

Sparing opioid prescription to opioid naïve patients

Which patients are we talking about? Primary care patients, who are “OPIOID NAÏVE” presenting to their prescriber in primary care clinics with pain from new or ongoing non-cancer causes, such as: new or chronic MSK issue (e.g., ankle sprain), mechanical low back pain, osteoarthritic knee pain, rotator cuff pain, dental pain, etc.

Rethink prescribing opioids to opioid naïve patients because:

- 1) there is little evidence they are any more effective than alternatives,¹⁻³
- 2) there is evidence of harms associated with opioid prescribing,⁴⁻¹²
- 3) there is no risk prediction tool that can reliably identify high- or low-risk patients for opioid use disorder¹³



Which opioids are we talking about?

All prescription opioids. This includes both the historically labelled “weaker” opioids like codeine and tramadol and “stronger” opioids like oxycodone, hydromorphone, etc.

See data and definitions on reverse.

We suggest that prescribers:

6



follow-up post-opioid prescription to reassess daily function, sleep, and quality of life.

1



assess pain in terms of effect on daily function, sleep, and quality of life,

2



if appropriate, recommend non-pharmacological treatments (heat/ice, physiotherapy),^{14,15}

5



if a prescription for opioids is still indicated^{2,18} (e.g. very severe acute pain), prescribe at the lowest dose for the shortest duration (e.g. <1 week),¹⁹⁻²¹ and

4



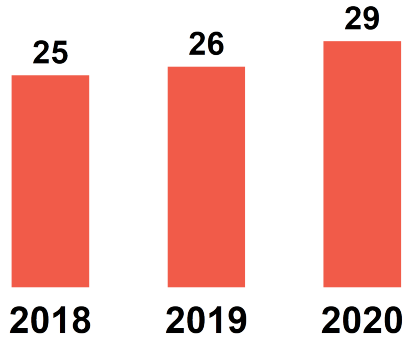
if non-pharmacological therapy is inadequate or not an option, start with non-opioid pharmacological treatments (e.g. acetaminophen, NSAIDs),^{16,17}

3

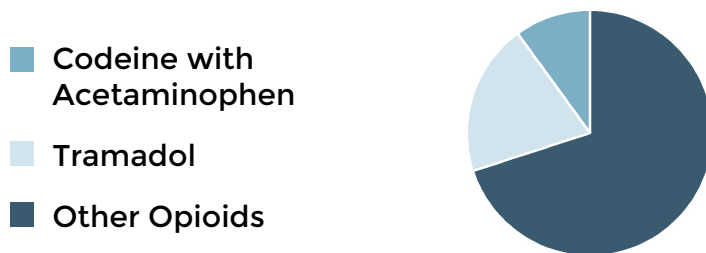


educate about benefit expectations and limitations of pain treatments,^{16,17}

Number of opioid naïve patients you initiated on prescription opioids in the past 3 years



Breakdown of your opioid prescriptions to opioid naïve patients in 2020

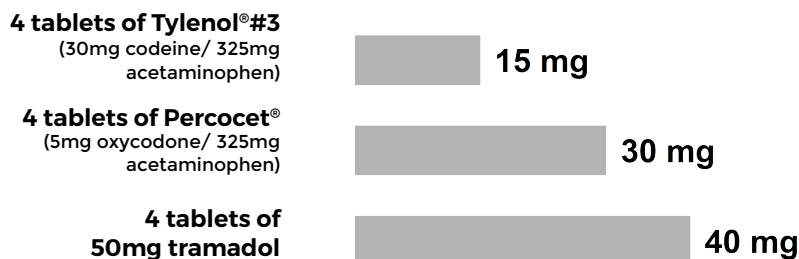


Typical new opioid prescription strength for opioid naïve patients in 2020

In morphine equivalents daily (MED) dosage²²



MED doses for comparison



Data and Definitions Used for This Portrait

Opioid naïve patients: Community dwelling adults dispensed an opioid prescription at a community pharmacy with your prescribing number, without any opioids dispensed in the previous 6 months.

Exclusions: Patients with a diagnosis of cancer, those on plan P (palliative) or plan B (long term care), and anyone taking opioid agonist therapy such as methadone or buprenorphine.

Opioids: Oral formulation prescription opioids available in BC including codeine, tramadol, hydromorphone, oxycodone, morphine, meperidine, tapentadol, pentazocine, fentanyl. Codeine formulations used to control cough were excluded.

Median BC primary care prescriber: The median prescribing practice of family doctors registered with CPSBC with BC mailing address who prescribed ≥ 100 times in 2020.

Morphine equivalent daily (MED): All doses of opioids were converted to morphine equivalents²² using the daily dose (total amount dispensed divided by the number of days supplied) of each dispensation.

References and data definitions are available online at www.ti.ubc.ca/portrait-opioids