

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

Developed by Residents for Residents

Family medicine residents should feel confident in and well prepared for the management of patients with chronic non-cancer/non-palliative pain who have opioids included in their existing treatment plans. Using an aligned and informed approach with our clinical teachers and preceptors, we will do our part to address the opioid-related mortality and morbidity crisis in Canada.

As this **2019 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 (SoR) encourages you to discuss this tool with your preceptors. Ask them to write field notes to document your learning at least once (and ideally multiple times) during your training. For more information, please refer to the **chronic pain priority topic** in the CFPC's *Assessment Objectives for Certification in Family Medicine*.¹

Why address the use of opioids in managing chronic non-cancer/non-palliative pain?

- ▶ The opioid crisis continues to be a national emergency in Canada, with significant numbers of opioid-related deaths, hospitalizations, and suspected overdoses happening across the country. Ninety-four per cent of opioid-related deaths in Canada in 2019 were accidental.²
- ▶ According to a 2019 survey by the CFPC's SoR (unpublished data), all the family medicine residents who participated in the survey had been **exposed to patients already on opioid therapy** for chronic pain. However, most survey respondents in their second year of residency (61 per cent) felt they **had not received sufficient training** in opioid management as part of their residency programs.

How does pain management fit into family medicine residency education?

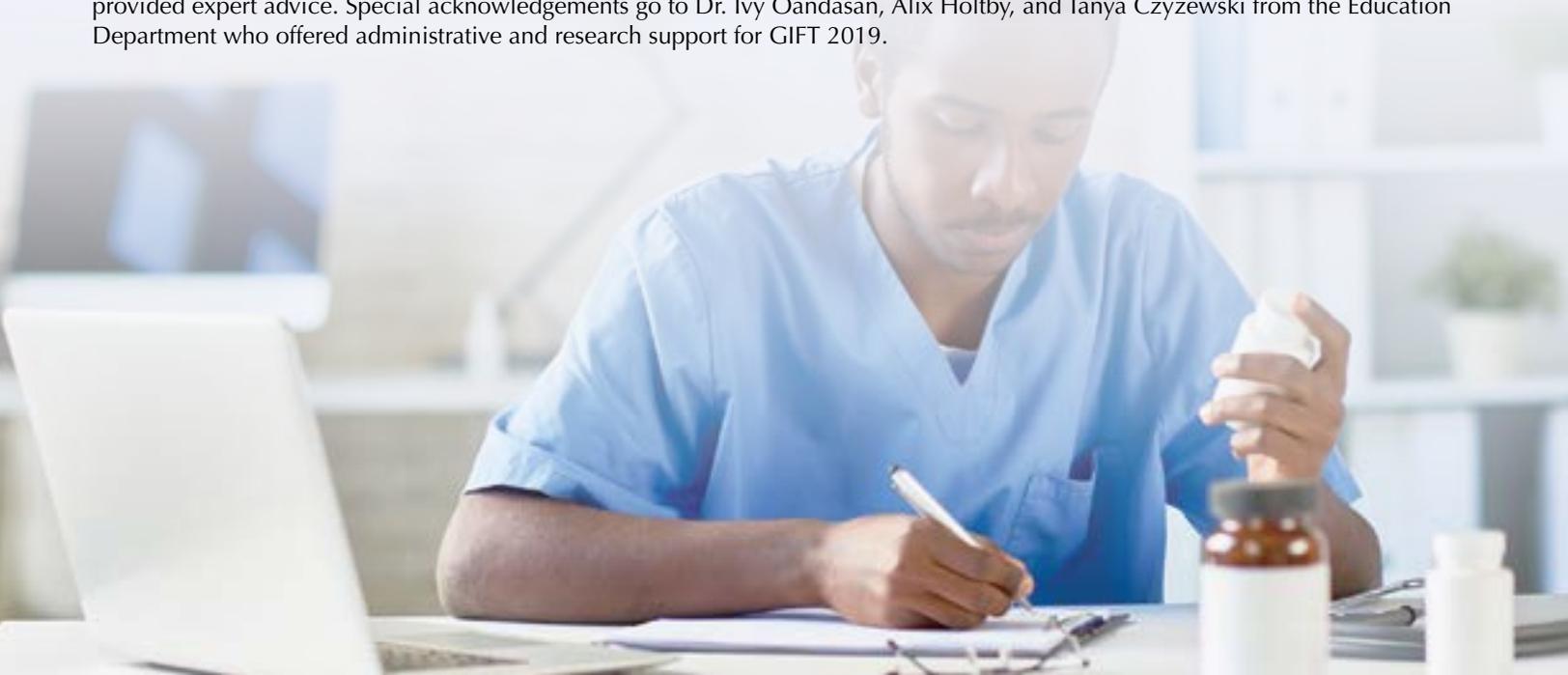
- ▶ In spring 2020 the CFPC added **pain** and **chronic pain** to the list of priority topics included in the *Assessment Objectives for Certification in Family Medicine*.¹
- ▶ The Association of Faculties of Medicine in Canada (AFMC), through a grant from Health Canada, has developed an online standardized educational program for medical students that will also be available to residents and physicians in practice. It has modules on the therapeutic use of opioids and the management of opioid use disorders, and it will be released in 2021.

What can all residency programs do to help residents acquire an approach to chronic pain that safely includes opioid therapy, when appropriate?

- ▶ The SoR recommends that all family medicine residents receive written feedback (field notes) on their approaches to chronic pain documented by preceptors in the first four months of residency.
- ▶ This GIFT Tool offers a set of questions for residents to use as a guide when seeing patients with chronic pain who have already been prescribed opioids as part of their care plans (see page 2).
- ▶ As part of the AFMC educational program, a faculty development resource has been developed that includes a suggested approach for preceptors to use in developing a chronic pain field note.

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Questions to ask when managing patients with chronic (non-cancer/non-palliative) pain who are already on opioid therapy:

1	What is the cause of the patient's pain? How has it been investigated?
2	Who is involved in the patient's care? What are their roles?
3	Are non-pharmaceutical treatments (e.g., physiotherapy, massage, alternative therapies) being used? What is working and not working?
4	What pain medications have been prescribed for the patient? Are opioids being prescribed safely at present? How much (total number of pills)? How often (daily/weekly/28-day dispensing)? Does the patient have an opioid-use agreement/contract?
5	What is the morphine equivalent of the patient's current opioid prescription? ³
6	When did this patient begin using prescribed opioids? Has the patient benefited from the use of opioid therapy? How long has the patient been prescribed opioids without a break? How often has the patient run out of pills, and why?
7	What is the patient's past history of prescribed opioid and non-opioid therapies?
8	Have all prescribed and non-prescribed therapies been optimized? Is opioid therapy an appropriate choice?
9	Does the patient have risk factors for opioid misuse? Refer to DSM-5 criteria. ⁴
10	Does this patient demonstrate signs or symptoms of an opioid use disorder? Refer to DSM-5 criteria. ⁴ If the patient does show signs of an opioid use disorder, whom might you consult to determine the best approach/next steps?
11	Is there any indication for opioid tapering (e.g., high doses without improvement, signs of chronic opioid toxicity, loss of therapeutic relationship with health care provider)? What risks are associated with implementing opioid tapering? Whom would you consult for advice?
12	If you were to consider tapering opioid use, what approaches might you use that consider the patient's history and presentation and whether there has been a benefit? What are the risks to the patient? Whom would you consult for advice? Consider the following resources: <ul style="list-style-type: none">▶ <i>Opioid Tapering Template</i>⁵▶ <i>Essential Clinical Skills for Opioid Prescribers</i>⁶▶ <i>Switching Opioids</i>⁷▶ <i>Clinical Opiate Withdrawal Scale</i>⁸▶ <i>Opioid Manager</i>⁹

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