

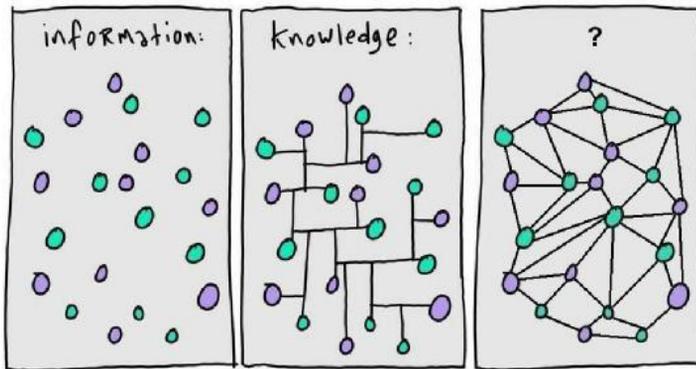
Changes in opioid analgesic prescribing after an educational intervention for early career physicians: a pragmatic trial in primary care.

Concurrent 1B: Treatment Providers: APSAD 31/10/2016

Wharf Room 4 & 5: 11:30 am - 11:45 am

Conjoint Prof Adrian Dunlop:

School of Medicine and Public Health, University of Newcastle; Area Director & Senior Staff Specialist: Drug & Alcohol Clinical Services, Hunter New England Local Health District



With: Simon Holliday, Chris Hayes, Simon Morgan, Amanda Tapley, Kim Henderson, Mieke van Driel, Elizabeth Holliday, Jean Ball, Andrew Davey, Neil Spike, Lawrence McArthur, Parker Magin.

Sponsored by NSW Health Mental Health and Drug and Alcohol Office



GP vocational training involves a two year programme with three x 6 month GP terms.

We aimed to deliver and evaluate the effectiveness of a training package for first or second term registrars. It was 90 minutes, fitting into a training day and covering:

- *the risks/benefits of opioids for chronic non-cancer pain
- *the use of universal precautions.
- *opioid non-initiation and deprescribing



The package was developed by multidisciplinary team. It included:



- Pre-readings
- A before and (2 months) after survey
- An interactive workshop based on 4 x 2 minute videos of consults between a new doctor inheriting a patient on long-term opioid analgesia.
- Post training links, resources and contact details.

We surveyed theoretical management of two 2 cases pre- & (2 months) post-training.



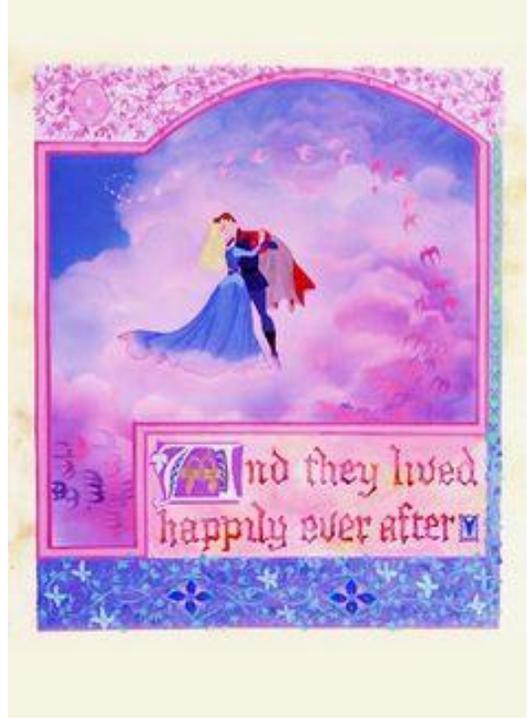
How to manage chronic back pain not controlled with current opioid medication?

How to manage knee osteoarthritis pain not controlled with surgery, paracetamol and anti-inflammatories?

43 registrars attended the workshop, but n=58.



	Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
For chronic pain case on long-term ineffective opioids: Wean off the Oxycodone and/or add a co-analgesic	37 (80.4%)	44 (95.7%)	0.0391* ↑
For chronic knee pain not on opioids: <u>Would</u> prescribe opioids	35 (74.5%)	24 (51.1%)	0.0116* ↓



....or did they....



The Registrars Clinical Encounters in Training project (ReCEnT)

Data from 2009-2015	30,117 (17%) problems were post intervention
Patients aged over 15 years	Opioids given in 4,382 problems (2.5%)
174,301 problems included (total group)	1,665 (1%) problems involved a new opioid prescription
Intervention group had 31% problems	



Multiple logistic regression analysis was completed for overall opioid prescribing and for opioid initiation:

Overall: The odds ratio of interaction term for intervention group and pre/post intervention was $OR=1.01$ (95% CI 0.75-1.35) $p = 0.9604$ i.e. no change.

Initiation: The odds ratio was 0.74 (95% CI 0.48, 1.16) $p = 0.1886$. This showed wide confidence intervals with the 35% reduction narrowly non-significant.

This raises the possibility of a Type II error



So.....

Given the near universal (96%) intention to potentially deprescribe opioids, why did overall prescribing not change?



What are the implications of the opioid initiation findings with the non-significant but moderate effect size?

Before-and-after surveys are commonly used to assess educational outcomes, as with the pharma funded US Risk Evaluation and Mitigation Strategy (REMS). What do these figures say about this evaluation?

Calls have been made to make REMS training mandatory for all opioid prescribers or even for medical registration (Alford 2016) to halt the US "opioid epidemic." Will it?

Will education focusing on opioid prescribing strategies in chronic pain actually improve overall care?

Conclusion

A brief chronic pain management educational package saw theoretical opioid prescribing improvements sustained at two months.

But, objective prescribing data showed no change in total opioid prescribing, although opioid initiation reduced non-significantly.

So, reducing opioid prescribing and improving chronic pain care requires more than opioid prescribing education: even if it has improved knowledge and attitudes.

Any questions: simon.holliday@albertstmc.com



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