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SAPC Dangerous Ideas blog post

Title: GPs should stop prescribing opioid medication except for palliative care

Most patients start taking opioid medicines prescribed by their GP, rather than being started by the hospital or specialist. GPs need to take responsibility and action to reduce opioid prescriptions, particularly as the large variation in prescribing is not explained by patient and practice characteristics but by individual GP prescribing habits.(1)

Prescriptions for opioids have increased greatly in the past 10 years. This rise is not explained by increasing numbers of patients with pain but by changing prescribing patterns by GPs. The cost to the NHS of this rise runs into hundreds of millions, not only for the increased opioid costs, but the costs associated with treating the well-known side effects (constipation and nausea) as well as the severe adverse effects (addiction to prescription medication, hospital admissions from falls). Since the introduction of the World Health Organisation (WHO) 'analgesic ladder' for cancer pain, GPs have been prescribing longer and stronger courses for chronic, non-cancer pain with little evidence that this is of benefit to patients and increasing evidence that this approach to pain management is causing harm. Whilst the UK has not reached the 'opioid epidemic' status of the USA, we are heading towards an opioid problem.

To stop the projected rise in opioid prescriptions we need to refuse a prescription of opioids and suggest an alternative non-pharmaceutical approach in just one in twenty patients who request analgesics. For every patient requesting analgesics, GPs need to think twice before starting the patient on opioids. For those already on long term treatment we need reviews that ascertain whether they are controlling pain, and if not, stop the medication rather than titrating upwards towards potentially toxic doses.

We need to address the changes in patient expectation: that a life free of any pain and suffering is possible, and that all pain has an answerable and treatable cause. Prescriptions are not always the best medicine and walking out of a consultation with a script is often not good care. GPs need to base shared decision-making and agreed care goals in the context of realistic expectations of what opioid medication can achieve and the harms it can cause. Furthermore, learning new consultation 'scripts' (example phrases to help discuss difficult issues) to manage patient's expectations for a medicine as a "cure" for pain could reduce unnecessary consultations and help take pressure off overburdened GPs.

GPs could just say no to all opioids where there is no palliative diagnosis. Those with major injuries or recovering from surgery could have the appropriate amount of opioid medication prescribed by secondary care who are likely to have managed the patient, rather than expecting a GP to continue prescribing. GP training in managing chronic pain needs to be improved so the cancer-based WHO analgesic ladder is not used to treat a very different type of pain and patient experience. Reducing and

stopping prescriptions for opioids would protect our patients from harm, save NHS resources and reduce demand on busy GPs. GPs need to take back responsibility for their prescribing.

1. Foy R, Leaman B, McCrorie C, Petty D, House A, Bennett M, et al. Prescribed opioids in primary care: cross-sectional and longitudinal analyses of influence of patient and practice characteristics. BMJ Open. 2016;6(5).