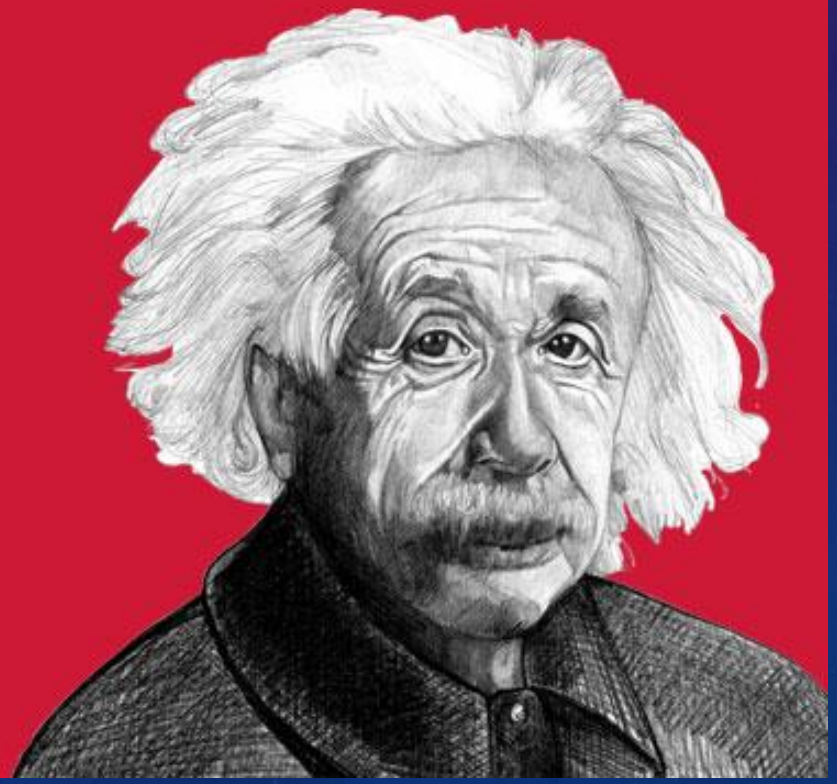
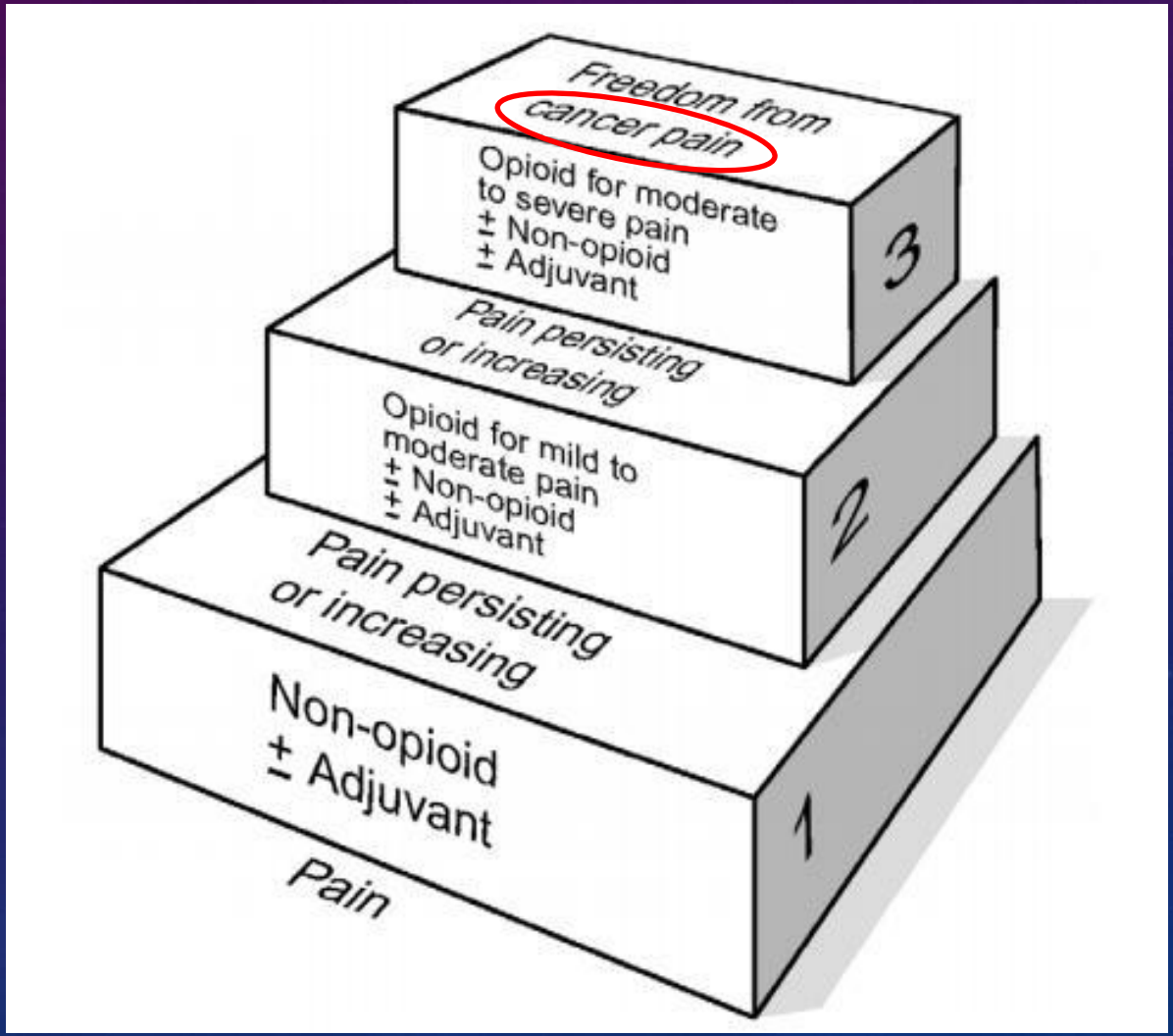
The difference between stupidity and genius is that genius has its limits.



BRIGHT DROPS .com

THE WHO PAIN LADDER - 1985



SIMPLE ANALGESICS – AND ADJUVANTS

- Paracetamol – no difference from placebo in back pain
- NSAIDS – effect tive but dangerous in long term use
- Amitryptyline and TCA's – effective but side effects
- Duloxetine - ?less side effects

THE 5 A'S OF ANALGESIA

How can my doctor and I decide if my painkillers (analgesic medicines) are helping me or are actually causing problems? Use the 5 A's of Analgesia.

1 **ANALGESIA**
Did it make the pain any better?

2 **ACTIVITY**
Could you do more of what you want to do?

3 **ADVERSE EFFECTS**
Do you get side effects and are they causing you problems?

4 **AFFECT**
Do you feel like your old self? Or are people worried about the way you look?

5 **ABERRANT DRUG RELATED BEHAVIOUR**
Are you developing dependancy on your medication or using it for something else apart from your pain - to help you sleep or to get high? Have you used more than you were prescribed?

SCIENTIFIC AMERICAN February 1990 Volume 262 Number 2

The Tragedy of Needless Pain

Contrary to popular belief, the author says, morphine taken solely to control pain is not addictive. Yet patients worldwide continue to be undertreated and to suffer unnecessary agony

by Ronald Melzack

"Pain," as Albert Schweitzer once said, "is a more terrible lord of mankind than even

take morphine to combat pain, it is rare to see addiction—which is characterized by a psychological craving for

many Middle Eastern countries) and then drying the exudate to form a gum. This gum—the opium—can be

Pain
the 5th vital sign™
American Pain Society

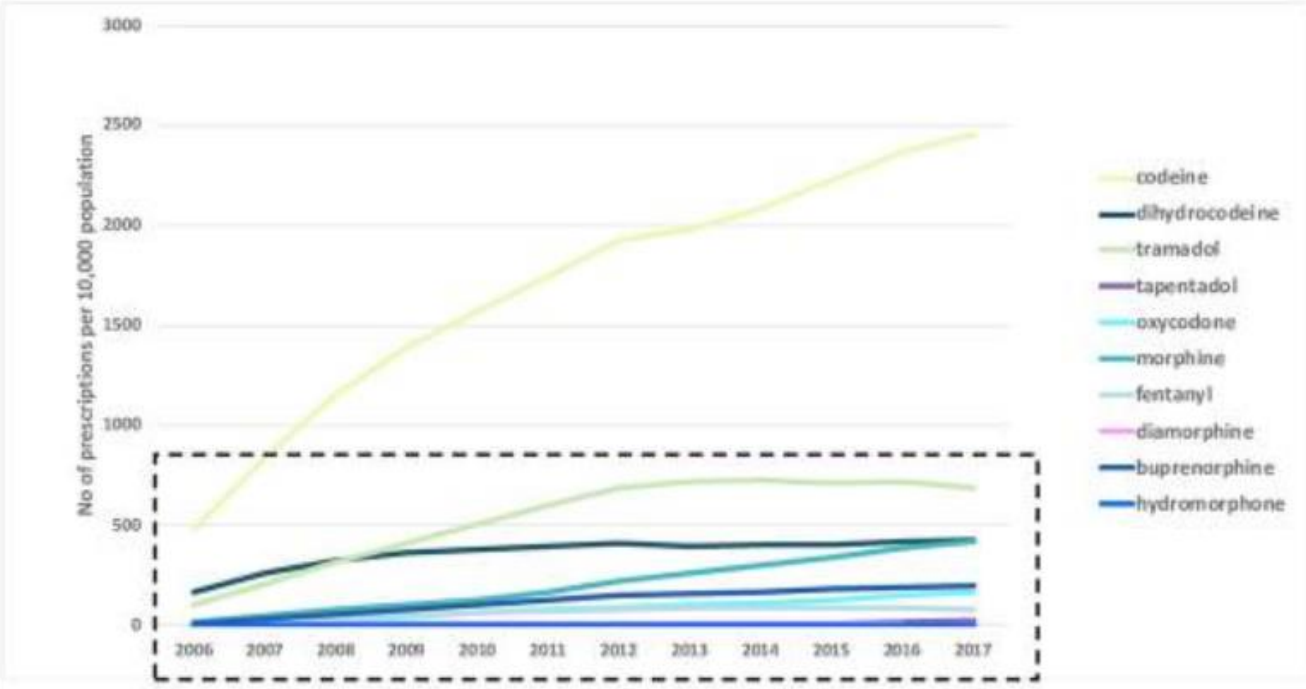
COHORT STUDY OF 1,968,742 NEW OPIOID USERS WITHOUT CANCER FROM PRIMARY CARE ELECTRONIC HEALTH RECORDS ACROSS THE UK. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7561110/pdf/pmed.1003270.pdf

- Between 2006 and 2017 codeine was the most commonly prescribed opioid: There was a 5-fold increase in codeine prescriptions, a 7-fold increase in tramadol prescriptions, and a 30-fold increase in oxycodone prescriptions for non-cancer pain.
- 88.2% were initially commenced on a weak opioid, 8.5% on a moderate opioid, 2.6% on a strong opioid
- Prescribing factors (e.g., high dose/potency of opioid or concurrent gabapentinoid use), older age, higher socioeconomic deprivation score, and other conditions including fibromyalgia, rheumatological conditions, history of substance abuse, suicide/self-harm, alcohol abuse, and major surgery were associated with long-term opioid use.
- The majority of new opioid users for the weak, moderate, and combination opioid categories were aged 35–54 years, whereas patients who were started on strong opioids were older: 31.5% of strong opioids were prescribed to patients ≥85 years
- 14.6% became long-term opioid users in the first year after initiation.
- A number of individual factors were identified as being associated with a higher odds of long-term opioid use including older age, social deprivation, fibromyalgia, suicide/self-harm, excess alcohol, gabapentinoid use, psychotropic use, major surgery, and initial dose

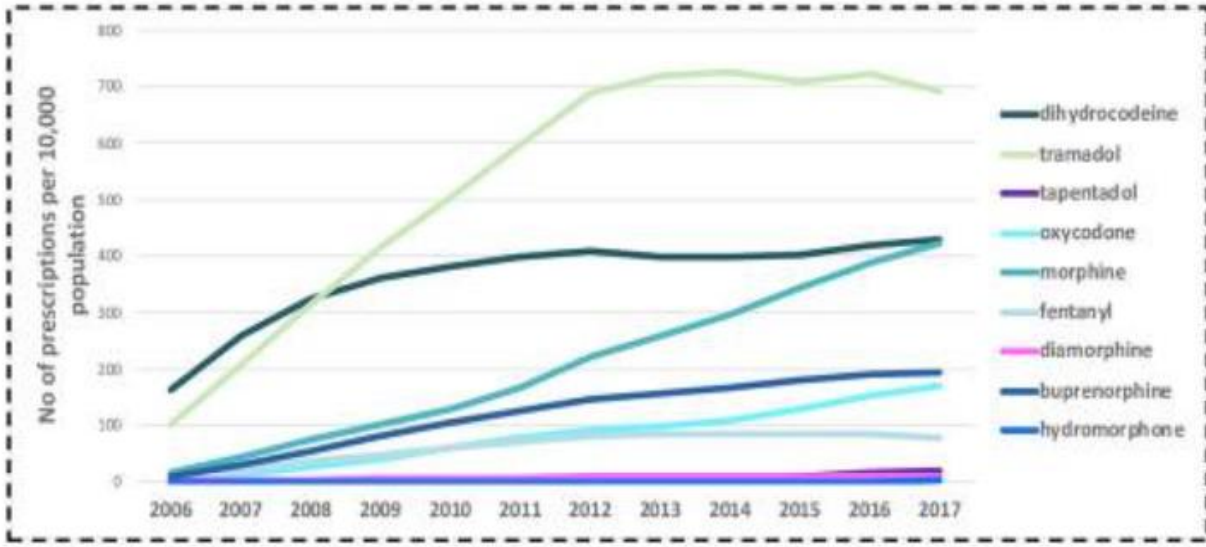
TIME TRENDS AND PRESCRIBING PATTERNS OF OPIOID DRUGS IN UK PRIMARY CARE PATIENTS WITH NON-CANCER PAIN: A RETROSPECTIVE COHORT STUDY

PLOS MED. 2020 OCT; 17(10): E1003270.
PUBLISHED ONLINE 2020 OCT 15. DOI: 10.1371/JOURNAL.PMED.1003270 – JANI ET AL.

1A



1B



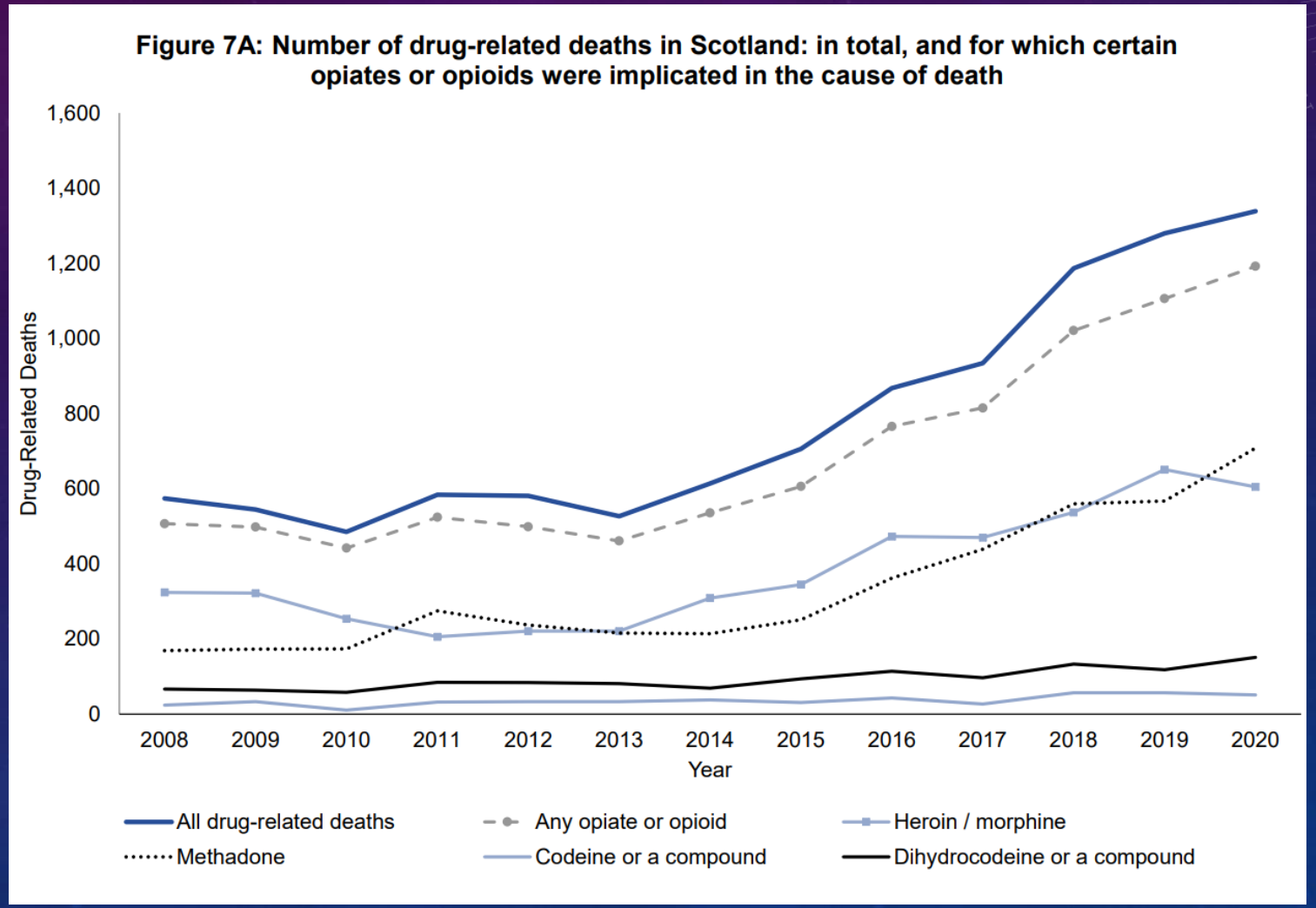
Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
n (patients)	248,874	354,210	427,342	477,681	506,390	525,831	543,033	530,663	496,004	437,087	352,985	295,420

ASSOCIATION BETWEEN OPIOID-RELATED DEATHS (ORD) AND PRESCRIBED OPIOID DOSE AND PSYCHOTROPIC MEDICINES IN ENGLAND: A CASE-CROSSOVER STUDY

https://www.bjanaesthesia.org/article/S0007-0912(21)00461-X/fulltext

- 1 794 654 patients prescribed oral or transdermal opioids, of which 1 021 885 (58.4%) of them had linkage to ONS death certificate.
- 232 cases of ORDs (0.02% of 1 021 885 patients)
- a daily OMEQ dose greater than 120 mg on any day during the 90 days before death was associated with ORD
- 30% of ORDs had never been prescribed a daily OMEQ dose greater than 50 mg
- The risks of ORD increased significantly when gabapentinoids and some antidepressants were prescribed with opioids.
- approximately 25% of the ORDs were not prescribed an opioid

DRUG-RELATED DEATHS IN SCOTLAND IN 2020



BENZOS

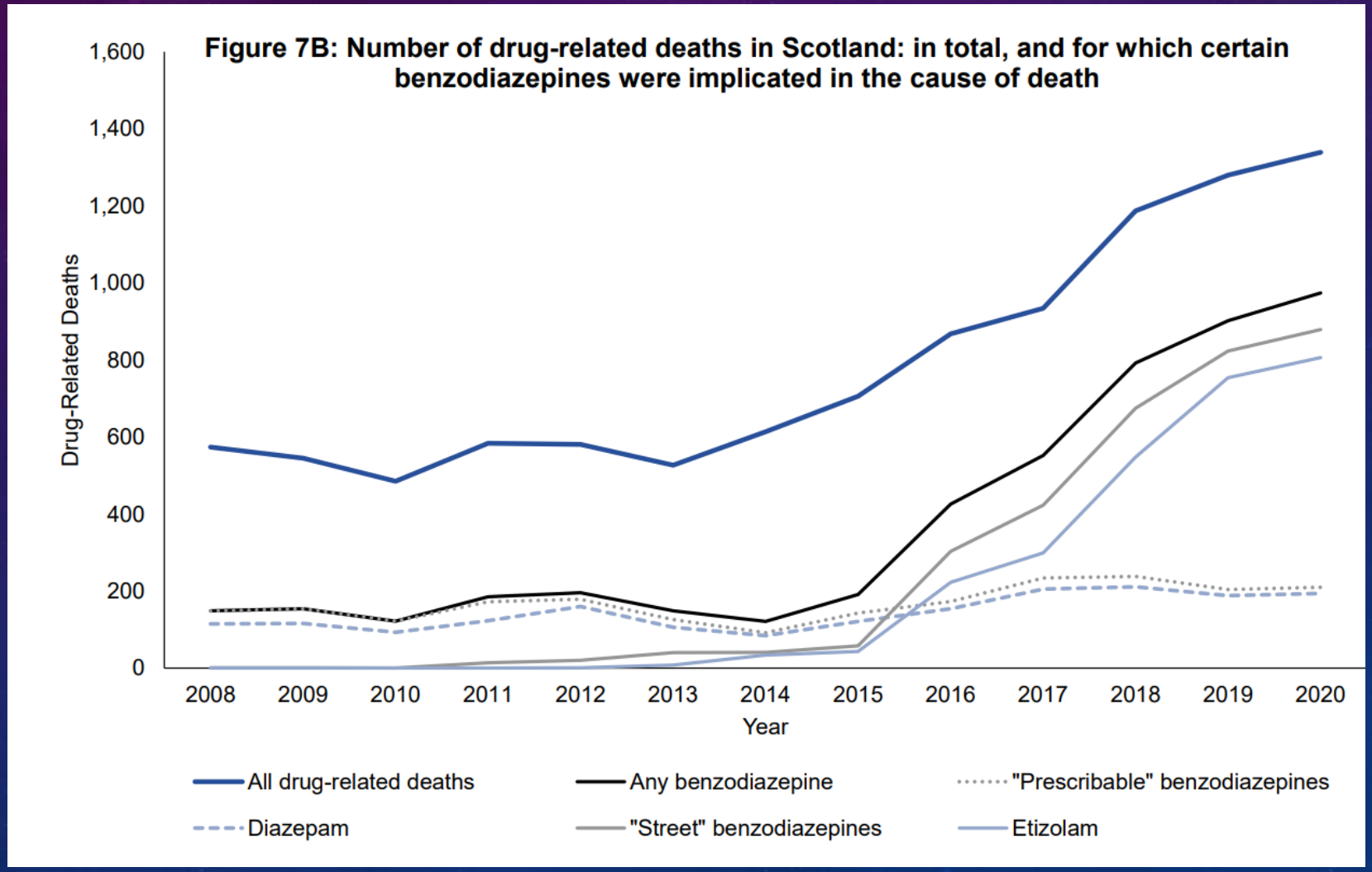
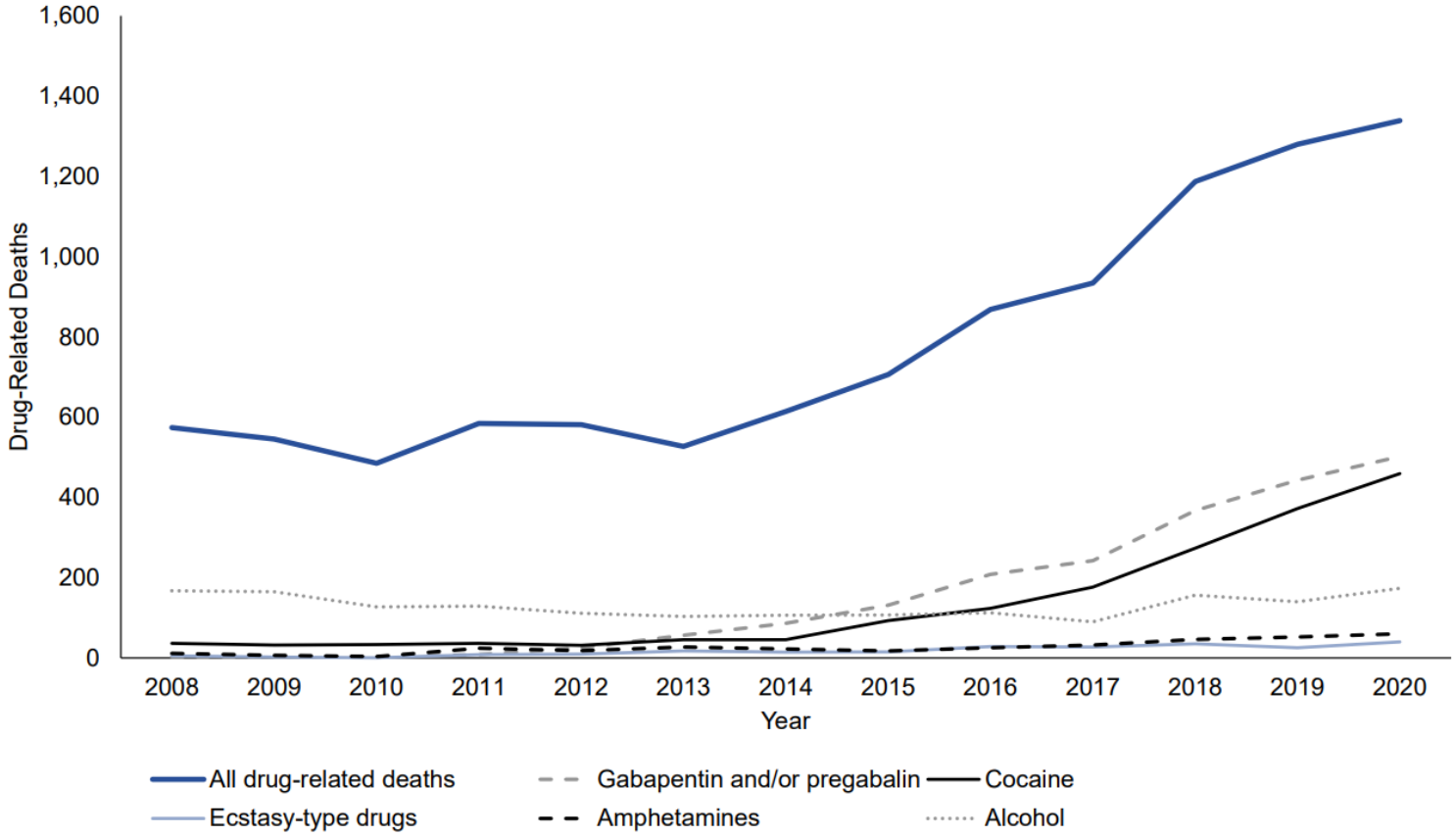


Figure 7B: Number of drug-related deaths in Scotland: in total, and for which certain benzodiazepines were implicated in the cause of death
Drug-Related Deaths
1,600
1,400
1,200
1,000
800
600
400
200
0
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Year
All drug-related deaths
Any benzodiazepine
"Prescribable" benzodiazepines
Diazepam
"Street" benzodiazepines
Etizolam

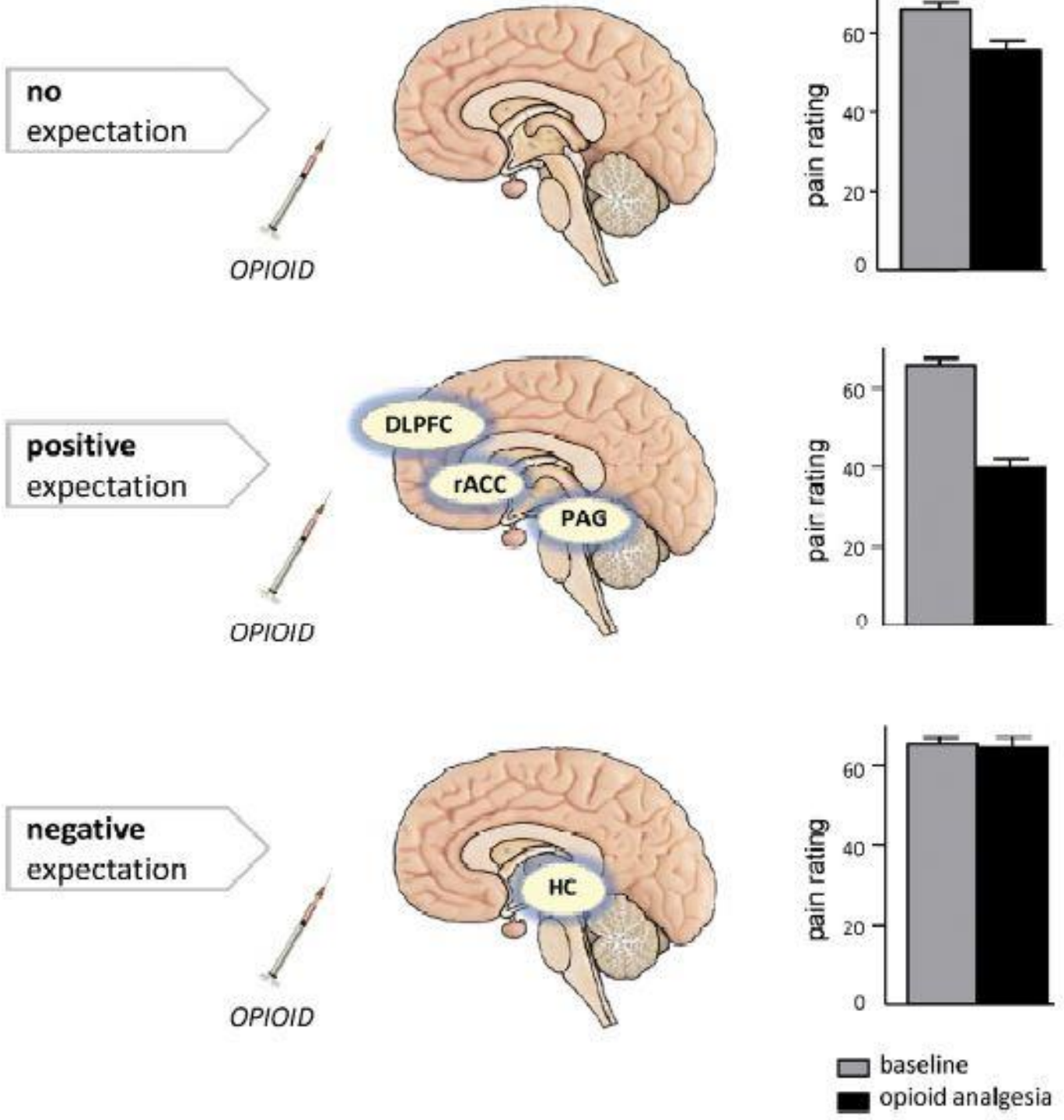
GABAPENTINOIDS AND OTHER DRUGS

Figure 7C: Number of drug-related deaths in Scotland: in total, and for which gabapentin/ pregabalin, cocaine, ecstasy-type drugs, amphetamines and alcohol were implicated



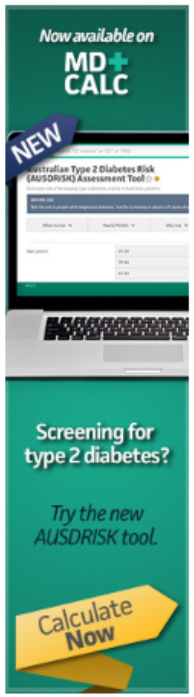
USEFULNESS OF OPIOID ANALGESICS IN CHRONIC PAIN

- Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain - The SPACE Randomized Clinical Trial
- In this randomized clinical trial that included 240 patients, the use of opioid vs nonopioid medication therapy did not result in significantly better pain-related function over 12 months (3.4 vs 3.3 points on an 11-point scale at 12 months, respectively).
- Opioids for low back pain - Richard A Deyo
- patients who received more than seven days of opioids were twice as likely to remain work disabled at one year
- UK study of 715 primary care patients with low back pain - Those receiving opioids had worse pain, functioning, self efficacy, catastrophizing, fear of movement, and depression after six months than those who did not


no
expectation
OPIOID
DLPFC
rACC
PAG
positive
expectation
OPIOID
HC
negative
expectation
OPIOID
pain rating
0
20
40
60
baseline
opioid analgesia

ASSESSING RISK???

HTTPS://WWW.MDCALC.COM/OPIOID-RISK-TOOL-ORT-NARCOTIC-ABUSE



Opioid Risk Tool (ORT) for Narcotic Abuse

Estimates risk of opioid-related aberrant behaviors.

BEFORE USE
This tool studied patients at a chronic pain clinic.

When to Use	Why Use

Sex	**Female**	Male
Age 16-45	**No**	Yes
History of preadolescent sexual abuse	**No**	Yes
History of depression	No	**Yes**
History of ADD, OCD, Bipolar, or Schizophrenia	No	**Yes**
Personal history of alcohol abuse	**No**	Yes
Personal history of illegal drug abuse	**No**	Yes
Personal history of prescription drug abuse	**No**	Yes
Family history of alcohol abuse	**No**	Yes
Family history of illegal drug abuse	No	**Yes**
Family history of prescription drug abuse	No	**Yes**

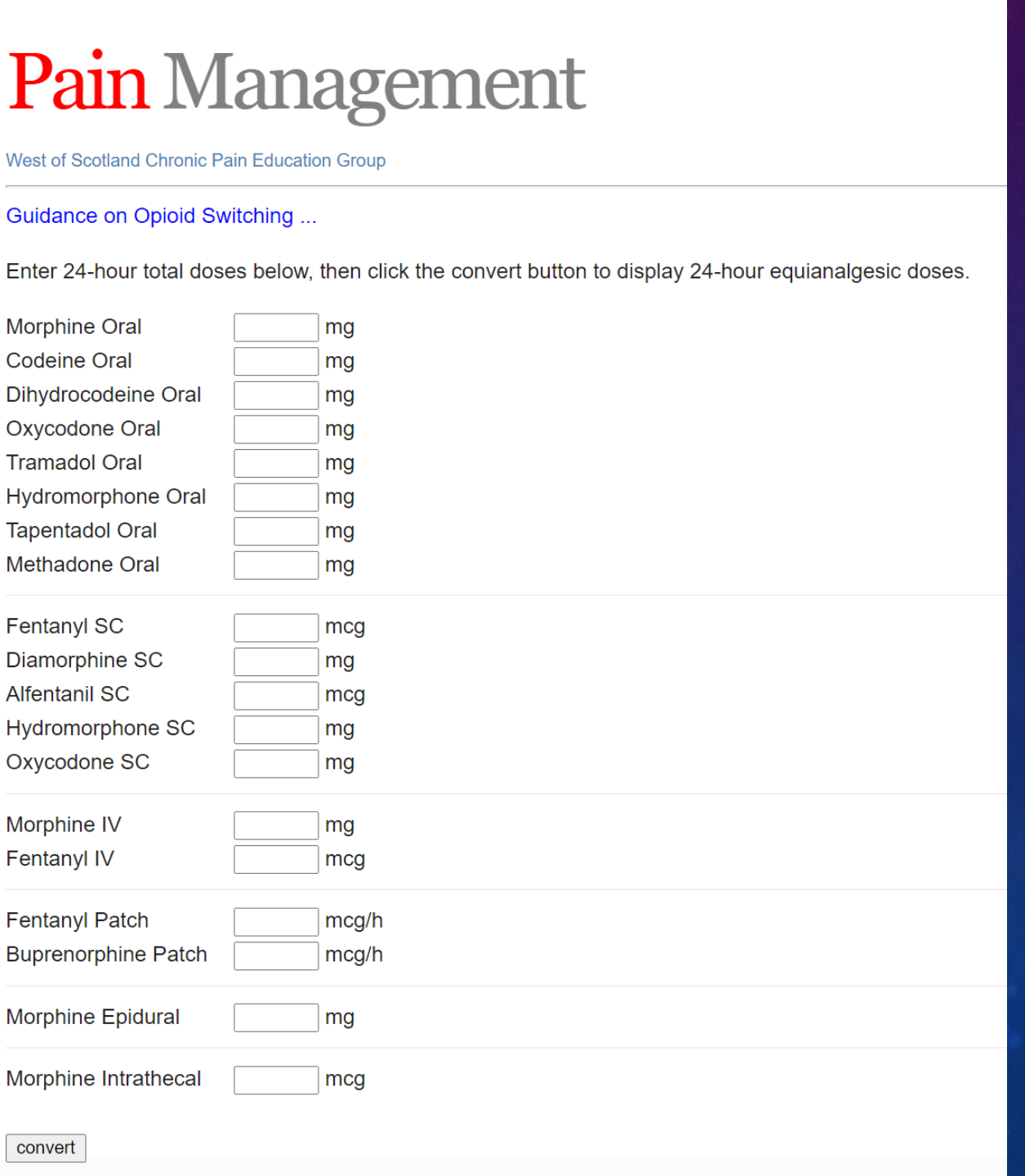
9 points

High risk for future opioid-related aberrant behaviors. 91% of high-risk patients had aberrant behaviors.

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

THERE'S AN APP FOR THAT!

https://www.paindata.org/calculator.php



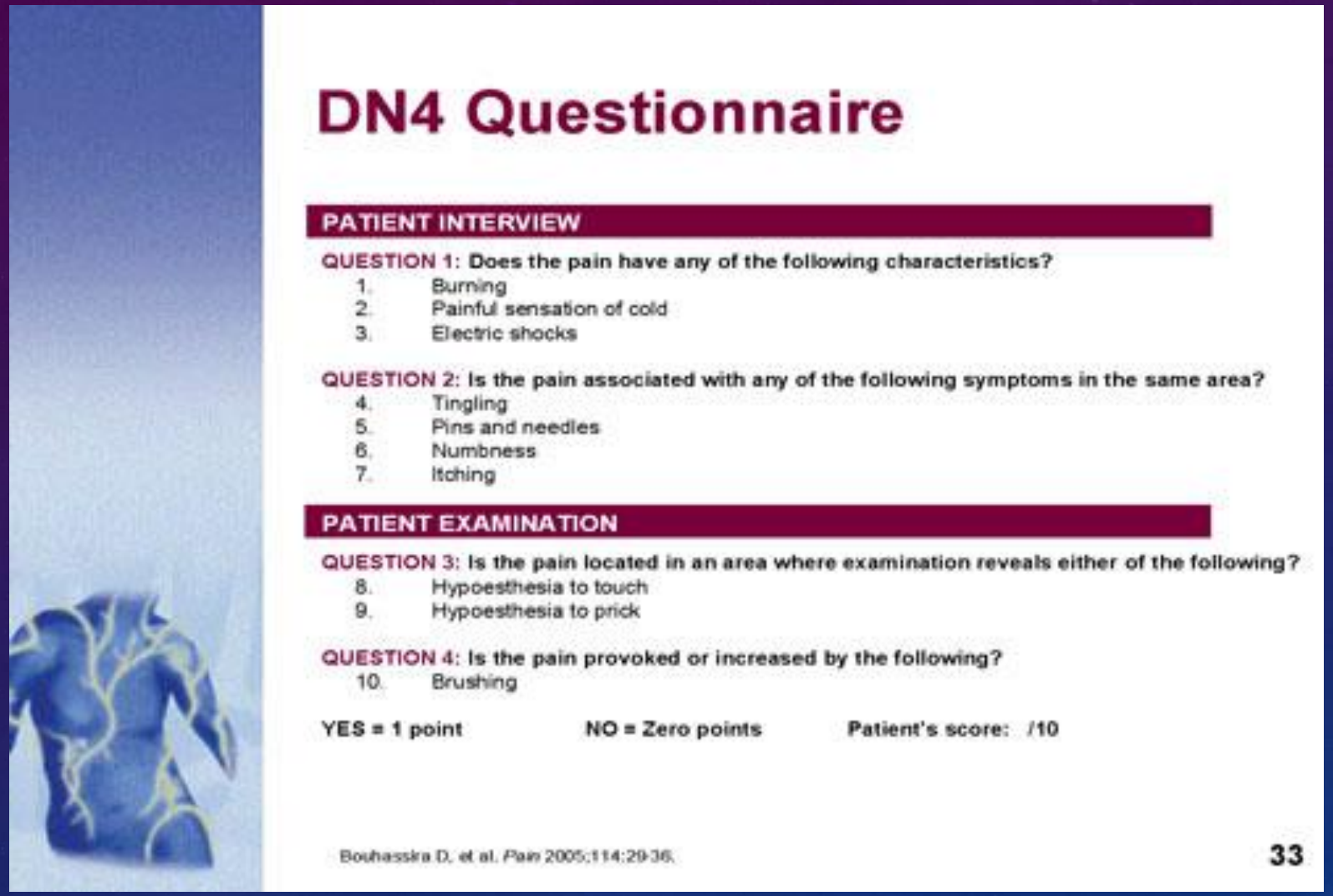
NEUROPATHIC PAIN

- How much chronic pain is neuropathic?

WHAT IS NEUROPATHIC PAIN?

- “Pain arising as a direct consequence of a lesion or disease affecting the somatosensory system.”
- Grading system of definite, probable, and possible neuropathic pain

DIAGNOSIS - DN4



DN4 Questionnaire

PATIENT INTERVIEW

QUESTION 1: Does the pain have any of the following characteristics?

1. Burning
2. Painful sensation of cold
3. Electric shocks

QUESTION 2: Is the pain associated with any of the following symptoms in the same area?

4. Tingling
5. Pins and needles
6. Numbness
7. Itching

PATIENT EXAMINATION

QUESTION 3: Is the pain located in an area where examination reveals either of the following?

8. Hypoesthesia to touch
9. Hypoesthesia to prick

QUESTION 4: Is the pain provoked or increased by the following?

10. Brushing

YES = 1 point **NO = Zero points** **Patient's score: /10**

Bouhassira D. et al. *Pain* 2005;114:29-36.

33

- http://www.cheo.on.ca/uploads/1199%20DN4NeuropathicDiagnosticQuestionnaireFinal.pdf

	Total daily dose and dose regimen	Recommendations	nnt
Strong recommendations for use			
Gapabentin	1200–3600 mg, in three divided doses	First line	7.2
Gabapentin extended release or enacarbil	1200–3600 mg, in two divided doses	First line	
Pregabalin	300–600 mg, in two divided doses	First line	7.7
Serotonin-noradrenaline reuptake inhibitors duloxetine or venlafaxine*	60–120 mg, once a day (duloxetine); 150–225 mg, once a day (venlafaxine extended release)	First line	6 6.4
Tricyclic antidepressants	25–150 mg, once a day or in two divided doses	First line†	3.6
Weak recommendations for use			
Capsaicin 8% patches	One to four patches to the painful area for 30-60 min every 3 months	Second line (peripheral neuropathic pain)‡	10.6
Lidocaine patches	One to three patches to the region of pain once a day for up to 12 h	Second line (peripheral neuropathic pain)	
Tramadol	200–400 mg, in two (tramadol extended release) or three divided doses	Second line	4.7
Botulinum toxin A (subcutaneously)	50–200 units to the painful area every 3 months	Third line; specialist use (peripheral neuropathic pain)	1.9
Strong opioids	Individual titration	Third line§	4.2

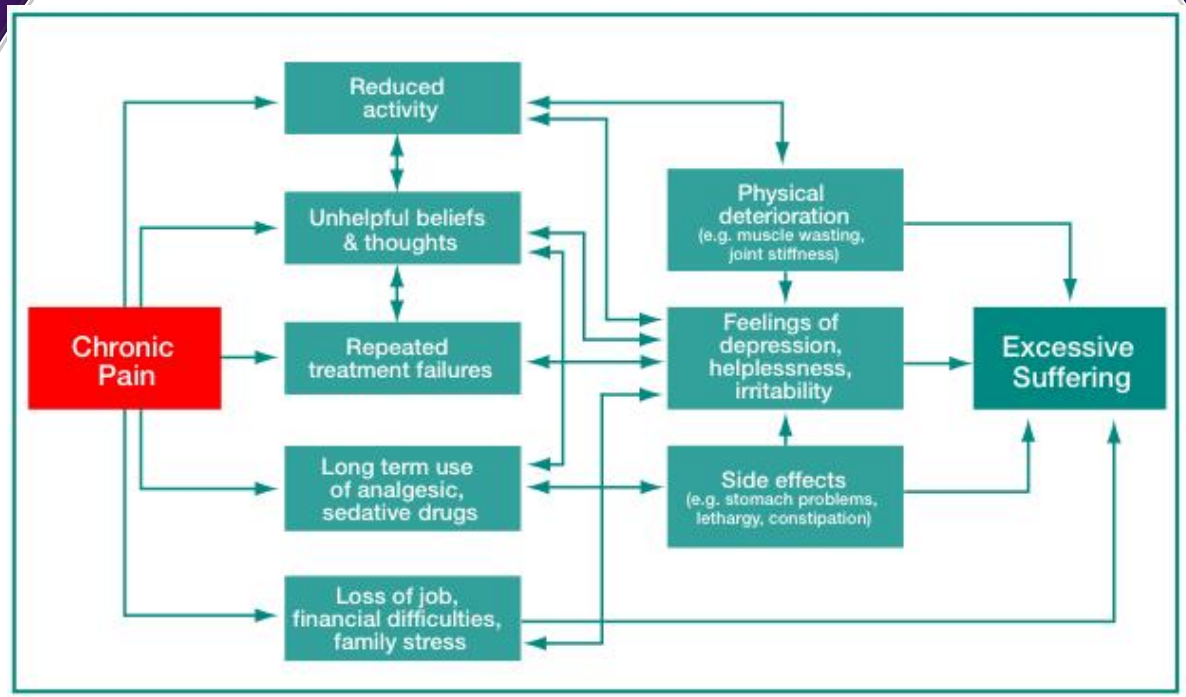
PREVALENCE

- A proportion of patients with persistent pain experience Neuropathic Pain – 7% in this study
- *Prevalence of chronic pain with neuropathic characteristics in the general population - Didier Bouhassira*

Treatment

- *Guidelines from Lancet 2015 - Finnerup et al*
- *nnt – number of patients needed to treat for one to have 30% pain reduction*
- *Weak evidence for Lidocaine*
- *Opioids 3rd line due to risks of abuse – Maximum response around 180mg Morphine*

CONSEQUENCES OF PERSISTENT PAIN



FURTHER RESOURCES

- Faculty of Pain Medicine – Opioids Aware
- https://www.highlandpaininfo.com/medication-for-pain
- Brainman stops his opioids
- **Quality Prescribing for Chronic Pain**
- **Crystal's story**
- **Variation in prescribing https://www.isdscotland.org/health-topics/Prescribing-and-Medicines/publications/2019-07-16/visualisation.asp**
- **DDD's of opioids range from 0.54 to 62.8 in NHS Highland**