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MULTIDISCIPLINARY PAIN CLINICS KEY TO OPIOID REDUCTION

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SPECIALIST, multidisciplinary chronic pain services may be the key to helping patients with chronic non-cancer pain for whom opioids may not be an effective or desirable solution, according to research published today by the *Medical Journal of Australia*.

Dr Hilarie Tardif, a Senior Research Fellow at the Australian Health Services Research Institute at the University of Wollongong, and colleagues, analysed data from the electronic Persistent Pain Outcomes Collaboration collected at 67 pain services during January 2015 – June 2020, with the aim of exploring the impact of changes in opioid use on outcomes for patients.

"Opioid prescribing varies between pain services, including direct prescribing by the pain specialist and recommendations to patients' general practitioners," Tardif and colleagues wrote.

"However, a major focus of multidisciplinary care is supporting patients to reduce their opioid use, which typically involves collaboration between the patient, their GP, and the pain service."

Of the 10 302 patients who provided information at both referral and at the end of their treatment episode, 5807 were women (56.4%), and 3490 had experienced their pain for more than five years (33.9%). The most frequent site of their main pain was the back (3936 patients; 38.2%).

A total of 6340 patients (61.5%) were using opioid medications at referral; their mean oral morphine equivalent daily dose was 56.3 mg, the median daily dose was 31.0 mg. They reported higher mean pain scores than patients not using opioids at referral and greater interference in daily activities. Mean values for depression, anxiety, stress, pain catastrophising, and pain self-efficacy were also worse for people using opioid medications.

"By the end of their treatment episodes, 1724 patients who reported using opioids at referral (27.2%) had stopped doing so, 1234 patients (19.5%) had reduced their dose by at least 50% and 3382 patients (53.3%) had either not changed, increased, or reduced opioid use by less than 50%," Tardif and colleagues reported.

"For each group, scores had improved in each clinical domain, and the changes were greatest for patients who had ceased opioid use, as were the proportions experiencing clinically significant improvement.

"Scores for measures specifically related to pain experience (pain severity, interference, catastrophising and self-efficacy) at the end of treatment were similar to or better than those of patients who had not been using opioids at referral, despite greater initial pain severity.

"Conversely, the smallest mean improvements were for the patients who had not reduced opioid use by at least 50%."

Tardif and colleagues concluded that their findings were "encouraging" despite the study's limitations.

"We found that significant clinical improvements are possible for people with chronic non-cancer pain attending multidisciplinary pain management services in Australia and New Zealand, even as they discontinue opioid medications.

"The challenge is to extend these services and supported self-management skills to primary and community care."

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