THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA

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DU CANADA

Guide to Chronic (Non-Cancer/Non-Palliative) Pain Management With Patients Already on Opioid Therapy

Questions to consider

Developed by Residents for Residents

As this **Guide for Improvement of Family Medicine Training (GIFT) Tool** was created by residents for residents, the College of Family Physicians of Canada (CFPC)'s Section of Residents encourages you to discuss it with your preceptors and clinical teachers. Ask them to write field notes (written feedback) to document your learning at least once and ideally multiple times during your training. Please refer to the chronic pain priority topic in the CFPC's *Assessment Objectives for Certification in Family Medicine* (portal.cfpc.ca/ResourcesDocs/uploadedFiles/Education/Certification_in_Family_Medicine_Examination/Assessment-Objectives-for-Certification-in-FM-full-document.pdf) for more information.

1. **What is the cause of the patient's pain? How has it been investigated?**

2. **Who is involved in this patient's care?**

3. **Are non-pharmaceutical treatments being used?**

4. **What opioid and non-opioid therapies have been prescribed for the patient?**

5. What is the morphine equivalent of the patient's current opioid prescription?

6. When did this patient begin using prescribed opioids? Has there been a benefit?

7. What is the patient's past history of prescribed opioid, non-opioid, and non-pharmaceutical treatments?

8. Have all prescribed and non-prescribed therapies been optimized?

9. Does the patient have risk factors for opioid misuse?

10. Does this patient demonstrate signs or symptoms of an opioid use disorder? Whom might you consult if you have concerns?

11. Is there any indication for opioid tapering? What are the risks of tapering? Whom would you consult to assess risk?

12. If you were to consider tapering opioid use, what approaches might you use? Whom would you consult to ensure patient safety and test appropriateness?

Morphine Milligram Equivalents (MME) Calculator

Formula for the conversion of oral opioid doses:

Available from:
www.mdcalc.com/morphine-milligram-equivalents-mme-calculator.

When using a calculator be cautious and use your clinical judgment to address the context and needs of patients. The following information has been reproduced/adapted with the permission of MDCalc.

<u>**Dosage**</u> x <u>**Doses**</u> per day x **MME conversion factor**[*] = **MME/day**
MME conversion factor:
0.15 for codeine
1.5 for oxycodone
4 for hydromorphone

E.g.: <u>**Codeine**</u> 50 mg x <u>**one dose**</u> per day x **0.15** = **7.5 MME/day**

Factors to take into account when considering opioid tapering:

There are risks involved with opioid tapering that are potentially serious. You are advised to carefully consider the appropriateness of tapering and liberally get advice before commencing a taper. The taper should be stopped or reversed if the patient isn't doing well. Tapering should always use a patient-centred approach.

1. **Calculate the daily morphine equivalent and consider opioid rotation.**

2. **Consider a slow taper approach (e.g., reduce by 5 per cent to 10 per cent of the daily opioid dose every two to four weeks, and taper even more slowly once you reach one-third of the original opioid dose).**

3. **Be prepared to stop the taper or reverse it if the patient is not doing well.**

4. **Monitor the patient frequently and screen for opioid withdrawal at each reduction. Treat withdrawal symptoms accordingly.**

5. **Consider having your patient sign an opioid agreement.**

6. **Consider using opioid agonist therapy.**

7. **Optimize non-opioid options such as NSAIDs, acetaminophen, anticonvulsants, antidepressants, topical agents, and non-pharmaceutical treatments.**

8. **Ensure you know whom to consult for advice when and if it is needed.**

To view and print the downloadable version of the 2019 GIFT Tool, please use the QR code below.