Opioid prescribing:
A systematic review and critical appraisal of guidelines for chronic pain

The treatment of chronic pain with opioid therapy has evolved from being discouraged to incorporation into standards of care and ultimately to dose-titration until the patient self-reports adequate pain control. Misconceptions about the safety of prescription opioids compared with illicit opioids contribute to increased use. National attention is now focused on increased opioid prescribing and opioid-related overdoses and fatalities. Guidelines help providers ensure safe and effective opioid therapy.

Guidelines and systematic reviews for the use of opioid therapy in the treatment of chronic pain in adults that were published between January 2007 and July 2013 were recently evaluated.[1] Chronic pain was defined as pain persisting beyond time for normal tissue healing (3 months). Quality of thirteen guidelines that met criteria was evaluated with the *Appraisal of Guidelines for Research and Evaluation II* (AGREE II) tool and *A Measurement Tool to Assess Systematic Reviews* (AMSTAR). The majority of existing guidelines are based on observational data or expert consensus. The AGREE II tool provided overall scores of 3 to 6.20 (scale 1-7), while AMSTAR rated ten guidelines as poor to fair. The *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain* received high quality marks with both instruments.[2] The *Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain* from the American Pain Society/American Academy of Pain Medicine and the *Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain* from the Veterans Affairs Department of Defense were deemed high quality.[3,4]

Recommendations for mitigating opioid-related risks of accidental overdose and misuse were compared in ten of the thirteen guidelines. High-quality guidelines provided the most evidence-based recommendations. Agreement was demonstrated between guidelines for the following opioid risk mitigation strategies:

- Incorporate upper dosing thresholds: Avoid doses greater than 90-200 mg of morphine equivalents per day. Higher doses may be only for intractable pain or if prescribed by pain specialists.
- Ensure providers have additional knowledge to prescribe methadone due to its risk for dose-related QT-prolongation and respiratory suppression.
- Recognize risks associated with use of fentanyl patches and limit their use to opioid-tolerant patients. Unpredictable absorption with fever, exercise, or heat exposure is a notable concern.
- Consider opioid drug and disease interactions. Pay particular attention to use of concomitant benzodiazepines or narcotics, especially in geriatric patients. Consider renal status in morphine users to avoid accumulation.
- Titrate opioid medications cautiously. Incorporate trial periods, dose individualization, multidisciplinary pain management teams, slow dose increases, and regularly scheduled follow-up visits.
- When switching opioids, decrease doses by at least 25% to 50% to avoid a potential overdose.
- Consider ethnic variability with codeine or morphine metabolism.
- Use assessment tools for patients taking opioids long-term, such as the *Screener and Opioid Assessment for Patients with Pain* (SOAPP)[5] and *Opioid Risk Tool*[6] for risk assessment and the *Pain Assessment and Documentation Tool*[7] and *Current Opioid Misuse Measure*[8] for monitoring and follow-up visits.
- Use written treatment protocols/provider-patient treatment agreements.
- Urine drug testing can mitigate risks associated with opioid therapy. Some guidelines recommend testing for all patients, while others only for patients at high risk for substance disorders.

The guidelines scored a maximum of 56% on applicability, which considers barriers and facilitators for implementation, strategies to improve uptake, and resource implications of applying a guideline. Tools should be used to assess implementability when guidelines are created or updated. The authors noted a need for future evaluation of the effectiveness of opioid risk mitigation strategies including the impact on pain control and overdose rates.

The Department of Health and Family Services encourages use of opioid risk mitigation strategies. The Pain Management Program incorporates a patient-provider treatment agreement, assessment of medication use via prescription claim history and the Illinois Prescription Monitoring Program, as well as provider review of all interventions used to manage chronic pain.

References

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