

General Practitioner experiences diagnosing and managing prescription Opioid Use Disorder in patients prescribed opioids for chronic pain in NSW, Australia 2021-2023

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Introduction:

Chronic pain is common and long-term opioids are often prescribed for this. Unfortunately, this has led to increasing harms, including development of prescription Opioid Use Disorder (pOUD). This chronic relapsing medical condition requires risk assessment and consideration of Opioid Dependence Treatment (ODT). Most NSW GPs do not prescribe ODT. This research sought to understand how GPs' experience of diagnosing and managing pOUD in patients' prescribed opioids for chronic pain may have changed over time.

Methods:

This qualitative longitudinal study used two semi-structured interviews at least 2 years apart to explore change over time through the lens of the Theory of Planned Behaviour (TPB).

Key Findings:

Twenty-four GPs working in community settings in NSW were followed up over 2-3 years (2021-2023). The majority worked in metropolitan Sydney, 42% worked in rural/regional settings, 63% were female and 34% had CALD background. They ranged from new fellow to retirement age. Through the study period many had significant role changes, and some noted positive opioid deprescribing experiences. The following remained unchanged; a holistic approach to patient assessment, patient complexity, negative attitudes towards conversations about the diagnosis of pOUD, lack of support and funding. Participants may have started, stopped, continued ODT prescribing or never prescribed ODT. Overall attitudes to ODT remained unchanged. ODT prescribing was associated with subjective norms such as role legitimacy and patient need as well as perceived behavioural controls such practice capacity and remuneration. Policy changes over the study period had little impact.

Discussion and Conclusions:

The issues affecting GPs' engagement in diagnosis and management of pOUD in their patients' prescribed opioids for chronic pain are complex. More nuance in the messaging to GPs regarding opioid risk and pOUD management is needed. Without a broad shift in a number of factors that impact GP engagement, this is unlikely to change.

Disclosure of Interest Statement:

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