Non-Cancer Pain - Managed Opioid Reduction Pathway

The aim of the opioid reduction pathway is to stop. If patient is still complaining of pain despite opioids >120mg morphine equivalent, then opioids are not working and should be weaned down and stopped.

Avoid conversion where possible and wean off sequentially using drug specific schedules .

Patient > 120mg <300mg Morphine/24 hours

Patient > 300mg Morphine/24 hours

Letter to patient outlining national guidance, risks and benefits, and inform patients will be initiated on a reduction regimen. [attached]

Good practice for patient to Sign 'Treatment Agreement Form' [attached]

Practice prepares reduction regimen to be initiated at next prescription collection date.
Add read code 8B3A4 [Drug dose reducing regime]

GP to seek specialist advice to support reduction plan from Pain Team and/or Inspire if required.
[In particular when patient taking >300mg morphine/24hours]

GP to initiate reduction schedule as per agreed management plan to <120mg (intention to reduce and stop) morphine equivalent/day, based on 10% reduction every 2 weeks.
NB start with short acting medicines initially, where appropriate and the longer acting thereafter.

You will need to ensure that the patient is not inadvertently prescribed opioids by colleagues. This requires good communication within the practice, with locum services and if necessary out of hours [send special cautionary note] and emergency services.

Inform the patient that you will reduce their prescription according to the reduction schedule every 2 weeks. They need to be ready for the lower dose when they collect their next prescription.
Make arrangements for follow up, monitoring and support during taper with fortnightly or weekly telephone calls with the same HCP during the opioid taper.

Do not increase or add-in alternative medicines such as **pregabalin, gabapentin, dihydrocodeine**

Standard Reduction Schedule – 10% of total opioid every 2 weeks
Patients ***on >300mg morphine equivalent per day*** will require individualised reduction care plans [with advice from specialists services].

- Where weaning off from a combination of immediate and slow release opiate, wean off immediate release opiate first.
- If conversion unavoidable, consider the half-life of long acting drugs. In most cases, when switching between different opioids, the calculated dose-equivalent must be reduced to ensure safety.
- The starting point for dose reduction from the calculated equi-analgesic dose is around 25%.
- See: Faculty of Pain Medicine - Dose equivalents and changing opioids

Patient can be referred to Inspire/Pain Team if requiring MDT pain management, behaviour change interventions. **NB** non-pharmacological pain management strategies. Dose reduction schedules should be started irrespective of referral to specialist teams. **Contact Details:** Pain Team: via eReferrals "Advice & Guidance Service - Managed Opioid Reduction for Non- Cancer Pain - EL Hosp - RXR" *[requests will be responded to within 5 working days]*
Inspire **East Lancs**: 01254 495382 E: inspireeast.admin.co.uk **BwD**: 01254 495014 E: inspirebwd.referrals@cgl.org.uk

Breaking Free Online an online treatment and recovery programme that allows people to resolve the underlying psychological and lifestyle issues that is driving their dependence on alcohol or drugs. It can be accessed using the URL below.
http://inspirelancs.org.uk/help-myself/breaking-free-online/ **Crisis Support: 01282 657116 Mental Health Helpline: 0800 222 5931**

Opioid Prescribing for Chronic Pain: Resource pack and further patient Information available at www.elmmb.nhs.uk

Sample Letter Inviting Patients for Review Example 1

[Practice name]
[Address]

Dear [Title] [Surname]

New National Guidance requires that all patients prescribed high dose opioid type pain killers for long term pain must be reviewed. All GPs in Pennine practices have been asked to undertake this work.

This practice follows the latest advances in medical research and continually updates our clinical practice to ensure patient care is of the highest standard. Recent research has highlighted a significant risk to patient safety around the use of opioid type painkillers, such as morphine, oxycodone or fentanyl for long term pain.

We know that these drugs are helpful in pain of recent onset for example a broken bone, surgery or in patients with cancer related pain. However, recent medical evidence questions the benefit of opioid type painkillers for long term pain. National guidance now advises high doses should not be prescribed long term. Strange as it might sound – we don't think opioid type pains killers are good at killing pain at all when taken for more than a few months.

There are some risks too – they can

- sometimes make pain worse
- cause side effects to the intestines and the stomach
- make the body feel dependent on them so if you miss a dose you feel a bit jittery
- and anxious
- increase the risk of falls
- there's even a risk of overdose and death, especially if taken in overdose with
- alcohol, pregabalin or benzodiazepines like diazepam.

Our records suggest that you are being prescribed high dose of opioids for long term pain (please tell us if that's incorrect) and, because we don't want our patients put at risk, we would like to see you to discuss weaning off these medicines and new methods of managing long term pain with less emphasis on drug therapy. Please see enclosed leaflet on managing long term pain – Ten Footsteps and follow the link to Sean's Story. [https://tinyurl.com/y23ykfl7]

Please book a face to face appointment with a doctor we'll work together towards a safer, more effective treatment plan. Please note that a safe reduction schedule will be initiated at your next prescription.

Yours sincerely

Dr XXX and partners

Sample Letter Inviting Patients for Review Example 2

[Practice name]
[Address]

Dear [Title] [Surname]

GPs have been asked to review patients prescribed High Dose Opiates, such as Fentanyl Oxycodone or Morphine. This is a national patient safety initiative. A change in evidence means that GPs and Patients are now advised that opiates provide little or no pain relief in the long term, and lead to an overall reduction in peoples' quality of life. There are risks of long term use of high dose opiates, which include:

- can make pain feel worse – this is called hyperalgesia
- reduces ability to cope
- increases risk of infection
- side effects to the intestines and the stomach
- makes the body feel dependent on them so if you miss a dose you feel a bit jittery and anxious
- increases the risk of falls
- risk of overdose and death, especially if taken in overdose with alcohol, pregabalin or benzodiazepines like diazepam.

If you would like to know more about improving your quality of life by reducing opiate doses, please see Sean's Story - There is another way @ https://www.youtube.com/watch?v=I17SjDth4pU&feature=youtu.be

Opiates should not be stopped suddenly. The dose of opioid medication on your prescription will be reduced by 10% every 2 weeks. This is a safe way of weaning you off these high doses and is in line with national guidance.

Your prescription will be for short supplies, which will be issued only when due.
Prescriptions will not be issued early and lost or stolen prescriptions will not be replaced.
If you would like to discuss this, please contact the practice to book a telephone appointment.

Regards

Dr xx

Practice Policy: Patients are reminded that we have a zero tolerance on issues relating to staff abuse.

Opioid Management Plan: Treatment Agreement

Patient Name: ……..…… NHS number: ……..

Condition(s) being managed with opioids:

New opioids being commenced as this agreement is being implemented:
(This is for a trial period during which the prescriber will need good evidence of improvement in function to embark on long term treatment)

Period before next mandatory review:
(For new trials 2-4 weeks, for long-term prescription 6–12 months)

Patient Declaration

In signing this agreement, the patient agrees to the following conditions regarding his/her treatment and the prescribing of an opioid medication:

1. I have read the Thinking About Opioid Treatment For Pain and Taking Opioids For Pain information leaflets and I will tell my GP if I experience on-going/intolerable side effects.
2. My GP is responsible for prescribing a safe and effective dose of the opioid medication. My GP will control my dose, perhaps with advice from one or more hospital specialist in a condition relevant to my pain.
3. I will follow the directions given to me by my GP; I will not increase my dose and will discuss any changes in my dose with my GP.
4. I will not use any other opioids in addition to those prescribed by my GP.
5. I will only obtain my opioid medication from my GP.
6. I understand that no early prescriptions will be provided.
7. Any evidence of unsafe use such as: drug hoarding, acquisition of any opioid medication or other pain medication from other sources, uncontrolled dose escalation, loss of prescriptions, or failure to follow the agreement may result in termination of the agreement and withdrawal of opioids.
8. I am responsible for the security of my opioid medication at home. Lost, misplaced or stolen medication or prescriptions for opioid medicines may not be replaced. In the event that opioid medication is stolen, I will report this to the police.
9. I am aware that giving my opioid medication to other people is illegal and could be dangerous to them.

Patient's Signature: …….. ……. Date: …….

Medical Practitioner's Signature: …… Date: …….

Morphine Reduction Schedule

- 120mg oral morphine equivalent/24hours is the dose above which harms outweigh benefits. THIS IS NOT A TARGET DOSE - *if a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued even if no other treatment is available.*
- The rate of withdrawal should be individualised according to the dose, and duration of treatment. Patient factors such as personality, lifestyle, previous experience and specific vulnerabilities should also be taken into account.
- Agree outcomes of opioid tapering. Throughout the process it is important to provide advice on pain management and expectations of treatment.
- Medications are usually a small part of the pain management plan and should be used in conjunction with non-pharmacological interventions such as advice regarding activity, physiotherapy and an explanation that pain may be resistant to medication and complete relief of symptoms is not a goal of therapy.
- At each stage enquire about general progress and withdrawal symptoms.
- If patients experience difficulties with a dose reduction, encourage them to persevere and suggest delaying the next step down by one week. *Do not revert to a higher dosage.*
- Offer information leaflets to help with the withdrawal programme.
- Reassure patients that if they are experiencing any difficulty with the withdrawal schedule, they can contact the surgery for advice.
- A copy of the protocol should be given to the patient and the patient's pharmacy. A copy should also be kept in the practice's records.

Start from the most relevant point of the schedule depending on the patient's current dose. Convert to Zomorph to facilitate dose reduction.
(300mg/24 morphine is approximately equivalent to 150mg/24 hours oxycodone).

- Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.
- Reduction can be at weekly or two weekly intervals. Two weekly intervals may be preferential in the final stages.

Starting dose Morphine 300mg (150mg b.d)	Dose	Number of Capsules - TWICE a day	Number of capsules/week
Stage 1 (1-2 weeks)	**Morphine MR 140mg b.d**	1x100mg b.d 1x 30mg b.d 1x10mg b.d	14x100mg 14x30mg 14X10mg
Stage 2 (1-2 weeks)	**Morphine MR 130mg b.d**	1x100mg b.d 1x 30mg b.d	14x100mg 14x30mg
Stage 3 (1-2 weeks)	**Morphine MR 120mg b.d**	1x100mg b.d 2x10mg b.d	14x100mg 28x10mg
Stage 4 (1-2 weeks)	**Morphine MR 110mg b.d**	1x100mg b.d 1x10mg b.d	14x100mg 14X10mg
Stage 5 (1-2 weeks)	**Morphine MR 100mg b.d**	1x100mg b.d	14x100mg
Stage 6 (1-2 weeks)	**Morphine MR 90mg b.d**	1x60mg b.d 1x30mg b.d	14x60mg 14x30mg
Stage 7 (1-2 weeks)	**Morphine MR 80mg b.d**	1x60mg b.d 2x10mg b.d	14x60mg 28x10mg
Stage 8 (1-2 weeks)	**Morphine MR 70mg b.d**	1x60mg b.d 1x10mg b.d	14x60mg 14x10mg
Stage 9 (1-2 weeks)	**Morphine MR 60mg b.d**	1x60mg b.d	14x60mg
Stage 10 (Review)	120mg oral morphine equivalent/24hours is the dose above which harms outweigh benefits. THIS IS NOT A TARGET DOSE. If patient is still in pain, consider further reduction as opioids not effective.		

A structured intervention with a written individualised stepped-dose reduction is less time-consuming and as effective in primary care as a more complex intervention involving follow-up visits.

Dose Reduction Plan Examples for BuTrans patches

BuTrans 20

Start at next patch change due date

[Prescribe BuTrans 10 x 2 patches and BuTrans 5 x 2 patches]

Week 1	Week 2	Week 3	Week 4
BuTrans 5 patch + BuTrans 10 patch	BuTrans 10 patch	BuTrans 5 patch	STOP

BuTrans 10

Start at next patch change due date

[Prescribe BuTrans 5 x 1 patch only]

Week 1	Week 2
BuTrans 5	Stop

Dose Reduction Plan for Fentanyl patches

Each two week period is actually 15 patch days; equivalent to 5 patches changed every 3 days

Fentanyl Patches 25mcg/ hour

	Dosage	Prescribe
Week 1	Fentanyl 12mcg/ hr	5 x fentanyl patch 12mcg **then STOP**

Fentanyl Patches 50mcg/ hour

	Dosage	Prescribe
Week 1	Fentanyl 25mcg/ hr + 12 mcg/ hr	10x fentanyl patch 25mcg + 5 x fentanyl patch 12mcg
Week 3	Fentanyl 25mcg/ hr	
Week 5	Fentanyl 12mcg/ hr	5 x fentanyl patch 12mcg **then STOP**

Fentanyl Patches 75mcg/ hour

	Dosage	Prescribe
Week 1	Fentanyl 50mcg/ hr + 12mcg/hr	10x fentanyl patch 50mcg + 5 x fentanyl patch 12mcg
Week 3	Fentanyl 50 mcg/ hr	
Week 5	Fentanyl 25mcg/ hr + 12 mcg/ hr	10x fentanyl patch 25mcg + 5 x fentanyl patch 12mcg
Week 7	Fentanyl 25mcg/ hr	
Week 9	Fentanyl 12mcg/ hr	5 x fentanyl patch 12mcg **then STOP**

Acknowledgements:

NHS Hastings and Rother Clinical Commissioning Group

NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

EXAMPLE OXYCODONE REDUCTION SCHEDULE

Current Prescribing

Date	Drug	Dose	Quantity	Total Dose (24hrs)
xx.xx.20xx	Oxycodone/Oxypro MR 30mg every 12 hours	ONE To Be Taken Every 12 Hours	56 (28 day supply)	60
xx.xx.20xx	Oxycodone/Oxycontin MR 20 mg every 12 hours	ONE To Be Taken Every 12 Hours	56 (28 day supply)	40
		Total Oxycodone dose in 24 hours		**100mg**
		10% dose reduction every 2 weeks*		**10mg**

Prescribing Schedule

Week/Date*	Drug	Dose	Quantity	Total Dose (24hrs)
1 (xx.xx.20xx)	Oxypro MR 30mg	One To Be Taken Every 12 Hours	28	90mg
	Oxypro MR 15mg	One To Be Taken Every 12 Hours	28	
3 (xx.xx.20xx)	Oxypro MR 30mg	One To Be Taken Every 12 Hours	28	80mg
	Oxypro MR 10mg	One To Be Taken Every 12 Hours	28	
5 (xx.xx.20xx)	Oxypro MR 30mg	One To Be Taken Every 12 Hours	28	70mg
	Oxypro MR 5mg	One To Be Taken Every 12 Hours	28	
7 (xx.xx.20xx)	Oxypro MR 30mg	One To Be Taken Every 12 Hours	28	60mg
9 (xx.xx.20xx)	Oxypro MR 20mg	One To Be Taken Every 12 Hours	28	50mg
	Oxypro MR 5mg	One To Be Taken Every 12 Hours	28	
11 (xx.xx.20xx)	Oxypro MR 20mg	One To Be Taken Every 12 Hours	28	40mg
13 (xx.xx.20xx)	Oxypro MR 15mg	One To Be Taken Every 12 Hours	28	30mg**

***The dose of drug can be tapered by 10% weekly or two weekly. Change Prescription to 14 days supply - review to 7 day Prescription if orders early**

****Review indication for long term opiates**

Reference: https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/tapering-and-stopping

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Other Faculty of Pain Medicine Opioids Aware Resources for Health Care Professionals

https://fpm.ac.uk/opioids-aware-clinical-use-opioids/side-effects-opioids

https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/checklist-prescribers

https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids

Ten Footsteps

Your Journey to Living Well with Pain

Learning how to manage your pain is a journey. Like any journey, it takes time and everyone's experience is different. We know from people living with pain that there are some things which can be really helpful. We've called these the Ten Footsteps and we'll tell you something about them in this leaflet.

Footstep 1: What do we know about persistent pain?

Persistent pain is very different from the kind of pain you experience when you touch something hot or injure yourself. It goes on long after normal healing and repair time, and affects different parts of the brain and nervous system.

The best way of reducing pain is to help your mind and brain to turn it down. *Read the other nine footsteps to find out how to do this.*

Persistent pain can cause a range of problems, including:

- **Excitable nerves**. Slight pressure can cause unpleasant and painful sensations like pins and needles or electric shocks.
- **Sensitivity**. Skin, muscles or nerves can be more sensitive to pressure, touch or heat.
- **Faulty brain activity.** The systems that turn down pain don't work.
- **Low mood.** Living with persistent pain can cause strong feelings such as anger and frustration.

Footstep 2: Acceptance

Accepting persistent pain as part of your everyday life is a huge help. Rather than struggling to avoid or reduce your pain, you can learn to observe, understand and accept it. This is not easy – it can be hard to accept that you are not the person you were. However, as you accept things have changed, you can switch your energy and focus to living well.

The long and winding road to acceptance

Things that help with acceptance:

- Slowly adjust how you do things.
- Try to think and view yourself and life differently.
- Patiently shift your focus to what you really want to do each day.
- Learn how to switch your attention from your pain to other things – your breathing, for example.
- Use some techniques from mindfulness, such as mindful stretching.
- Find the best type of support and help.

Footstep 3: Pacing every day for better times

Pacing is taking a break before pain, tiredness or exhaustion force you to stop. Many people use pain to guide their activity levels. On a 'good day' they try to get as much done as possible until their pain and tiredness increase, forcing them to stop and rest for much longer. This is called the 'boom-and-bust' cycle.

Activity – Rest – Repeat!

How to pace well:

1. Decide which activities you need to pace. If any daily activities are difficult because of your pain or they cause your pain to increase, they probably need to be paced.
2. Work out how much effort to put into each activity without causing more pain. Reduce your activity so that you stop or take a rest long before you would usually experience pain. Then, steadily build up your body stamina by increasing what you do before each break.
3. Find the balance of activity and rest breaks so if your body is feeling stiffer, more tired or pain than usual, you can adjust the balance. This means you take more breaks, use less effort or go more slowly or change to an easier activity at that time.

Footstep 4: Set goals, action plans and rewards

Goal setting is about focusing on the things in your life that you want to change. Your goals need to be SMART:

SMART goals

S = Specific. State clearly what you want to achieve.

M = Meaningful. The goals really matter to you.

A = Achievable. They require some effort but are not too difficult.

R = Realistic. You can fit them into your life.

T = Time-based. They can be achieved within the next few weeks or a couple of months.

A few examples of SMART goals:

- Read a good book within the next month.
- Pot plants in the greenhouse by the end of the month.
- Try out a new recipe every weekend.
- Go to the next midweek football match with friends.
- Swim and relax in the sauna every week.

Action plans help you work out how to achieve your goal, what you need to do, when you will do it, how often and who else you can involve.

Regular rewards can help you to make progress. Whether big or small, make sure that your rewards are things you really value and make them pleasurable.

To get from A to B... you're going to need a plan!

Footstep 5: Getting fit and staying active

Being more active and building fitness can help – even if it was not really part of your life before pain arrived. Three things are important:

1. **Stretching** helps loosen tight muscles, ligaments and joints and increases flexibility.
2. **Strengthening exercises** will build stronger muscles and joints and improve balance.
3. **Stamina activities** help you to do things for longer without more pain or tiredness.

Fitness is more fun with friends!

Things that will help you to get fitter and stay active:

- Create SMART goals and an action plan to guide you (see Footstep 4).
- Find out what's available in your local area.
- Choose things that are fun and easy to do.
- Enjoy activities with other people.
- Gently increase the amount of time spent doing activities.
- Give yourself regular rewards.
- Tell others about your progress.

Footstep 6: Managing moods

It is normal to struggle with moods when you have persistent pain. People often feel angry, frustrated, fearful and unmotivated because of it.

Focus on the good bits!

Here are some things that you can do to manage your moods better:

- Notice negative and unhelpful thoughts, and find ways to balance or soothe them.
- Practise balanced thinking – imagine what a best friend would say if they knew what you were thinking. Ask yourself, 'Are my thoughts 100 per cent true and believable?'
- Do things that unwind and soothe your mind, such as walking the dog, listening to music and breathing calmly.
- Create a list of positive things you have done that day or week.
- Practise being kind to yourself by pacing and giving yourself pleasurable rewards.
- Learn from others with similar pain issues.
- Find out about self-help resources to manage your moods.
- Share your plans with people you trust and get their support.

Footstep 7: Sleep well more often

Many people with pain find that their sleep is disrupted. New research shows that by adjusting what you do during the day, as well as night, it is possible to achieve a healthier sleep pattern.

Time for new sleep skills!

Four things are important for better sleep:

1. **Your daily routines.** Try to go to bed and get up at the same time each day.
2. **Your activity levels.** Increasing activity in the day can help you to sleep better at night. Take care to avoid energetic exercise shortly before sleep.
3. **Your food and drink habits.** Avoid caffeinated drinks late in the day and big meals late in the evening. You should also avoid drinking too much before bed.
4. **Your bedtime routine.** Follow the same wind-down routine every evening and make sure your bedroom is dark and used only for sleep – don't watch TV or do work in bed!

Footstep 8: Healthy eating, managing relationships and work

Healthy eating

Eating well and having a normal-range weight will help you to build better health and cope well with pain.

There are many things that you can do to help achieve a healthy weight – and they don't always involve a diet! Ask your doctor or pharmacist for a medication review, as some drugs can contribute to weight gain. Reducing portion sizes, cutting out snacks and switching to a Mediterranean diet can help, too.

Managing relationships

Connecting with others can feel like the last thing you want to do when pain dominates your life. Yet doing things with other people is likely to lift your mood and distract you from focusing on your pain. It can also motivate you to do more of the activities you enjoy.

Learn how to connect better with others

Coping with work

Staying at work or returning to work gives your life routine, structure and purpose. Here are some tips that can help:

- Think about what needs to happen for you to return to work.
- If you are looking for work, be flexible about what you might do.
- Ask for a phased return starting with just two to three hours per day and building up from there.
- Be prepared to accept any support that is offered at work.

Footstep 9: Relaxation and mindfulness

Unwinding your body and mind can make a positive difference to your life and your pain. We know that relaxation and mindfulness lessen pain levels, reduce stress and improve concentration.

Mindfulness is being aware of your body and mind in the 'now'. It's about noticing what you think, feel or want at this moment without being too critical or judging yourself. There is plenty of evidence showing that mindfulness can help us to live better with difficult health problems such as pain.

Like any other skill, mindfulness needs daily practice and guidance to use it confidently. You can learn it from someone who knows about mindfulness, sign up for an internet course or join a local class.

Here are the different types of relaxation that you can practise:

1. **Breathing and muscle relaxation.** This includes techniques such as 'belly breathing' or tightening and then relaxing parts of the body.
2. **Refocusing your attention.** You can do this by shifting your attention away from your pain using visualisation techniques.
3. **Choosing relaxing activities.** Anything that helps you to unwind will be good for your pain, such as reading a magazine, listening to music, walking the dog or doing a puzzle.

Footstep 10: Managing setbacks

Setbacks are common while managing pain. Having the confidence to deal with them is a 'must have' skill. A setback plan helps you to cope better and reduces the sense of panic that they sometimes cause.

Here are some things that you can include in your setback plan:

- Cut back on normal activities for a few days and take more regular breaks.
- Keep gently active and avoid long periods of bed rest.
- Begin gentle stretching as soon as possible to regain flexibility.
- Practise relaxation or mindfulness breathing.
- Try not to get into negative thinking – tell yourself this is temporary and you have a plan to get back on track.

Find out more

Discover more ways to manage pain...

Overcoming Chronic Pain self help CBT book, Cole et al, 2005 (ISBN 9781472105738)

Manage your Pain Nicolas et al, 2012 (ISBN 9780285640481)

Pain is Really Strange Steve Haines and Sophie Standing, 2015 (ISBN 9781848192645)

Find out about free books on prescription at libraries at **www.reading-well.org.uk**

www.painconcern.org.uk
– useful range of videos and sources of help

www.healthtalkonline.org
– people with pain share ways to cope and live well

www.nhs.uk – for guides to healthy eating, exercise, fitness and a pain toolkit resource

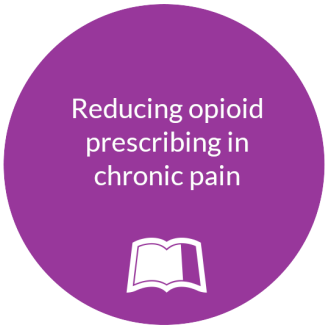
www.breathworks-mindfulness.org.uk
– explores mindful practice with courses and resources

www.paincd.org.uk
– audio resource about ways to living with chronic pain

People with pain and clinicians in pain self management have created the *Ten Footsteps* to help you find your feet and start to live well with pain. For more tips and help, visit **my.livewellwithpain.co.uk**

PrescQIPP Community Interest Company

Reducing opioid prescribing in chronic pain e-learning



The Reducing opioid prescribing in chronic pain e-learning course is CPD certified and is aimed at medicines management teams, GPs, practice nurses, practice pharmacists and non-medical prescribers.

There has been a marked and progressive rise in prescribing of opioid drugs in the UK over the past decade and the trend to increased prescribing continues. The increase in prescribing has been predominantly for the treatment of non-cancer pain.

Opioids have demonstrable effectiveness in the treatment of acute pain and pain related to cancer but there is little evidence for the effectiveness of opioids for the treatment of chronic pain. This e-learning course will help equip healthcare professionals to tackle this growth in use and to improve care for patients with chronic pain and is comprised of eight modules:

CPD CERTIFIED The CPD Certification Service

MODULE 1	**Background to chronic pain** • Definition and the suffering and disability caused by chronic pain • The expectations of chronic pain management • The approach to chronic pain management with NICE guidelines
MODULE 2	**Opioid efficacy and trial of treatment** • The lack of evidence of efficacy of opioids in chronic pain and expectations • How an opioid trial should be undertaken, the appropriate duration and how to assess and document the outcomes of the trial
MODULE 3	**Choice of strong opioid** • The evidence comparing non-morphine opioids with morphine • The rationale for different formulations and routes of administration • The approximate dose equivalence of opioids
MODULE 4	**Adverse effects of opioids** • The short-term and long-term adverse effects of opioids • Withdrawal and addiction symptoms
MODULE 5	**Duration of opioid therapy and review** • The rise in prescribing of opioid medicines in the UK • The repeat prescribing of opioids is discouraged • The need for medication review

MODULE 6	**Tapering and stopping opioids** • Improved outcomes anticipated after opioid dose reductions • How to taper and stop opioids in practice
MODULE 7	**Prescription opioid dependence** • Indicators that suggest the possibility of dependence on prescription opioids • The potential need for specialist support for dependent patients • The pharmacotherapy that may be prescribed by specialist service for opioid dependant patients during withdrawal
MODULE 8	**Specialist services** • Specialist pain services and the variation in access to these across the UK • Potential role of specialist drug and alcohol dependence treatment services for patients with opioid dependency

The course includes contributions from Dr Ruth Bastable, a GP with experience of working in health care of patients who are homeless and at risk of homelessness and health care of patients in secure environments. She has an interest in substance misuse, and an interest in prescription drug misuse.

This course should take approximately 3 hours. You'll need to complete all the modules and get at least 70% in the final assessment to pass the course, but you can attempt it up to three times. You'll also need to get 60% in each of the quizzes before you can move on to the next lesson, but you can retake these as many times as necessary.

Course access

This course is available for all members of our medicines management team and GP practices in our commissioning area.

You will need to be logged in to the PrescQIPP site to access the course, so that it can record your progress and issue your e-learning certificate. If you do not already have a log in for the PrescQIPP site, you can register here. Please ensure that you specify the commissioning area on registration as this will ensure that you are provided with the correct access and do not have to pay for the course.

1. Log in to the PrescQIPP site
2. Click on the 'PrescQIPP e-learning' link under the 'Learning' menu, then once on the E-learning Hub click on 'Access e-learning' on the right hand side
3. Find the course and select 'Access course'

Don't forget that you can complete the course over a period of time. To return to the course and pick up where you left off at any time, simply log back into the site and follow the steps above.

Please note that you will need an up to date browser and sufficient bandwidth to view the course. If you have any questions about the course, please contact help@prescqipp.info.