The evaluation of a brief educational pain management intervention amongst Australian GP registrars. APSAD 10th November



with Adrian Dunlop, Chris Hayes, Simon Morgan, Amanda Tapley, Kim Henderson, Briony Larance, Anthony Shakeshaft Parker Magin Sponsored by NSW Health Mental Health and Drug and Alcohol Office



Beliefs have swung about what the appropriate moral equipoise might be between suffering pain and deploying opioids.

Crowley-Matoka Cultural Anthropology 2012:27(4):689-712



Substantial diversity in study designs, interventions, content, methodological quality, and outcomes preclude meta-analysis.

We aimed to develop, deliver and evaluate the effectiveness of a package fitting within the usual GP registrar 90 minute training space.



Ospina Pain Res Manag. 2013 11/01;18(6):e129-e41

GP vocational training registrars in first or second GP 6 month terms in a two year programme



Package developed by multidisciplinary team:

- pre-reading
- pre- & 2 months post-training survey
- content of interactive intervention
- 4 x 2-3 minutes of videos of 4 consults between a new doctor inheriting a patient on long-term opioid analgesia.
- Post training links, resources and contact details.





non-cancer pain Part 2: Prescribing issues and alternatives

PRIMARY CARE & HEALTH SERVICES SECTION Police Officer, Deal-Maker, or Health Care Provider? Moving to a Patient-Centered Framework for Chronic Opioid Management

Opioid use in chronic Consultations about changing behaviour Stephen Rollnick, Christopher C Butler, Jim McCambridge, Paul Kinnersley, Glyn Elwyn,

Ken Resnicow

Holliday S, Hayes C, Durlop A. Opioid use in chronic non-cancer pain: Part 1: Known knowns & known unknowns. Australian Family Physician 2013 March 2(2):98-102. March42(3):98-102.
Holliday S, Hayes C, Dunlop A. Opioid use in chronic non-cancer pain: Part 2: Prescribing issues and alternatives. Australian Family Physician 2013
March42(3):109-11.
Nicolaida C. Police Officer, Deal-Maker, or Health Care Provider? Moving to a Patient-Centered Framework for Chronic Opioid Management. Pain Medicine. 2011;12(6):890-7.
Rollnick S, Butler CC. McCambridge J, Kinnensley P, Elwyn G, Resnicow K. Consultations about changing behaviour. BMI. 2005 October 22, 2005;33(1)(22):990-7.

Pre- & posttraining survey



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

2 Over-prescribed Under-prescribed

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

How to manage knee osteoarthritis pain not controlled with paracetamol and anti-



## The presentation

Aim: to improve chronic noncancer 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

Z H	<u>Total</u>	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				1 5	
Under-prescribed				Over-p	rescribed
	Pre Qu	e estion	naire	Post Questionnai re	McNemar's Chi square <u>p-</u> value
Grouped into either "Under" = 1, 2 & 3 . "Over" = 4 & 5					
Under	12	(25.5%	) 8	3 (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 <u>p-</u> <u>value</u>
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 <u>p-</u> <u>value</u>
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

I. Refer to a pain specialist

m. Refer to a rheumatologist or orthopaedic

surgeon n. Recommend attendance at group pain

management

Col				
		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 <u>p-</u> <u>value</u>
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 <u>p-</u> 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:

- 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.

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