

THE EVALUATION OF A BRIEF EDUCATIONAL PAIN MANAGEMENT INTERVENTION AMONGST AUSTRALIAN GENERAL PRACTICE REGISTRARS.

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Introduction and Aims: Over-reliance on opioid analgesic monotherapy worsens chronic non-cancer pain (CNCP) outcomes (1). The duration of training required to improve the primary care management of CNCP remains unclear with recommendations ranging from 2 to 74 hours (2, 3). We aimed to devise, deliver and evaluate a brief intervention amongst general practice registrars.

Design and Methods: A multi-disciplinary team developed a 90 minute interactive presentation including four 2-3 minute video vignettes of new doctor/inherited patient consultations. We also provided pre-reading and post-presentation resources. Utilising a pre- and post- design, a survey was delivered before the presentation and two months afterwards. It contained questions related to registrars' recent clinical practice, and questions on two clinical scenarios (concerning CNCP). Analysis was by intention to treat (i.e. including cohort registrars whether attending the workshop or not) and employed McNemar's test.

Results: 47 registrars (response rate 81%) completed both questionnaires (36 of whom attended the workshop). For a patient with back pain on long-term opioids without improvement, the frequency of (scenario-based) weaning off opioids and using non-opioid medications increased from 80.4% of registrars to 95.7% ($p=0.039$) pre- to post-intervention. For a patient with osteoarthritic knee pain despite non-opioid analgesia, scenario-based initiation of opioids decreased from 74.5% of registrars pre-intervention to 51.1% post-intervention ($p=0.012$).

In reports of registrars' own practice, there was a non-statistically-significant increase in utilisation of urinary drug screens but not of pain scales.

Discussion and Conclusions: A brief educational intervention produced a decrease in opioid monotherapy initiation and continuation for paper-based CNCP scenarios.

Implications for Practice or Policy: Non-commercially funded educational interventions regarding CNCP management should be explored to improve pain outcomes whilst protecting our patients and the public from opioid-related harms.

Implications for Translational Research: Early career general practitioners are able to report improved judgement in the pain and opioid management of clinical case scenarios two months following a brief interactive educational package. Future research is required to describe objective prescribing outcomes rather than paper-based prescribing intentions.

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