

The Difference is Research



Prevalence and predictors of problematic opioid behaviours in people prescribed opioids for chronic non-cancer pain over five years: A prospective cohort study

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Medicine

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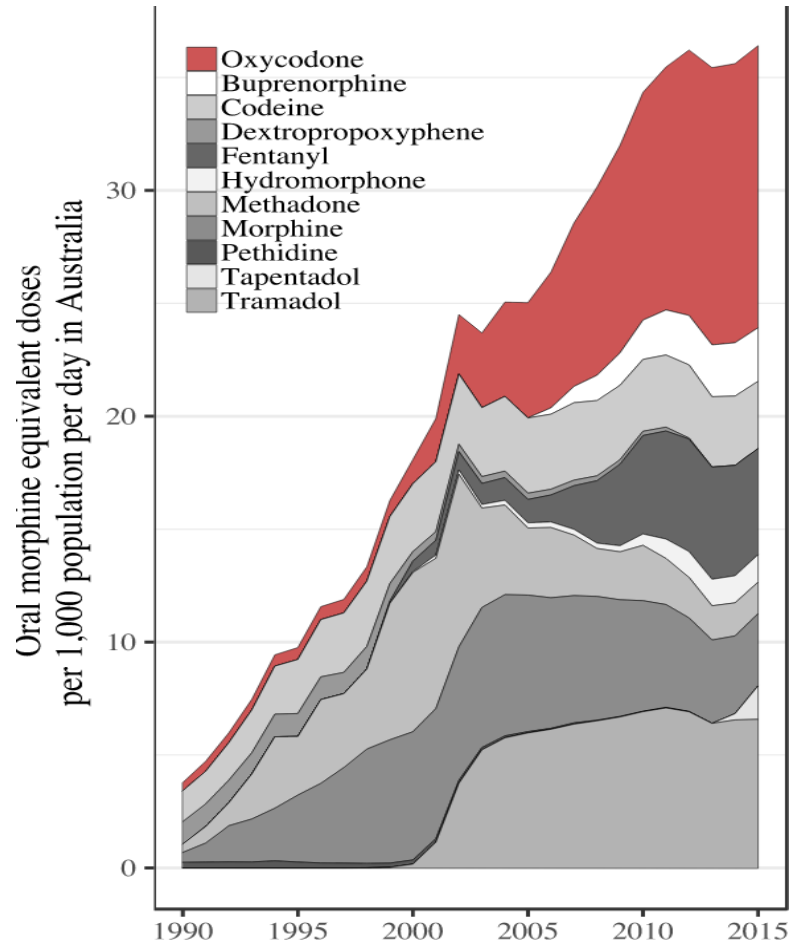
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Outline

- Background
- Overview of the POINT study
- Pharmaceutical opioid utilisation across 5 years
- Prevalence and characteristics associated with problematic opioid behaviours
 - Patient concerns about their opioid use
 - Potential indicators of opioid extra-medical use
 - ICD-10 harmful use of opioids
 - ICD-10 opioid dependence
- Is OME independently associated with problematic opioid behaviours in people prescribed opioids for CNCP over 5 years?

Background



- There have been considerable increases in prescribing of opioids for pain
- One of the main drivers of this increase is due to increase in prescribing for people with CNCP
 - Despite limited long-term evidence of their effectiveness in the management of CNCP
- Concern about harms related to pharmaceutical opioids
 - opioid dependence
 - diversion
 - overdose

Background

- Estimates of problematic opioid use vary widely
 - Different methodologies and terminologies used
- Best estimates based on observational studies (Vowles, et al, 2015);
 - Misuse – defined opioid use contrary to directed or prescribed pattern of use – 21% and 29%
 - Addiction – defined as pattern of continued use with potential for harm – 8% to 12%
- Separate reviews suggest that the importance of;
 - Patient characteristics – male, younger, substance use history and mental health comorbidities
 - Opioid prescription characteristics – duration, daily does over 120 Oral Morphine Equivalents
- Recent concern that the 2016 CDC guidelines may have some unintended consequences
 - inflexible application of recommended dosage and duration thresholds and abrupt tapering

The Pain and Opioids IN Treatment (POINT) study

Overall design

Sample: National sample of people living with chronic non-cancer pain, prescribed strong opioids
>=6 weeks

Recruitment across community pharmacies

- Contacted 93% (n=5,332) via fax and phone
- 33% of pharmacies agreed to be involved in recruitment

Seven assessment waves:

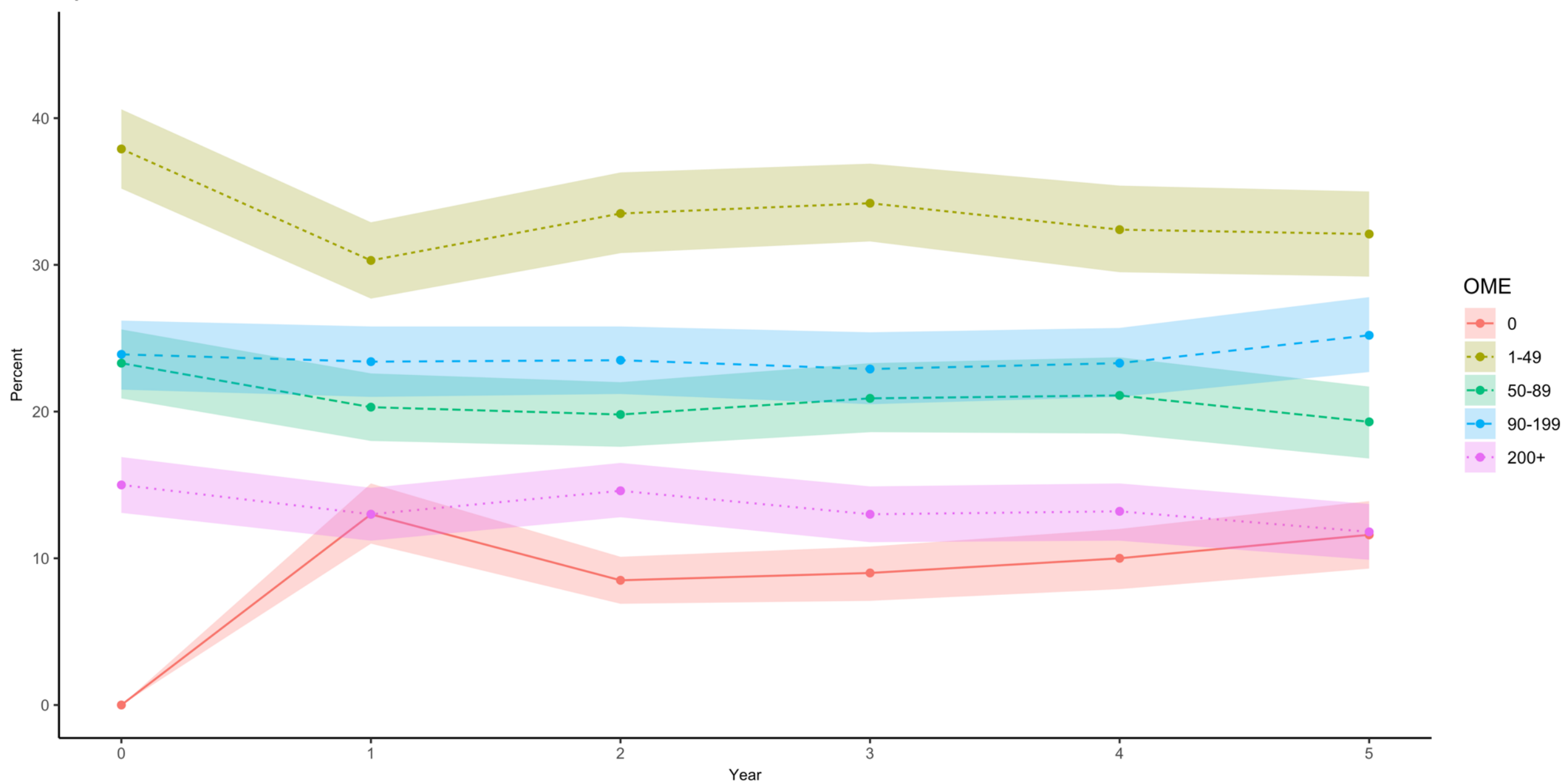
Baseline	n = 1,514		
T2 follow up (3 mths)	n = 1,211	80% f/up	0.5% deceased
T3 follow up (1 year)	n = 1,235	82% f/up	1.4% deceased
T4 follow up (2 years)	n = 1,277	84% f/up	2.8% deceased
T5 follow up (3 years)	n = 1,211	80% f/up	5.4% deceased
T6 follow up (4 years)	n = 1,217	80% f/up	7.1% deceased
T7 follow up (5 years)	n = 1,127	74% f/up	10.0% deceased

Characteristics of the POINT cohort

	N=1514
Demographics	
Median age (IQR)	58 (48-67)
% Male	44
% Unemployed	48
% Reported change in employment due to pain	64
Mental health	
% Current moderate to severe depression	47
% Current moderate to severe anxiety	23
% Reporting childhood abuse and/or neglect	52
Physical health	
Median time experiencing pain (years)	10 (4.5-20)
% More than one lifetime pain condition	85
Opioid medication	
Median years using prescribed opioids	4 (1-10)

Pharmaceutical opioid utilisation across 5 years

Opioid Utilisation Across Waves of the POINT Cohort



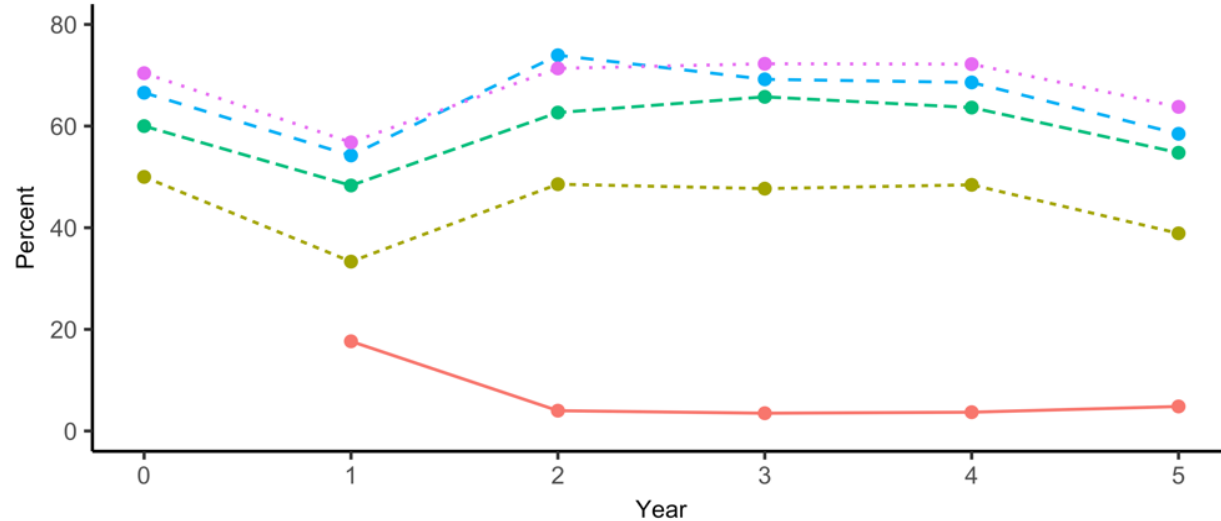
Prevalence and characteristics associated with problematic opioid behaviours

Outcomes

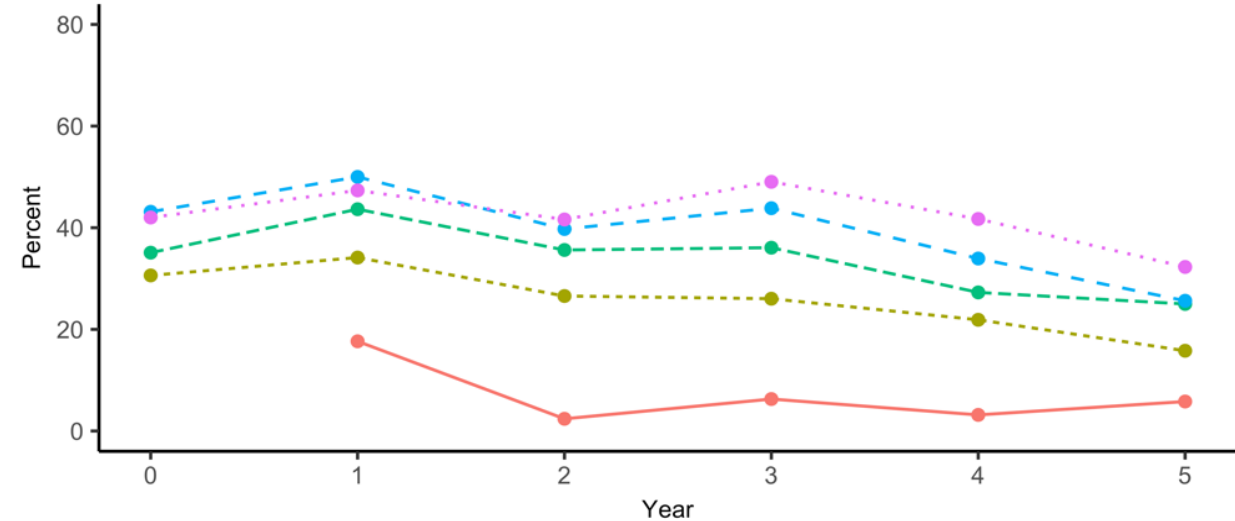
Outcome	Measure	Time frame	Criteria	Examples of items
Patient concerns about their own opioid use	Prescribed opioid difficulties scale (PODS)	Problems and concerns experienced over the past 2 weeks, past month and past year	Dichotomised these categories intermediate/high vs low	15 items. The problems domain includes items such as; difficulty remembering, loss of interest , and caused me to feel depressed . The concern domain includes items such as, preoccupation , needing a higher dose , wanting to cut down , feeling dependent and problems in work and social settings
Indicators of Potential extra medical opioid use	Opioid Related Behaviours In Treatment (ORBIT)	Preceding 3 months	Engaged in at least one behaviour	10 items to examine behaviours such as doctor shopping, diversion, stockpiling and other behaviours such as asking for increase in does and early script renewal
Opioid dependence	ICD-10 pharmaceutical opioid dependence	Preceding 12 months	Three or more symptoms in the previous 12-month period	7 items assessing craving, impaired control, withdrawal, tolerance, preoccupation, persistent use, continued use despite physical or psychological problems
Opioid harmful use	ICD-10- pharmaceutical opioid harmful use	Preceding 12 months	At least one in the past 12 months	4 items assessing recurrent use; despite failure to meet role obligations, recurrent social/interpersonal problems , in hazardous situation , despite legal problems

Prevalence of problematic opioid outcomes according to average daily opioid utilisation (oral morphine equivalent (OME) per day))

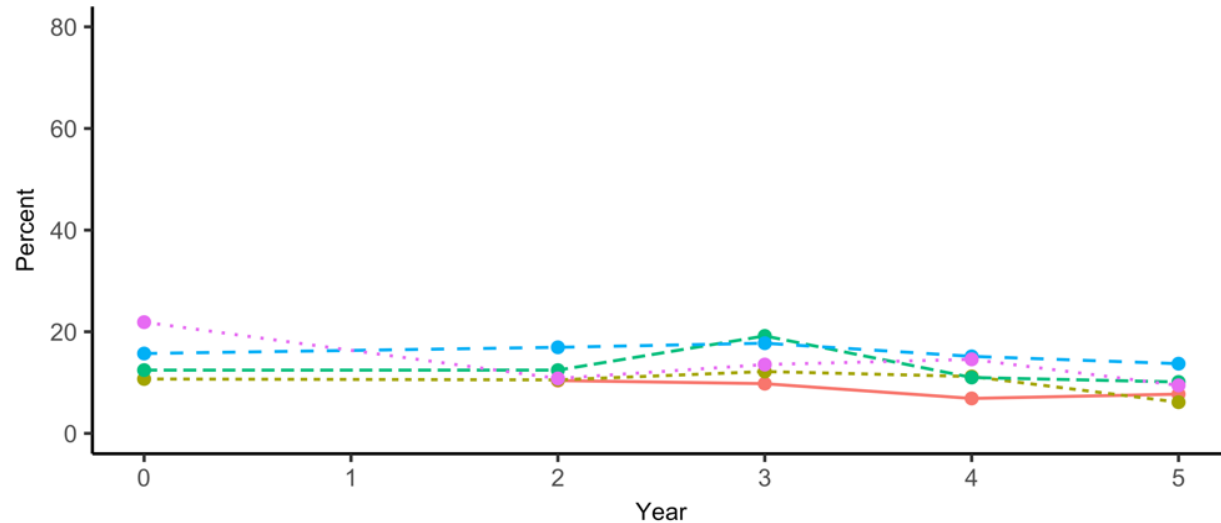
Patient concerns about their own opioid use



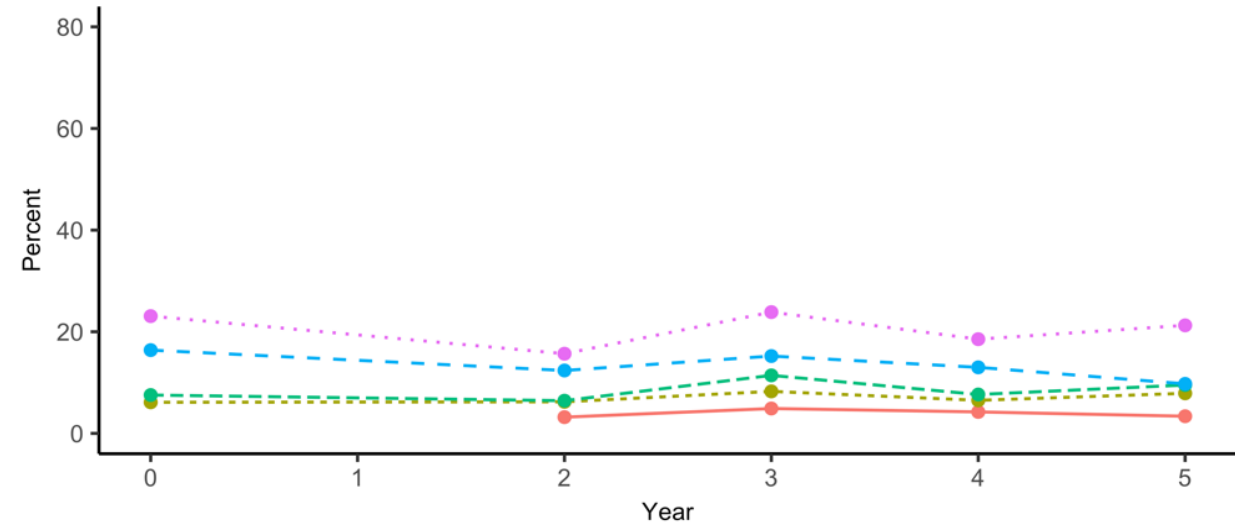
Indicators of potential extra medical opioid use



Opioid harmful use



Opioid dependence

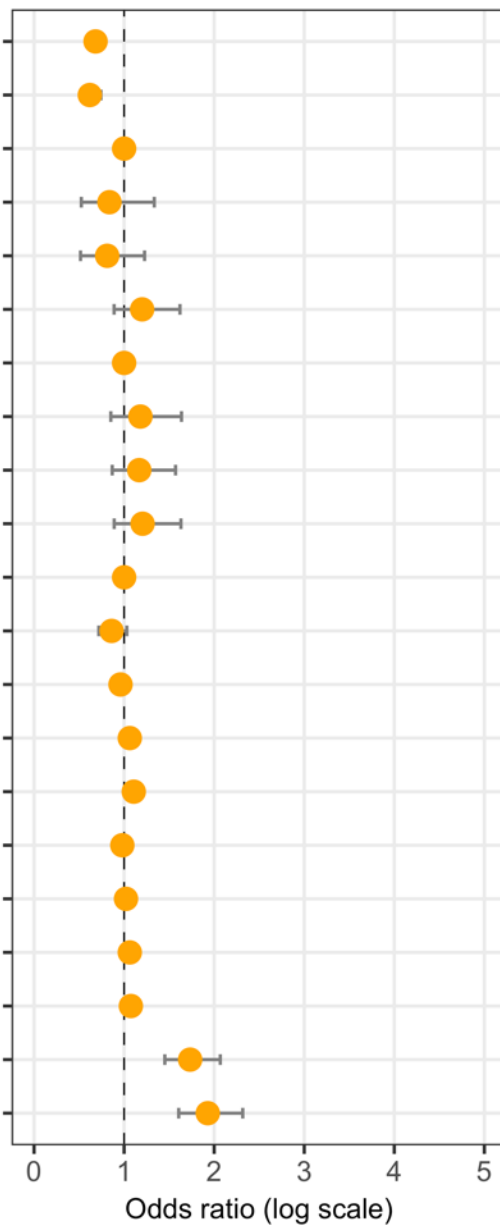


OME — 0 — 1-49 — 50-89 — 90-199 — 200+

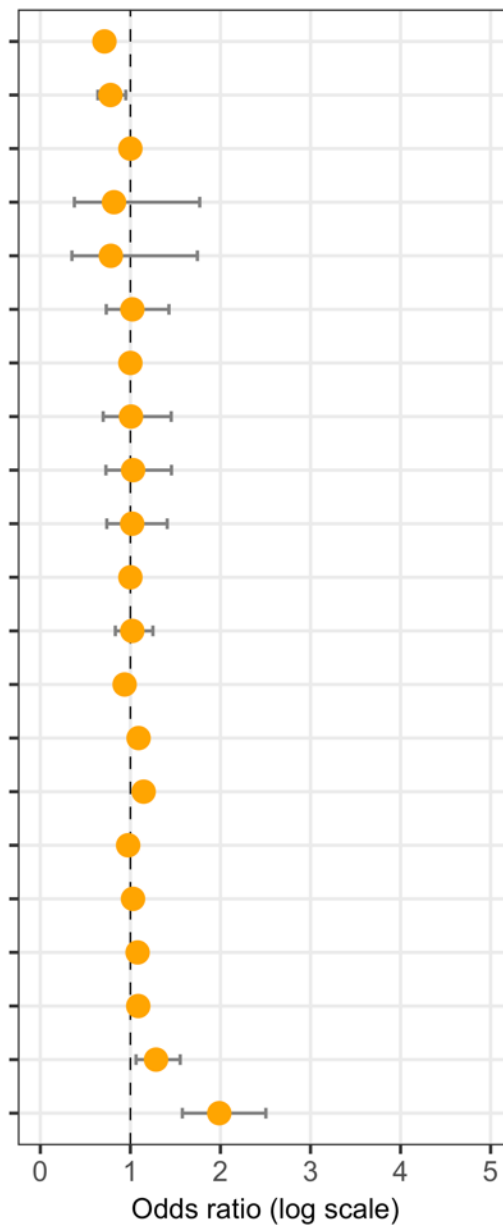
**Patient concerns about
their own opioid use**



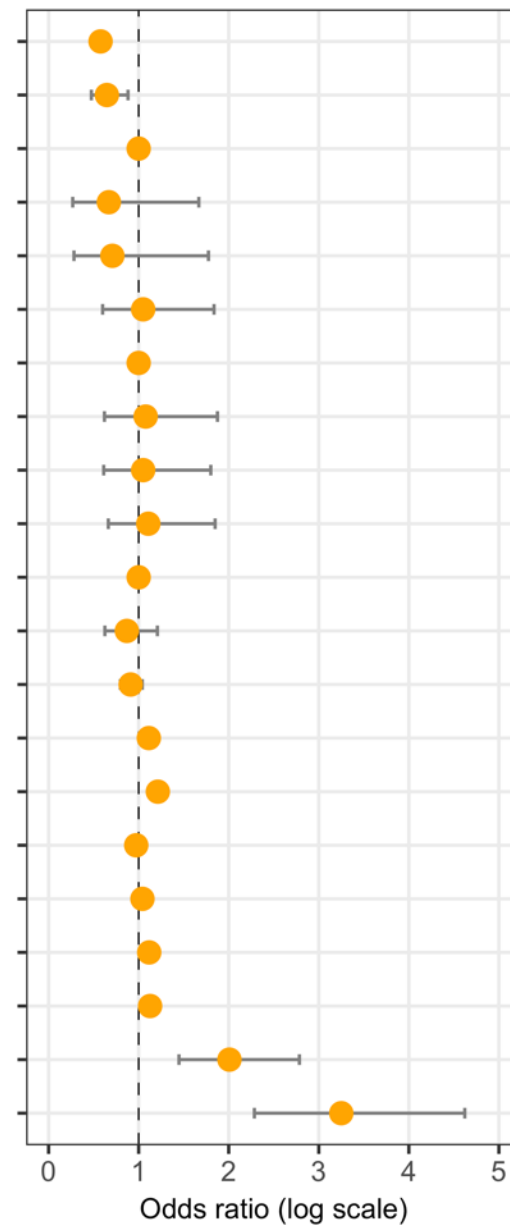
**Indicators of potential
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Opioid harmful use



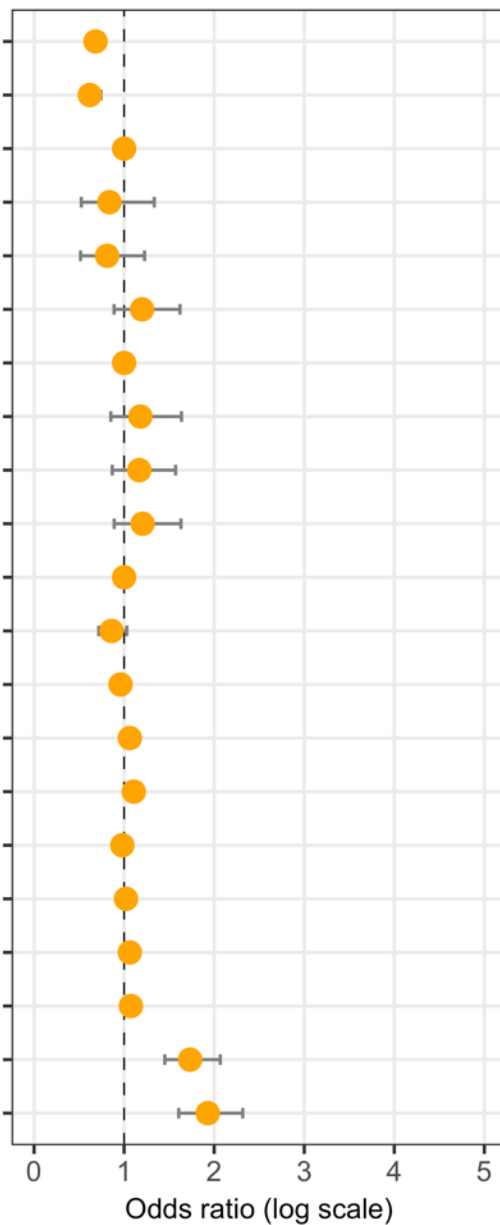
Opioid dependence



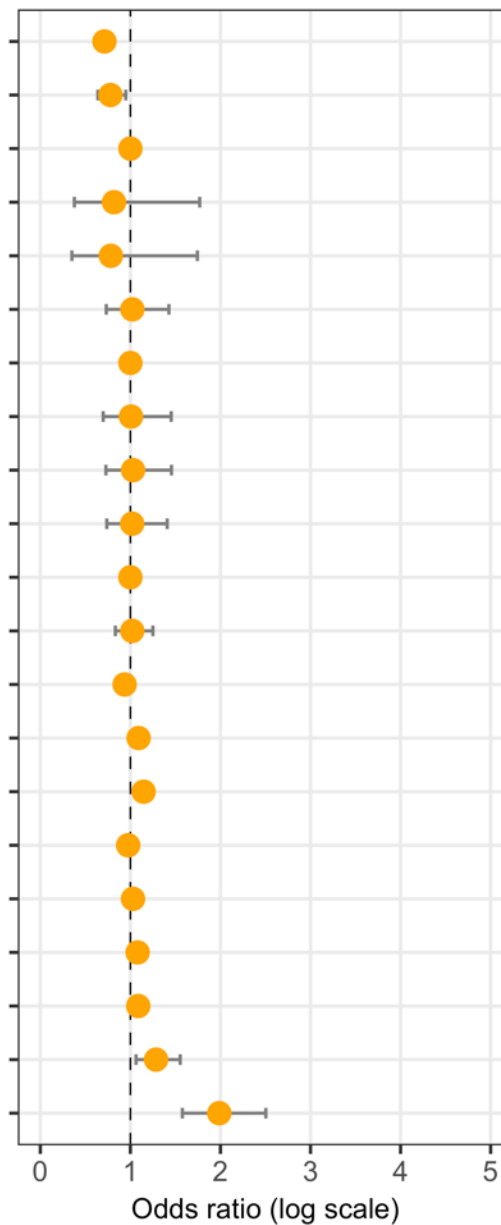
Patient concerns about their own opioid use



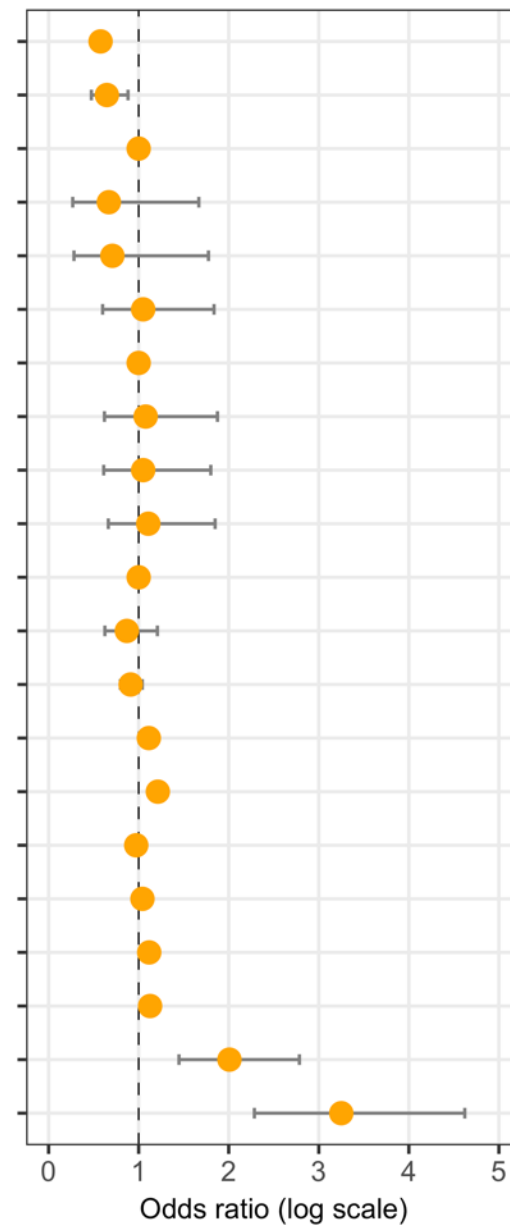
Indicators of potential extra medical opioid use



Opioid harmful use



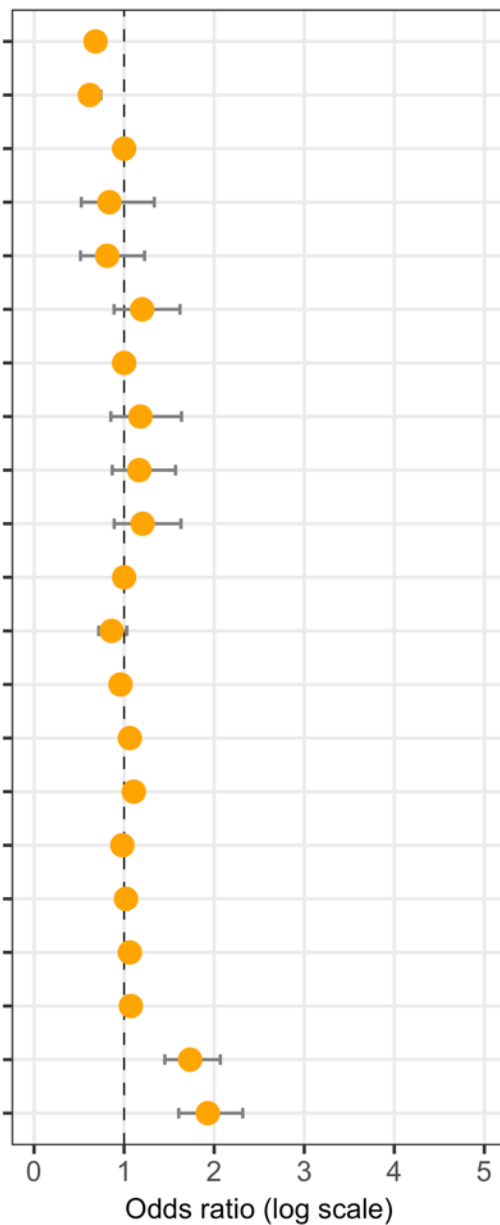
Opioid dependence



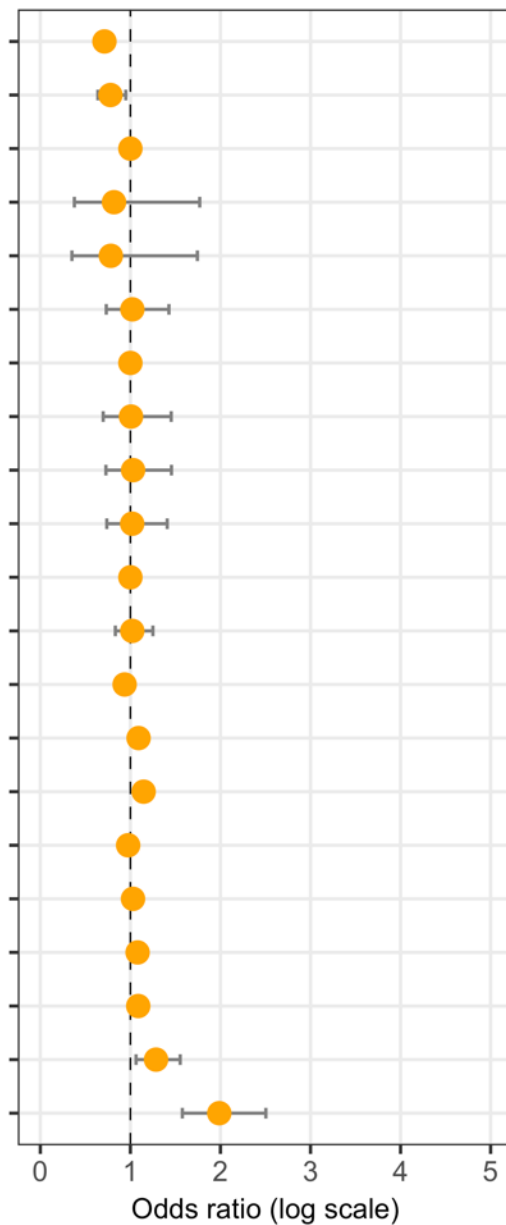
Patient concerns about their own opioid use



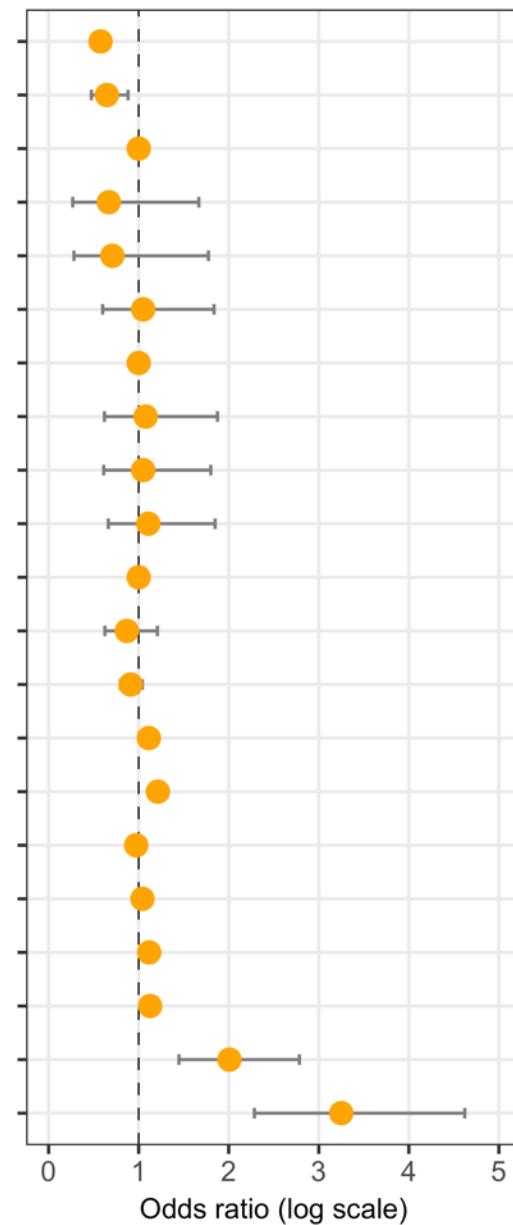
Indicators of potential extra medical opioid use



Opioid harmful use

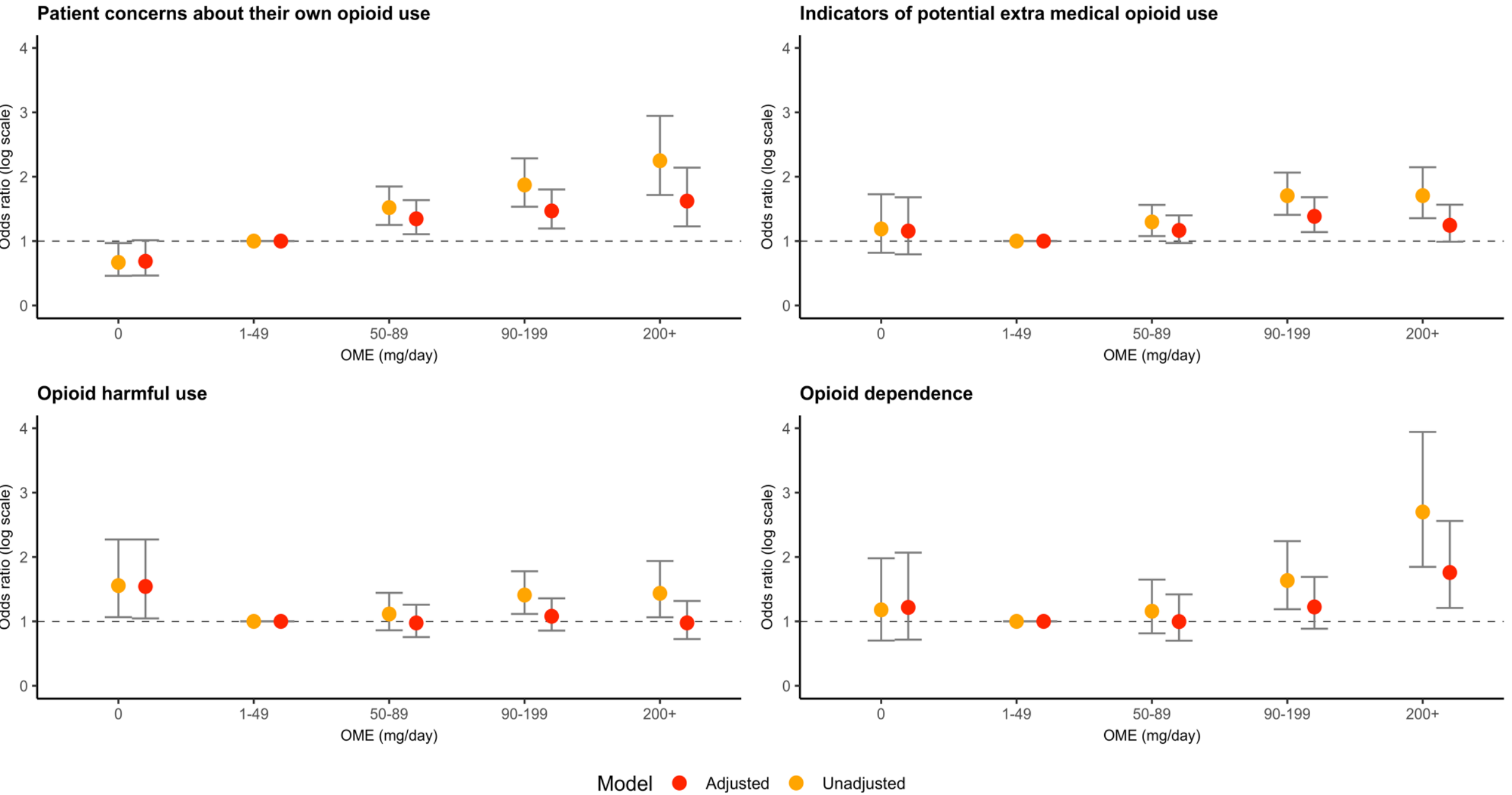


Opioid dependence

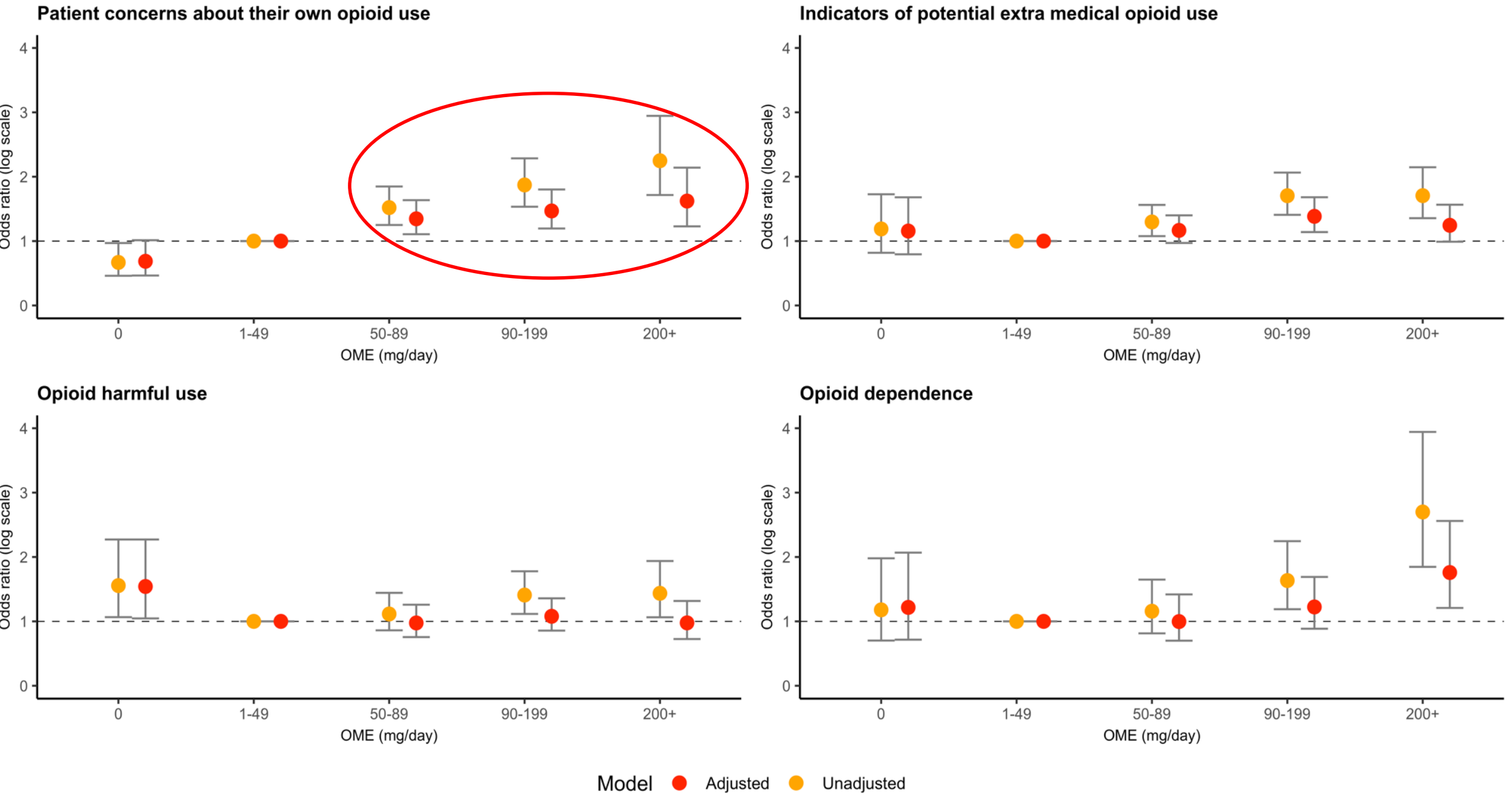


Is OME independently associated with problematic opioid behaviours in people prescribed opioids for CNCP over 5 years?

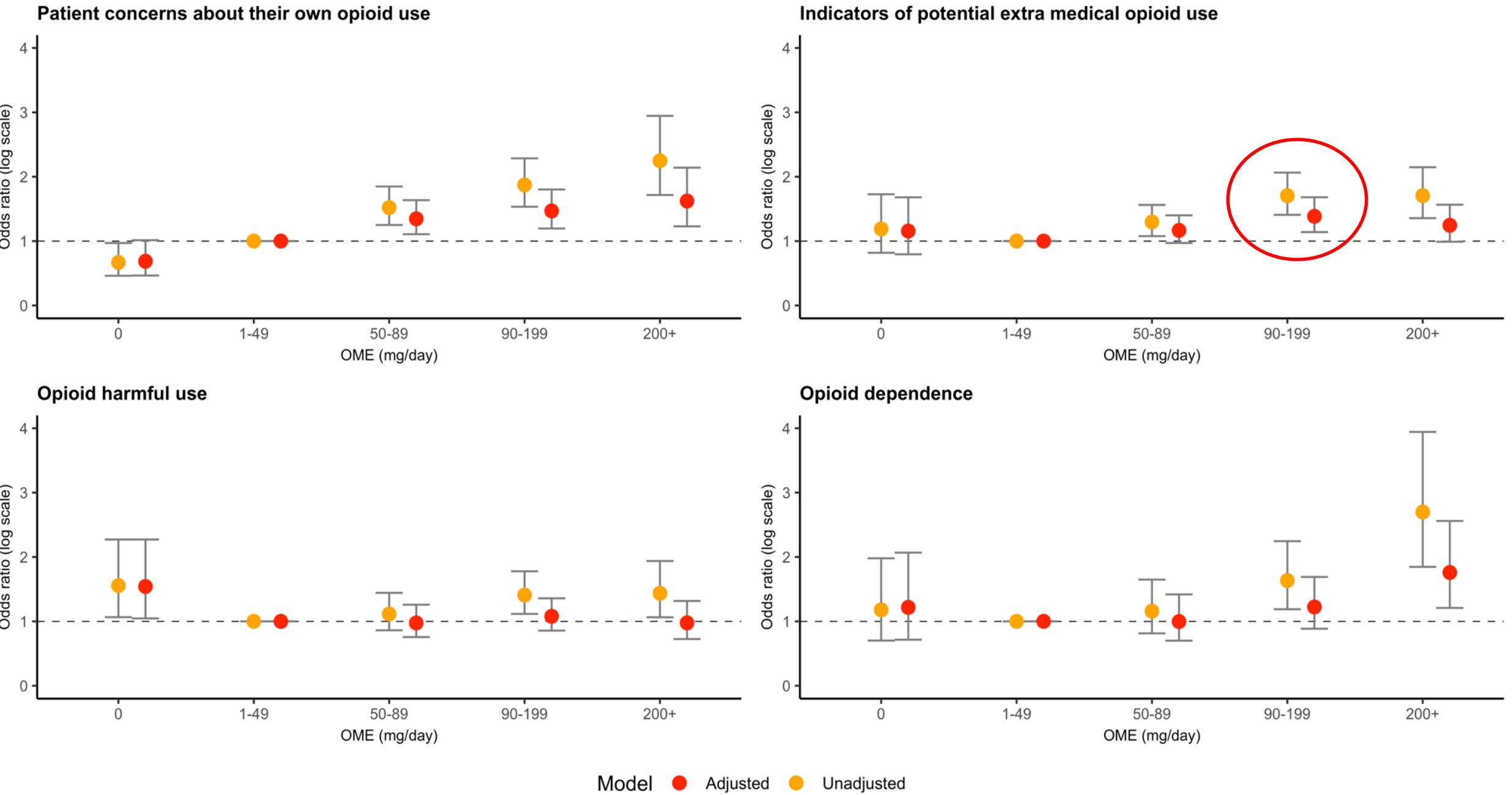
Unadjusted and adjusted associations between OME utilisation and opioid outcomes



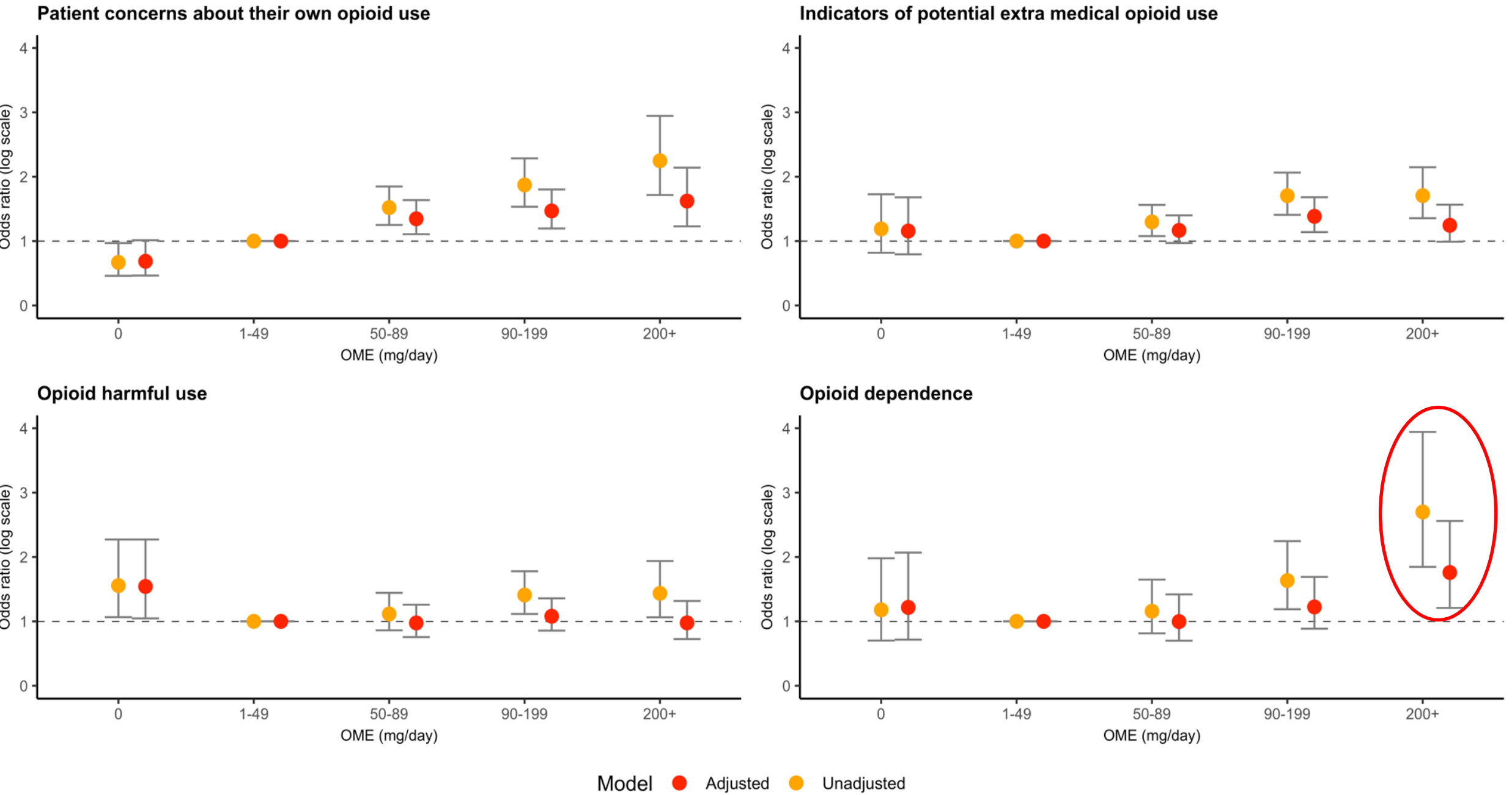
Unadjusted and adjusted associations between OME utilisation and opioid outcomes



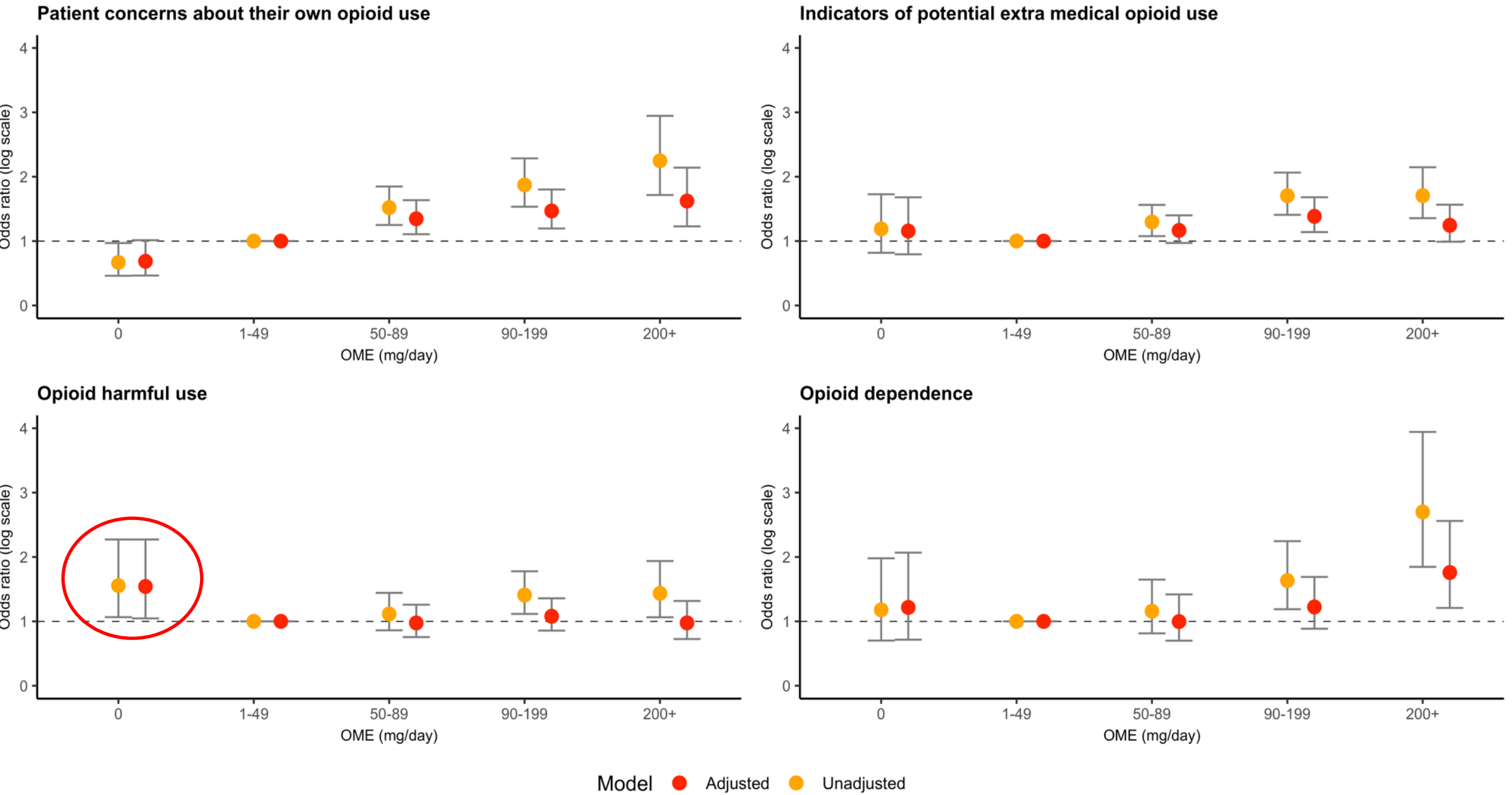
Unadjusted and adjusted associations between OME utilisation and opioid outcomes



Unadjusted and adjusted associations between OME utilisation and opioid outcomes



Unadjusted and adjusted associations between OME utilisation and opioid outcomes



Summary and discussion

Summary

- The vast majority of the cohort (>85%) remained on opioids at 5 years
- Patient concerns with opioid use
 - Decreased from 60% to 52%
 - OME independently associated
 - Clear dose response
- Potential indicators of extra-medical opioid use
 - Decreased from 38% to 25%
 - Only ≥ 90 -199 OME independently associated

Summary

- ICD-10 harmful opioid use
 - Approximately 12%
 - In adjusted models only people who recently discontinued use
- ICD-10 opioid dependence
 - Approximately 9%
 - Only 200+ OME independently associated
 - Tolerance and withdrawal criteria?

Discussion

- With the exception of patient concerns with opioid use, problematic opioid behaviours experienced by a significant minority of the sample
- Both patient clinical characteristics and OME independently associated with problematic opioid behaviours
 - Dependent on type of behaviour being examined
- Need for vigilance and continual monitoring of patients on long-term opioids for CNCP management
- What are the long-term health outcomes for people prescribed opioids for CNCP?

POINT

PAIN AND OPIOIDS
IN TREATMENT