

CHANGES IN OPIOID PRESCRIBING AFTER AN EDUCATIONAL INTERVENTION FOR EARLY-CAREER PHYSICIANS: A PRAGMATIC TRIAL IN PRIMARY CARE

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Introduction: Maintenance opioid analgesic therapy (MOAT) is increasingly employed for chronic non-cancer pain (CNCP). We devised and delivered brief education for GP registrars at one Regional Training Provider (RTP) for an evaluation which utilised both theoretical and objective measures.

Method: A multi-disciplinary team developed a 90-minute interactive workshop with pre and post workshop readings and resources. A survey before the presentation and two months afterwards concerned management of two clinical vignettes. Analysis was by intention to treat - including all registrars regardless of attendance and employed McNemar's test. We established consultation-level prevalence and associations of opioid prescribing and initiation from the longitudinal multi-site cohort 'Registrar Clinical Encounters in Training' (ReCEnT) study of five RTPs.

Results: Forty-seven registrars (response rate 81%) completed both questionnaires, with 36 attending the workshop. For the CNCP case with ineffective MOAT, the frequency of deprescribing opioids increased from 80.4% before the workshop to 95.7% ($p=0.039$). For a patient on non-opioid analgesia, initiation of opioids decreased from 74.5% to 51.1% ($p=0.012$). ReCEnT data collected over one-year post workshop showed no change in total opioid prescription frequency (interaction odds ratio 1.01; 95%CI 0.75, 1.35; p -value 0.96). There was some evidence of a reduction in new opioid prescriptions in the intervention group (interaction odds ratio 0.74; 95%CI 0.48, 1.16; p -value 0.19).

Conclusions: A brief educational intervention produced a decrease in intended initiated and MOAT for CNCP. However objective prescribing data found no evidence of opioid cessation. For the minority of opioid scripts initiated by registrars, there was a non-significant change with a large effect size possibly reflecting a type two error reflecting a lack of power from the small sample size.

Implications for Practice or Policy: Despite calls to make safer MOAT education mandatory, our data suggests that education alone, regardless of reported intentions, may not suffice to switch off the "opioid epidemic"

Implications for Translational Research: The inconsistency of these actual prescribing results with a concurrent 'hypothetical' evaluation suggests that interventions aimed at reducing opioid prescribing must address more than knowledge and attitudes.

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