





The presentation

Aim: to improve chronic non-cancer pain guideline concordance emphasising:

- \*the transition to active self-management
- \*opioid non-initiation and deprescribing
- \*the use of universal precautions

Half the duration involved the viewing or discussion of the videos.

Post training resources

Links to a Primary Care Toolkit including: a 3-item pain scoring scale (P.E.G.) and an opioid agreement.

An opioid conversion table

Details about NSW Health opioid regulations

Prescription Shopping Information Service and PBS information release links.

Patient information and educational videos

Details on where to get help



The sample

	Total	Attended Workshop	Didn't Attend Workshop
Post Only	4	3	1
Pre Only	7	4	3
Both Questionnaire	47	36	11

Concerning the use of opioids for patients with chronic non-cancer pain, in general do you think opioids are:

	1	2	3	4	5	
Under-prescribed						Over-prescribed
	Pre Questionnaire		Post Questionnaire		McNemar's Chi square p-value	
Grouped into either "Under" = 1, 2 & 3. "Over" = 4 & 5						
Under	12 (25.5%)		8 (17.0%)			
Over	35 (74.5%)		39 (83.0%)		0.2482	



Fran Bird is a 57 year old ex-competitive skier. She has a 10 year history of severe osteoarthritis of her lumbar spine with multiple levels involved. She has previously seen an orthopaedic surgeon and her condition is not suitable for surgery. She was prescribed Oxycontin tablets 6 months ago by another doctor in the practice. Her pain didn't really improve, and now she is experiencing severe back pain. She is currently taking Oxycontin 20 mg bd, regular Panadol Osteo and occasional Mobic 15mg. There are no red flags that warrant further investigation.



	Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
a. Increase the dose of Oxycontin till she is pain free			
b. Maintain the dose of Oxycontin and add a transdermal opioid			
c. Wean off the Oxycontin			
d. Wean off the Oxycontin and add an anti-epileptic and/or low-dose tricyclic			
A+B			
C+D			



	Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
a. Increase the dose of Oxycontin till she is pain free	1 (2.2%)	0	
b. Maintain the dose of Oxycontin and add a transdermal opioid	8 (17.4%)	2 (4.4%)	
c. Wean off the Oxycontin	10 (21.7%)	12 (26.1%)	
d. Wean off the Oxycontin and add an anti-epileptic and/or low-dose tricyclic	27 (58.7%)	32 (69.6%)	
A+B	9 (19.6%)	2 (4.4%)	
C+D	37 (80.4%)	44 (95.7%)	0.0391* ↑

Mr Wilson is 68 and has a long history of osteoarthritis particularly affecting his knees. He continues to have mild pain in his right knee and severe pain in his left knee on which he has had a Total Knee Replacement (one year ago, with a difficult post-operative course leaving him with marked pain and stiffness). The pain causes marked limitation of activities. He takes regular Panadol-Osteo and frequent NSAIDs with only modest effect on his pain.  
What will you, his GP, do?  
(tick as many boxes as you would choose to use at this time.)



- a. Prescribe codeine
- b. Prescribe tramadol
- c. Prescribe short-acting morphine
- d. Prescribe short-acting oxycodone
- e. Prescribe modified-release morphine
- f. Prescribe modified-release oxycodone
- g. Prescribe methadone
- h. Prescribe a fentanyl patch
- i. Prescribe an anti-epileptic and/ or low-dose tricyclic
- j. Refer to a physiotherapist
- k. Refer to a psychologist for CBT
- l. Refer to a pain specialist
- m. Refer to a rheumatologist or orthopaedic surgeon
- n. Recommend attendance at group pain management



		Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
Would prescribe opioids	No	12 (25.5%)	23 (48.9%)	
	Yes	35 (74.5%)	24 (51.1%)	0.0116* ↓
Prescribe an anti-epileptic and/or low-dose tricyclic	No	39 (83.0%)	38 (80.9%)	
	Yes	8 (17.0%)	9 (19.2%)	1.0000

		Pre Questionnaire	Post Questionnaire
Number of Opioids prescribed	0	12 (25.5%)	23 (48.9%)
	1	26 (55.3%)	20 (38.3%)
	2	7 (14.9%)	5 (10.6%)
	3	1 (2.1%)	1 (2.1%)
	4	1 (2.1%)	0



Would prescribe		Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
codeine	No	37 (78.7%)	34 (72.3%)	
	Yes	10 (21.3%)	13 (27.7%)	0.4054 ↑
tramadol	No	37 (78.7%)	41 (87.2%)	
	Yes	10 (21.3%)	6 (12.8%)	0.2482
short-acting oxycodone	No	32 (68.1%)	41 (87.2%)	
	Yes	15 (31.9%)	6 (12.8%)	0.0039* ↓
modified-release oxycodone	No	40 (84.1%)	45 (95.7%)	
	Yes	7 (14.9%)	2 (4.3%)	0.0625 ↓

No changes for short-acting morphine, modified-release morphine, methadone, fentanyl patches.



Would refer:		Pre Questionnaire	Post Questionnaire	McNemar's Chi square p-value
to physiotherapist	No	1 (2.1%)	5 (10.6%)	
	Yes	46 (97.9%)	42 (89.4%)	0.2188
to a psychologist for CBT	No	40 (85.1%)	39 (83.0%)	
	Yes	7 (14.9%)	7 (17.0%)	1.0000
to group pain management	No	36 (76.6%)	32 (68.1%)	
	Yes	11 (23.4%)	15 (31.9%)	0.2850
to pain specialist	No	24 (51.1%)	24 (51.1%)	
	Yes	23 (48.9%)	23 (48.9%)	1.0000
to rheumatologist or orthopaedic surgeon	No	26 (55.3%)	32 (68.1%)	
	Yes	21 (44.7%)	15 (31.9%)	0.2393 ↓

**Conclusion**

A 90 minute non-commercial interactive educational session with provision of learning and clinical resources saw anticipated changes sustained two months later in:

- Opioid de-prescribing
- Opioid non-initiation
- A reduction in oxycodone prescribing (short acting)

**Next steps:**

- Objective management data
- Brief GP education to increase good analgesic practice rather than reducing poor chronic non-cancer pain management.

Any questions:  
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