

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

**Developed by Residents for Residents** 

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

| (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? <sup>3</sup>   |
| 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. <sup>4</sup> 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? |
|   | 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:      |

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- ► Opioid Tapering Template<sup>5</sup>
- ► Essential Clinical Skills for Opioid Prescribers<sup>6</sup>
- ► Switching Opioids<sup>7</sup>
- ► Clinical Opiate Withdrawal Scale<sup>8</sup>
- ► Opioid Manager<sup>9</sup>



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