

# A new approach to the use of opiates in chronic pain management.

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# The problem

- Management of chronic pain in GP is problematic
- Current teaching discourages long term use beyond 3 months
- GPs and patients are left with a significant void in management

# Traditional teaching

- GPs are educated to avoid short acting opiates for chronic pain and to stabilise patients on bd dosing of long acting opiates
- The evidence has been extrapolated from the management of pain in palliative care

# Evidence

- Very few studies extend beyond 3 months
- Most report a 20-30% improvement in base line pain
- Tolerance, dependence and hyperalgesia are problematic
- Hidden cost of endocrine and immune suppression not measured

# Perioperative cohort

- Patients allocated an increased priority for joint replacement because of pain are sent for review of their management.
- The drivers are to optimise care, improve mobility, reduce deconditioning and prevent weight gain before surgery without compromising their perioperative care.

# Optimise care

- Ensure good history taking and understanding
- Educate regarding realistic goals of management
- Empower holistic lifestyle opportunities
- Optimise safe non-opioid pharmacological adjuncts

# Aims

- Improve sleep
- Prevent deconditioning
- Encourage re-engagement in life
- Increase self determination and self efficacy

# Current Opioid practice

- Titrated slow release opioid every third day
- Prevents tolerance, dependence and hyperalgesia
- Sustainable long term management strategy



# Self determination

- It allows them to mow the lawn
- It allows them to play a round of golf
- It allows them to go on a trip
- It allows them to take control of their life

# The problem

- How do you design a study to get the message across?
- How do you get ethics approval?

# Our own patients

- Are rarely started on twice daily slow release opiates
- Are educated in the same way as those awaiting joint replacement
- Actively manage their pain

# Inherited patients

- Are never escalated and can choose-
- to remain on the same forever or -  
an alternative management strategy that offers better analgesia every third day than anything they are currently doing



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