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South Gloucestershire Opioid Pain Review Pilot study: a mixed methods evaluation

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Abstract

Background Primary care can be an appropriate setting to address opioid analgesic dependence among patients with chronic non-cancer pain. This study evaluated the South Gloucestershire Opioid Pain Review Pilot which aims to help patients understand their relationship with opioids and to develop alternative, non-drug-based, pain management strategies.

Methods Patients from two general practices in South Gloucestershire, UK, were invited to take part in the pilot (September 2016–October 2018). They were given an individually tailored intervention, based on the shared care model, and social prescribing including pain management, and referred to external services. Experiences of the pilot were explored with semi-structured interviews. Routine quantitative data were collected on demographics; opioid use and dose; wellbeing and quality of life; and pain intensity, pain relief, and interference with life. A mixed-methods approach supported a comprehensive evaluation of the pilot. Interviews were analysed thematically. Quantitative and qualitative data were integrated using “following a thread” and triangulation. The study was given ethics approval by West Midlands – Coventry and Warwickshire Research Ethics Committee, and participants gave written or verbal informed consent.

Findings Of 59 invited patients, 34 (58%) enrolled into the service and contributed quantitative data. 18 of the 34 service-users and seven service providers were interviewed. On average, service-users showed improvement in all outcomes except pain relief from medication. Baseline opioid dose reduced at follow-up (median 90mg, IQR 60–240 vs 72mg, 30–160, Wilcoxon signed-rank test $p=0.00013$). Service-users received the pilot positively, valuing their relationship with the project worker, time to discuss pain management, and individually tailored support. Individual needs and readiness to change shaped responses to the intervention. Perceived benefits related to understanding of pain, wellbeing, and quality of life; pain management strategies; and medication changes.

Interpretation This novel pilot has shown promise. We recommend that future initiatives within primary care are individually tailored. Project worker and service-user relationships are important. A randomised controlled trial is needed to test the impact of this care-pathway.

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Contributors

KT is the principal investigator and conceived the study. SR is the co-principal investigator. KT and SR oversaw the evaluation. RC leads the team that commissioned the pilot service. KB delivered the pilot service and supported the evaluation including collecting the quantitative data and supporting recruitment for the interviews. JK conducted the interviews and analysed the data. LS did the statistical analysis. JK and LS wrote the abstract with input from all authors. All authors have seen and approved the final version of the abstract for publication.

Declaration of interests

We declare no competing interests.

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