

# The use of opioids: a GP's perspective

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# About me

- I am a full-time GP who works in a busy inner city practice
- I am not a substance misuse expert or a GPwSI
- I will be talking about prescribed opioid use

# Key caveats

- Here we are talking about the use of opioids for use in chronic non-cancer pain
- Opioids do have a place: for example in the treatment of acute, cancer, and end of life pain
- Whilst not directly covering gabapentinoids; many of the issues/risks are similar

- Mathieson, S., Chung-Weo, C. L., Underwood, M., Eldabe, S. (2020). 'Pregablin and gabapentin for pain', BMJ. Available from: DOI: 10.1136/bmj.m1315
- Mordecai, L., Reynolds, C., Donaldson, L. J., & C de C Williams, A. (2018). 'Patterns of regional variation of opioid prescribing on primary care in England: a retrospective observational study'. *British Journal of General Practice*. Available from: DOI: <https://doi.org/10.3399/bjgp18X695057>

Why are opioids used?

# Why the concern?

- World-wide concerns regarding the use and long-term effects of opioids are escalating
- Side-effects of chronic use include:
  - Tolerance
  - Addiction/misuse
  - Hyperalgesia
  - GI disturbance
  - Immunological and hormonal disturbance
  - Increased risks of fractures and myocardial infarctions
  - Increased mortality

# Why the concern?

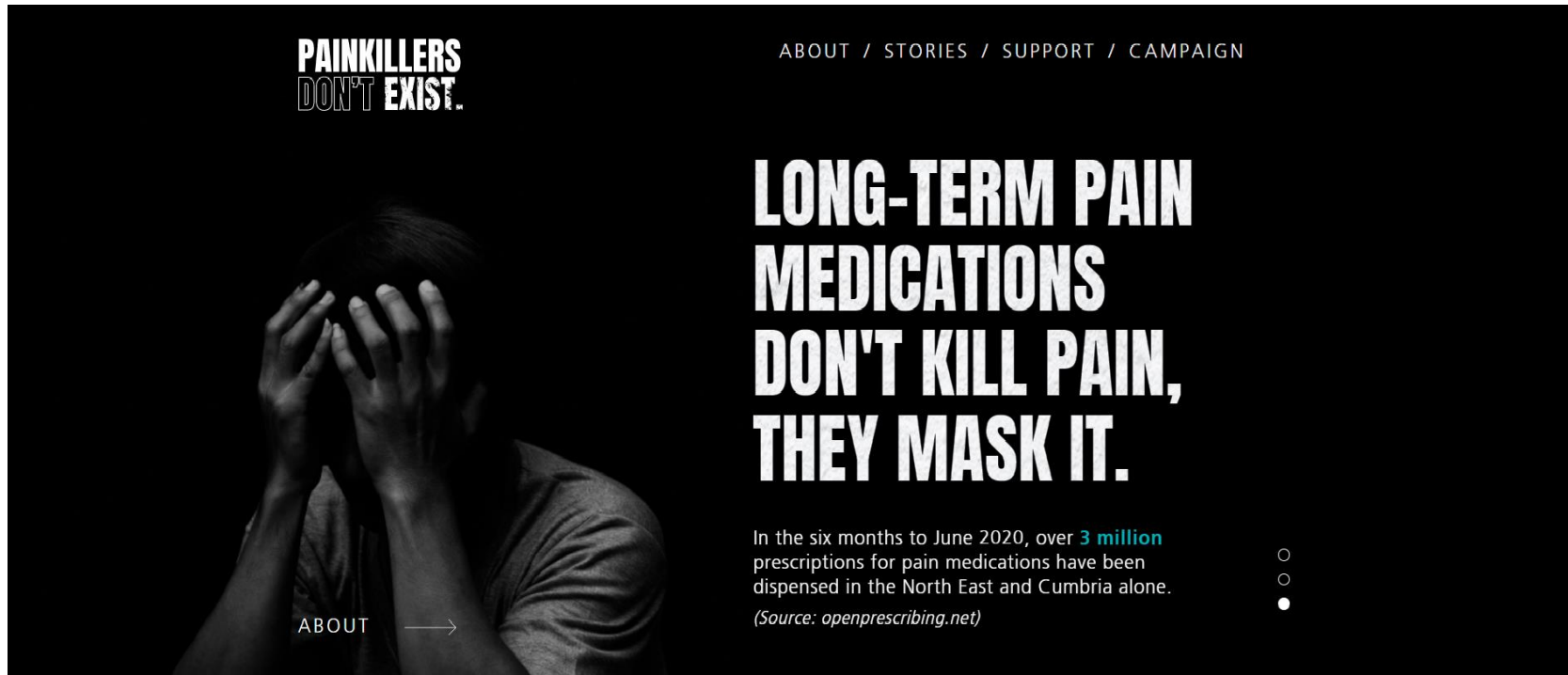
- There is an increased risk of death when there is simultaneous use of opioids and gabapentinoids
- Changes in the law
  - Drug driving laws (introduced March 2015)
    - It is illegal in England and Wales to drive if an individual is impaired by drugs (even those prescribed)
  - Pregabalin and gabapentin are now a schedule 3 drugs (April 2019)
  - Tramadol also relatively recently reclassified as a schedule 3 drug (June 2014)

# Current use

- Sunderland is one of the areas prescribing more opioids than others (likely multifactorial)

# Painkillers don't exist campaign

- [painkillersdontexist.com](https://painkillersdontexist.com)





# Painkillers don't exist campaign

- [painkillersdontexist.com/campaign](http://painkillersdontexist.com/campaign)

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# Engagement

- Ensure you have practice support first! Agree prescribing/de-prescribing principles.
- I worked with colleagues to develop a letter for patients about the long-term risks for opioids. This was sent out to selected groups.
- Asked our receptionist to sign-post patients on long-term opioids to me when they requested an acute or repeat prescription (whilst considering the caveats)

# The consult(s)

- Be clear and explain the purpose (I always kept a copy of the letter to hand)
- Take a pain history
- Discuss the pro's vs cons (assuming appropriate) of each analgesic
- If there is combined use of opioids and gabapentinoids, agree which one to wean/stop first
- Discuss alternatives (including psychological therapy)
- Discuss a weaning programme (slow and steady!), agree realistic goals, offer lots of support with easy contact

Questions?