction (nausea, vomiting, constipation)
- central nervous system (memory and cognitive impairment, nightmares, hallucinations, visual disturbance)
- endocrine (fertility, sexual function)
- immune function
- misuse potential
- tolerance
- opioid-induced hyperalgesia.

E **International Association for the Study of Pain (IASP) statement on prescribing opioids.** http://www.iasp-pain.org/Advocacy/Content.aspx?ItemNumber=7194

F **See boxes 1 and 2 in annex 4 of the full guideline for choice of opioid and suggested dose conversion ratios**

G **Preventing and managing adverse effects**

Gastrointestinal
- Nausea/vomiting: tolerance usually develops. Consider use of an antiemetic at initiation of therapy. Avoid cyclizine if possible due to the potential of abuse.
- Constipation: tolerance often does not develop to this. Use stool softeners/stimulant laxatives or a combination. Consider opioid preparations less likely to cause GI effects.

Central nervous system

If these do not resolve, then either dose reduction or conversion will be needed.
- Impaired memory, concentration
- Hallucinations, milder visual disturbance
- Sedation, confusion, cognitive impairment
- Myoclonic jerks.

Other
- Sweating
- Reduced libido, fertility. Consider stopping, testosterone replacement, possible opioid conversion; may need endocrine review.
- Respiratory depression. Stop opioid until resolves; consider factors contributing to event.
- Tolerance. Rotate opioid or reduce and stop.
- Opioid induced hyperalgesia. Rotate opioid or reduce and stop; seek specialist advice.