

PHYSICIAN FAQs - Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

Background information

1) What is the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (CNCP)*?

- It is an evidence-based guideline with 24 recommendations outlining how to use opioids to treat patients with chronic non-cancer pain.

2) Why was the new guideline developed?

- Existing treatment information and guidelines were found to be outdated or too focused on specific health problems other than chronic non-cancer pain (CNCP).
- Canadian physicians asked for clear, evidence-based guidance to safely manage patient care when using opioids to treat chronic non-cancer pain.

3) Why is the new guideline necessary?

- To improve the safety and care of chronic non-cancer pain patients being treated with opioids. To safely manage potential side effects (including addiction) and the risk of opioid misuse.
 - There is growing concern that opioid misuse is creating patient and public safety issues:
 - ♦ prescription opioids have surpassed heroin as the primary narcotic of abuse.
 - ♦ increases in opioid prescribing correspond with increases in abuse, serious injuries and overdose deaths among individuals taking this medication.
 - ♦ Canada is currently the world's third-largest opioid analgesic consumer for treating acute and palliative pain.

4) If there are risks associated with using opioids to treat chronic non-cancer pain (CNCP), why use them?

- Opioids have been proven effective in reducing the intensity of pain for CNCP patients, and can be part of an effective treatment process.

5) Will the new guideline prevent opioid misuse?

- Not completely. However, use of the new guideline may decrease the likelihood of misuse.

6) How many chronic non-cancer pain (CNCP) patients are treated with opioids?

- We don't know because opioid prescriptions are not tracked in every province.

7) Are opioids the only treatment for chronic non-cancer pain (CNCP)?

- No. Opioid treatment for CNCP is only one of many treatments.

8) Does the new guideline cover other methods of treatment for chronic non-cancer pain (CNCP)?

- No. The guideline only applies to treatment of CNCP using opioids.

9) Who developed the new guideline?

- Several groups were involved in the research, drafting, reviewing and approval of the new guideline. These included:
 - A **Research team** of academic experts (research librarian and associate, epidemiologist and physician-researchers) who researched and drafted the initial recommendations.
 - A **National Advisory Panel (NAP)** consisting of 49 individuals from across Canada who reviewed the recommendations. The panel included:
 - ♦ Pain specialists

- ♦ Family physicians
- ♦ Addiction experts
- ♦ Pharmacists
- ♦ Academics
- ♦ Nurses
- ♦ Patient group representatives
- ♦ The **National Opioid Use Guideline Group (NOUGG)** - 18 representatives from Canadian Medical Regulatory Authorities and the Federal Medical Regulatory Authorities of Canada (FMRAC) who coordinated the development and implementation of the guideline and were responsible for final approval.

10) Were chronic non-cancer pain (CNCP) patients consulted during the guideline’s development?

- Yes, representatives from a national patient group provided feedback as part of the National Advisory Panel (NAP).

11) Why did the development of the guideline need input from so many people?

- The task of developing and implementing a new national guideline required expert advice and consultation with interested parties.

12) How long did it take to develop the guideline?

- Nearly three years:
 - In 2007, the Federal Medical Regulatory Authorities of Canada (FMRAC) and Canadian medical regulatory authorities identified the need for a specific guideline for treating chronic non-cancer pain (CNCP) with opioids.
 - The National Opioid Use Guideline Group (NOUGG) was created the same year to coordinate the development and implementation of the new guideline.

13) Why did it take so long?

- The initial literature review identified thousands of relevant studies. The research team reviewed and summarized this material, drafting 49 initial recommendations that included discussion and related evidence.
- The National Advisory Council then undertook a comprehensive review process which required 80 per cent consensus amongst Council members before a recommendation was approved.
- The recommendations then underwent significant editing before being finalized.
- The resulting 24 recommendations are included in the final version of the guideline.

14) Who funded the development of the guideline?

- Funding to develop the guideline came from existing budgets of the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Canadian Colleges of Physicians & Surgeons.

15) Who made the final decision on the guideline?

- The National Opioid Use Guideline Group (NOUGG), with input from the research team and the National Advisory Panel.

Who will use the new guideline?

- Primary-care physicians and specialists who manage patients with chronic non-cancer pain (CNCP).
- It may also be useful for pharmacists who dispense opioids, and nurses and dentists involved in the treatment of patients with CNCP.

16) When will the guideline be released?

- May 3, 2010 (will be posted on the [Michael G. DeGroote National Pain Centre](#) website at McMaster University)
- Dissemination and implementation will follow throughout 2010 and into 2011.
 - Implementation activities will occur at local, provincial and national levels with learning resources shared across the country.

17) What will happen to the new guideline after it has been implemented? Who will keep it up to date?

- NOUGG recognizes that Canadian medical regulatory authorities do not have the resources to update the new guideline as needed.
- The National Pain Centre at McMaster University (in Ontario) is responsible for ensuring the new guideline remains current and relevant.

For Physicians

1) Is the new guideline mandatory for physicians?

- No. The new guideline is not a policy or standard of practice and provides advice to physicians.

2) How will the guideline be distributed? Are copies being sent out to physicians?

- The complete guideline and its condensed version will be available in electronic format from the websites at McMaster University and Canadian medical regulatory authorities.

Note: printed versions of the guideline will not be distributed due to budget constraints.

3) Will the new guideline be available in French?

- Yes, the guideline and related documents is being translated by the College of Physicians & Surgeons of Quebec /Collège des Médecins du Québec.

4) How detailed is the new guideline? Will there be a condensed version available for physicians?

- The complete guideline is more than 150 pages and includes tools and at-a-glance resources
- A condensed version and online tools are also available to physicians.

5) How realistic is it to expect physicians will take time to become familiar with, and use the new guideline, based on its length and complexity?

- There is no guarantee. However the complete guideline includes tools and at-a-glance resources to help physicians with decision-making. A condensed version is also available for quick reference.
- In the long run, time spent becoming familiar with the guideline will help physicians provide safer and more effective treatment for their patients.

Treating Patients with Chronic Non-Cancer Pain

1) How will the new guideline affect treatment for patients who are currently prescribed opioids for chronic non-cancer pain (CNCP)?

- The new guideline will allow physicians to determine and adjust patient treatment as needed, based on current, evidence-based information.

- 2) **Does the new guideline limit the dose of opioids a physician can prescribe for a patient with chronic non-cancer pain (CNCP)?**
 - The guideline makes recommendations on what is safe and effective opioid treatment for chronic non-cancer pain (CNCP). Whether this is less or more than what a physician currently prescribes will depend on the individual patient and situation.

- 3) **If the new guideline recommends a lower dosage than a physician’s current prescription, is the physician obligated to modify their treatment?**
 - No. However, the physician should consider the most safe and effective treatment for his/her patient.
 - Note: The guideline recognizes that some patients may require higher doses of opioids, such as when a patient benefiting from opioid treatment (for CNCP) develops a tolerance to his/her current dose.

- 4) **What if patients ‘doctor shop’ or ‘double doctor’ to supplement a reduced opioid prescription?**
 - The same measures currently employed by regulatory bodies will be in effect to monitor and identify if this occurs.
 - If a physician’s regulatory body doesn’t track ‘doctor shopping’ or ‘double doctoring’, it will be important for the physician to use available information regarding the patient’s prescription history and opioid use.

- 5) **Can a physician refuse to treat patients with opioids for chronic non-cancer pain (CNCP)?**
 - Yes, but only if the physician determines there is a risk to the patient’s safety or the physician does not feel qualified to handle treating CNCP with opioids.
 - In either case, alternate methods for treating chronic non-cancer pain should be considered.

- 6) **Is there a risk that physicians will stop treating, or refuse to treat, chronic non-cancer pain (CNCP) patients with opioids because of the complexity and extra work involved?**
 - Most physicians are interested in providing quality care to their patients, however some may choose to defer treatment to others more familiar with treating CNCP.

Chronic Non-Cancer Pain (CNCP)

- 1) **What is chronic non-cancer pain (CNCP)?**
 - Chronic non-cancer pain is classified as non-malignant pain that exists for more than six months. It is:
 - commonly caused by low-back pain
 - prevalent in Canadian seniors, osteoarthritis sufferers and those with neuropathic pain.
 - a symptom of many diseases (e.g. diabetic neuropathy, post-herpetic neuralgia, arthritis, spinal disc herniation, stroke, and trauma) and may occur in the absence of a specific underlying diagnosis.
 - the most common cause of long-term disability
 - associated with increased use of health services.

- 2) **How many Canadians suffer from chronic non-cancer pain (CNCP)?**
 - The number of patients is significant and increasing; approximately 29 per cent of Canadians suffer from CNCP including:
 - 38 per cent of institutionalized seniors, and 27 per cent of seniors living in households, who experience CNCP of some kind on a regular basis. Percentages in both scenarios are higher for women than men.
 - Three million (10 per cent) Canadians who suffer from osteoarthritis – evenly spread between men and women.
 - One million (three per cent) Canadians who live with neuropathic pain, including headaches and nerve pain.