NHS
Midlands and Lancashire
Commissioning Support Unit

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Prescribing tip for information

Deprescribing: High Strength Opioids for Chronic Non-cancer Pain

Part of a series of prescribing tips to support clinicians conducting Structured Medication Reviews (SMRs)

There is no evidence for the efficacy of high dose opioids in chronic (non-cancer) pain.[1]

- In addition side effects are extremely common with between 50% and 80% of patients in clinical trials experiencing at least one side effect (see left) from opioid therapy.
- As a result the Faculty of Pain Medicine (FPM) has produced a resource which provides information to support safe and effective deprescribing decisions.

FPM advise it is important to taper or stop the opioid regimen if:

- the medication is not providing useful pain relief. The dose above which harms outweigh benefits is 120mg oral morphine equivalent/24hours. Increasing opioid load above this dose is unlikely to yield further benefits but exposes the patient to increased harm
- the underlying painful condition resolves
- the patient receives a definitive pain-relieving intervention (e.g. joint replacement)
- the patient develops intolerable side effects
- there is strong evidence that the patient is diverting his/her medications to others

Whilst the FPM recommends a max dose of 120mg oral morphine equivalent/24hours, **local guidance recommends a maximum dose of 80mg oral morphine equivalent/24hours.**

The FPM recommends that when a decision to taper/stop an established opioid regimen has been made, it is preferable to discuss this with the patient and include:

- an explanation of the rationale for stopping opioids including the potential benefits of opioid reduction (avoidance of long-term harms and improvement in ability to engage in self-management strategies)
- an agreement on the outcomes of opioid tapering
- arrangements for monitoring and support during opioid taper
- a documented agreement of the tapering schedule

The dose of drug can be tapered by 10% weekly or two weekly[2]

Prior to tapering large doses (greater than oral morphine equivalent of 300mg/day) the FPM recommends that advice and guidance should be sought from local specialist services (Moving Well Community Pain Team).

LSCMMG have compiled a list of local resources and useful websites (one of which contains example **reduction schedules**) to assist primary care prescribers in managing patients with chronic non-cancer pain, and a recently updated opioid webinar (which includes an important refresher on **opioid dose equivalencies**) is available for prescribers who wish to undertake some training on this subject.

References

1. Opioids for long term pain | Faculty of Pain Medicine (fpm.ac.uk)
2. Tapering and stopping | Faculty of Pain Medicine (fpm.ac.uk)

To contact the Medicines Optimisation Team please phone 01772 214302

If you have any suggestions for future topics to cover in our prescribing tips, please contact Nicola.schaffel@nhs.net

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