

# Safe Prescribing Practices and Resources

## Comprehensive approach to high-quality management of non-cancer chronic pain

- Empathize, partner with the patient
- Perform a complete history and physical, including biopsychosocial assessment
- Set functional goals
- Utilize shared decision-making
- Employ multi-modal treatment plan (pharmacotherapy, behavioral therapies, physical activation)
- Employ careful polypharmacy

### Select appropriate patients

Optimal: Already engaged in multi-modal treatment plan but not achieving functional goals, no history of addiction, no history of prescription drug misuse

*Higher risk patients will need increased monitoring and support until they are stabilized*

### Discuss potential benefit/harm of treatment

#### Potential benefits:

- Improved pain
- Improved functional status
- Improved quality of life

#### Potential harms:

- Adverse/side effects
- Physiologic dependence
- Addiction

*Also: "If we have to stop the medication because of safety problems, we will not try them again."*

### Use a treatment agreement

Including: informed consent for opioid therapy, bilateral agreement for bundled treatment plan (multimodal, monitoring, follow up) and rules of the practice

Talking points: *"This is so you know what to expect from us and what we expect from you."*

### Understand opioid pharmacology

Understand the relative potency of different opioids, and duration of action.

Relative Potency	
Oral Dose (MG)	Medication
30	Morphine
7.5	Hydromorphone (Dilaudid®)
20	Oxycodone
30	Hydrocodone

### Duration of Action:

Immediate release (4-6 hrs) << <controlled release (8-12 hrs) <<< methadone/fentanyl (24-72 hrs)

### Assess and re-assess the 5 As

- **Analgesia:** 0-10 Numeric Rating Scale
- **Activities of daily living** (functional goals): *"Your goal was to walk 20-30 minutes daily. How is it going?"*
- **Advse effects:** detailed questions
- **Addiction/misuse:** Is the patient running out early? Does the urine drug test show unprescribed drugs/meds? Does the Prescription Monitoring Program patient report suggest Dr. Shopping, diversion, or abuse?
- **Adherence** to the treatment agreement: Is the patient no-showing appointments? Pill counts.

### Frame and respond to problems in terms of harm vs. benefit

- Explain how patient's behavior or the outcome of the treatment is not in line with the treatment agreement.
- Firm but empathic -- you will still work with pt on pain treatment and primary care
- Patient is not bad; treatment is not effective, not safe, not appropriate.
- Benefits no longer outweighing harms. *"Cannot responsibly continue prescribing opioids as I feel it would cause you more harm than good."*

### Document

- Indication for treatment
- Discussion of potential harm and benefit
- Informed consent and treatment plan
- Results of 5 As assessment and reassessment with each visit
- Response to problems

### Discontinue when necessary using an appropriate plan

*See the back of this page for recommendations*

