Check-up for Chronic Opioid Prescriptions

For long term pain conditions such as chronic low back pain, neck pain, arthritis, and fibromyalgia

Assess The Patient

Optimize First

Always assess pain and activities of daily living

- Acetaminophen and/or NSAIDs (oral, topical)
- Anticonvulsants (e.g., pregabalin, gabapentin)
- Antidepressants (e.g., amitriptyline, nortriptyline, and duloxetine)
- Physical activity, physical therapy, and psychological therapy

Ask About Side Effects

- Constipation
- Nausea, vomiting
- Drowsiness, dizziness
- Sleep apnea
- Hypogonadism (sexual dysfunction, osteoporosis)
- Hyperalgesia
- Depressed mood
- Dry/itchy skin
- Dry mouth, cavities

Constipation does not improve with time, may need stimulant laxative

Risk of Opioid Use Disorder *Opioid Risk Tool**

- Family or personal history of substance use
- History of preadolescent sexual abuse
- Mental illness
- Age between 16 - 45 years

*http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html

Opioid Use Disorder: *Potential Indicators*

- Crushing, biting, snorting, or injecting oral tablets
- Getting opioids from a friend, family member, or illicit sources
- Opioids from multiple prescribers

Increased Risk of Overdose *Offer naloxone if any of the following are present:*

- >90 morphine equivalent dose (MED)
- Chronic lung disease (asthma, COPD), sleep apnea
- Sedating agents (alcohol, benzos, muscle relaxants)
- Undergoing opioid taper or rotation
- Kidney, liver, and/or cardiac dysfunction
- History of overdose, illicit/recreational drug use
- Frail older adults
- People with children or teens at home

Assess The Drug

Calculate Morphine Equivalent Dose

Help patients keep prescriptions below the following doses (see table on Page 2):

- Opioid trial............... Try to stay below 50 MED
- Long term therapy..... Stay below 90 MED

Drug Choice

- Start low and go slow
- Always question a prescription for meperidine or pentazocine as there are better choices
- Consider switching if there is poor pain control, persistent side effects, or need to change route

Switching Opioids:

Decrease total daily dose of current opioid by 25-50% THEN convert to new opioid equivalent dose

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Tapering

When to Rethink an Opioid or Lower the Dose

- Doses >90 MED
- Pain isn't sufficiently relieved
- Opioid combined with benzos
- Opioid is making pain worse (hyperalgesia)
- Side effects are problematic (sleep apnea, sedation)
- Signs of opioid use disorder

Tips for Tapering

*Use a tapering template**

- Go slow, partner with the patient
- Check in regularly, follow patient cues
- Can take weeks to months

Tapering Opioids:

Decrease by 5-10% every 2-4 weeks

*https://thewellhealth.ca/opioidtaperingtool

Withdrawal Symptoms

Slow the taper if withdrawal is intolerable

- Muscle cramps *(most common)*
- Nausea/vomiting/stomach pain
- Depression
- Agitation
- Anxiety
- Insomnia
- Sweating
- Tremor

Short acting opioids: symptoms last 3-10 days
Long acting opioids: symptoms last 10-20 days

Opioid	Opioid Trial <50 MED	Long Term <90 MED	To Convert To Oral Morphine	To Convert From Oral Morphine
Morphine	50 mg/day	90 mg/day	Multiply by	Multiply by
Codeine	334 mg/day	600 mg/day	0.15	6.7
Hydromorphone	10 mg/day	18 mg/day	5	0.2
Oxycodone	33 mg/day	60 mg/day	1.5	0.7
Tapentadol	160 mg/day	300 mg/day	0.3 - 0.4	2.5 - 3.3
Methadone	Not established	Not established	Not established	Not established
Tramadol	300 mg/day	540 mg/day†	0.1 - 0.2	6

†The maximum recommended daily dose of tramadol is 300 mg – 400 mg depending on the formulation

For conversion of fentanyl or buprenorphine visit: https://thewellhealth.ca/wp-content/uploads/2017/09/CEP_OpioidManager2017.pdf

http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf
http://www.cfpc.ca/uploadedFiles/Directories/Committees_List/2017-04-03%20PCP%20pocket%20guide.pdf
https://thewellhealth.ca/wp-content/uploads/2017/09/CEP_OpioidManager2017.pdf
https://thewellhealth.ca/wp-content/uploads/2017/03/CEP_CNCP_Main_V1.pdf

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