

SURVEY OF OPIOID ANALGESIC DEPENDENCE (SOAD) AWARENESS AMONGST MENTAL HEALTH PROFESSIONALS

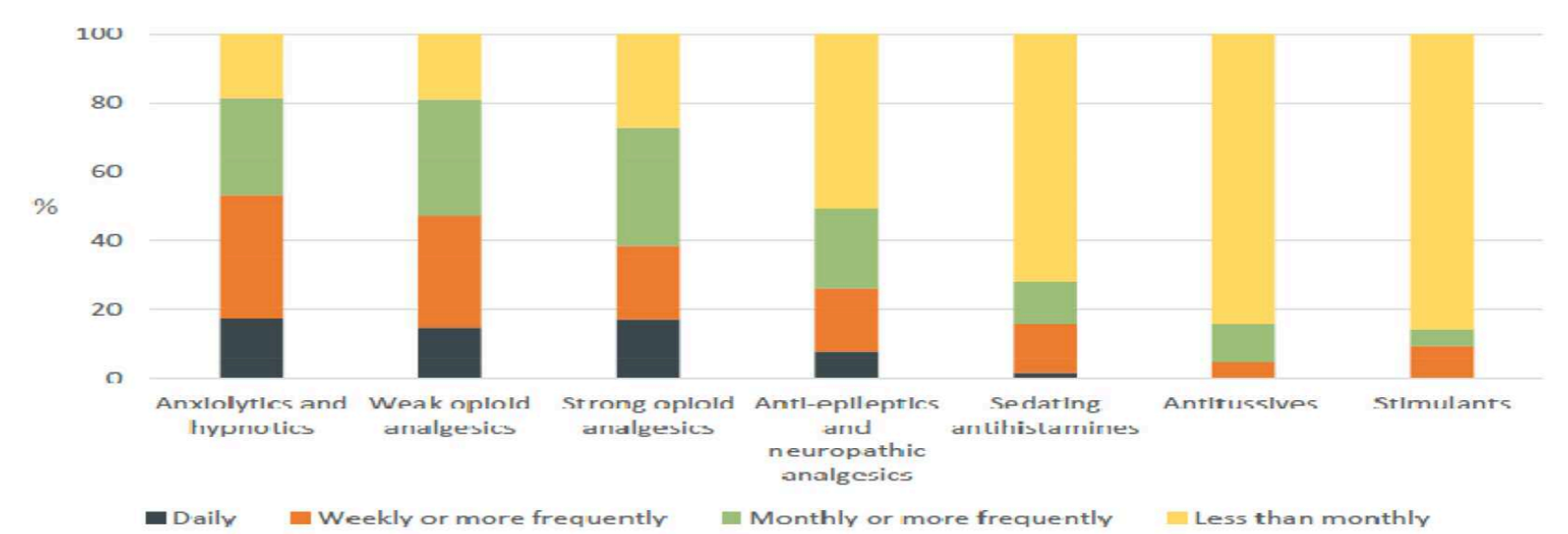
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BACKGROUND

It has been estimated that between 10,000 and 20,000 opioid users die each year in Europe. Individuals can become addicted to prescription opioid analgesics as it affects the brain in the same way as heroin, cause the same changes to the brain reward system, leading to tolerance, dependence and, once opioid are removed, withdrawal. The United Kingdom consumes more than 100mgs/capita of Morphine equivalent opioid analgesia. In a more local study done at Cheshire and Merseyside in November 2015, it was identified that patients were most frequently developing addictions on anxiolytics and hypnotics, as well as both strong and weak opioid analgesics. There are also concerns that individuals consuming large amounts of over-the-counter (OTC) opioid analgesia are putting themselves at risk of liver damage (preparations with paracetamol) and gastric bleed (preparations with Ibuprofen).

Figure 4: Frequency that participants suspect addiction amongst their patients, by medication group (n=70)

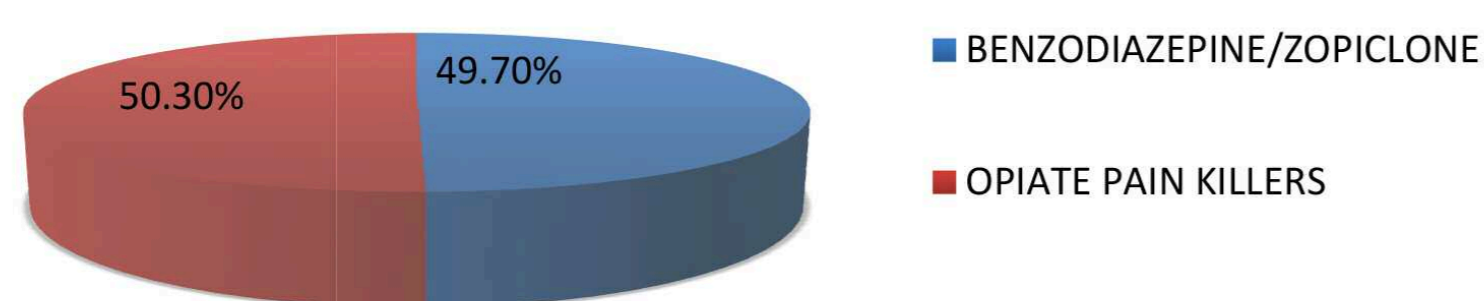


(Ref: CPH, LJMU- Nov 2016)

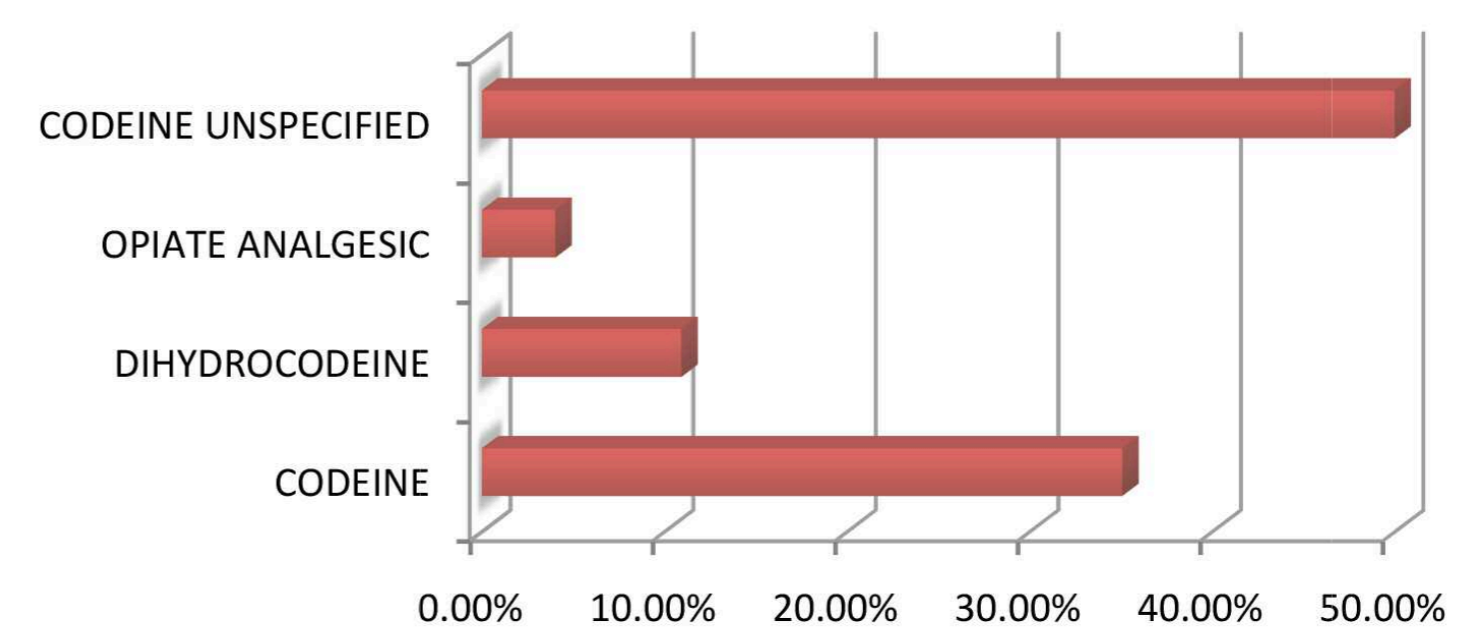
Referral to Secondary Care Addictions Services in Liverpool:

From April 2014 to March 2016 the Addictions Services at Mersey Care NHS Foundation Trust received 228 referrals for Benzodiazepine and Opioid Analgesic as the primary substance of misuse, even though they have not been specifically commissioned to provide such a service.

The Percentages of Benzodiazepines/Z drug and Opiate Analgesia referrals



Different types of Opiate Analgesia used



These findings suggested that people were being referred to mainstream addictions services, however the problem in the community is expected to be much larger and accessing “addictions” services in itself, acts as a barrier to treatment for individuals dependent on prescribed only and over-the-counter medications. Based on these findings, we decided to conduct a cross-sectional survey of the awareness of mental health professionals around opioid analgesic dependence (OAD).

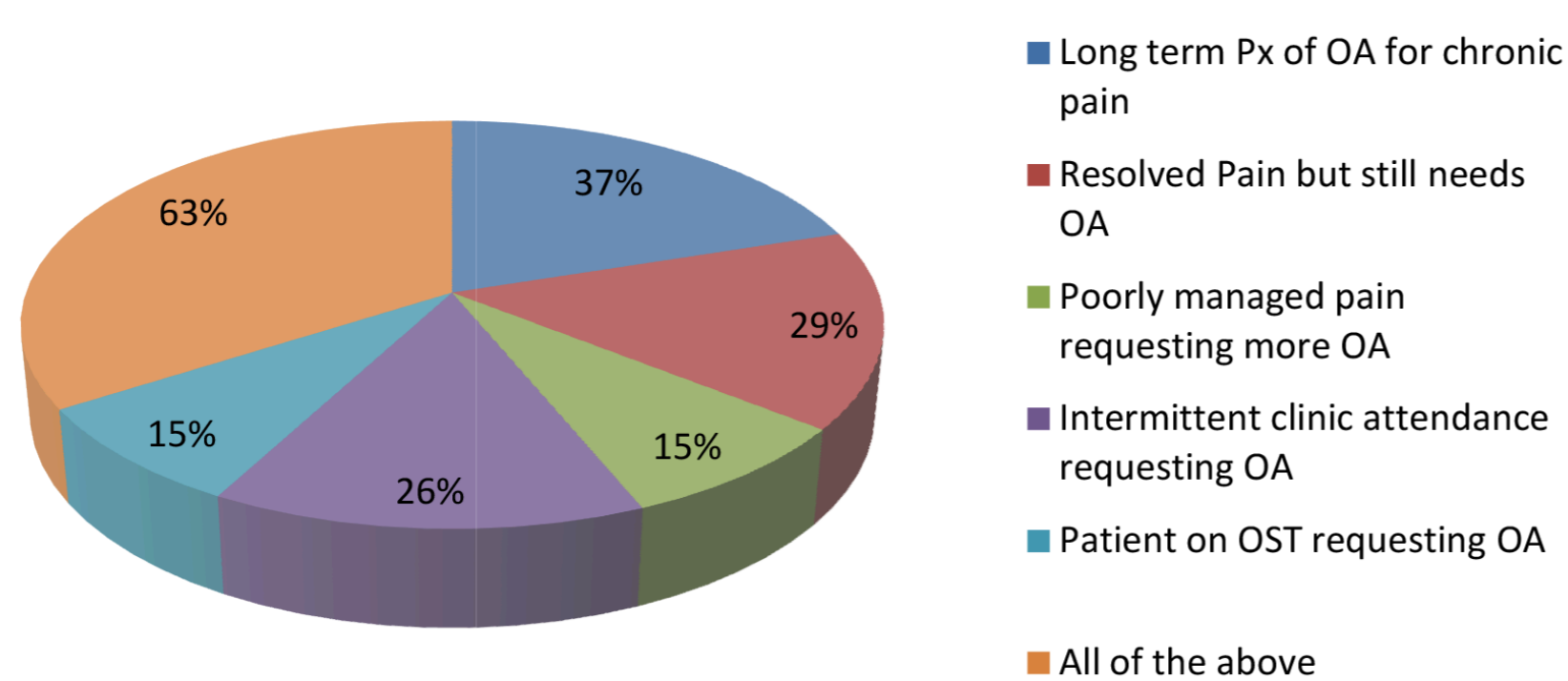
Methods

Professionals attending an addictions themed conference in the North of England participated in the survey at the beginning of a workshop on OAD. The survey carried a series of questions related to recognising OAD and identifying long term effects of opioid analgesia use.

RESULTS

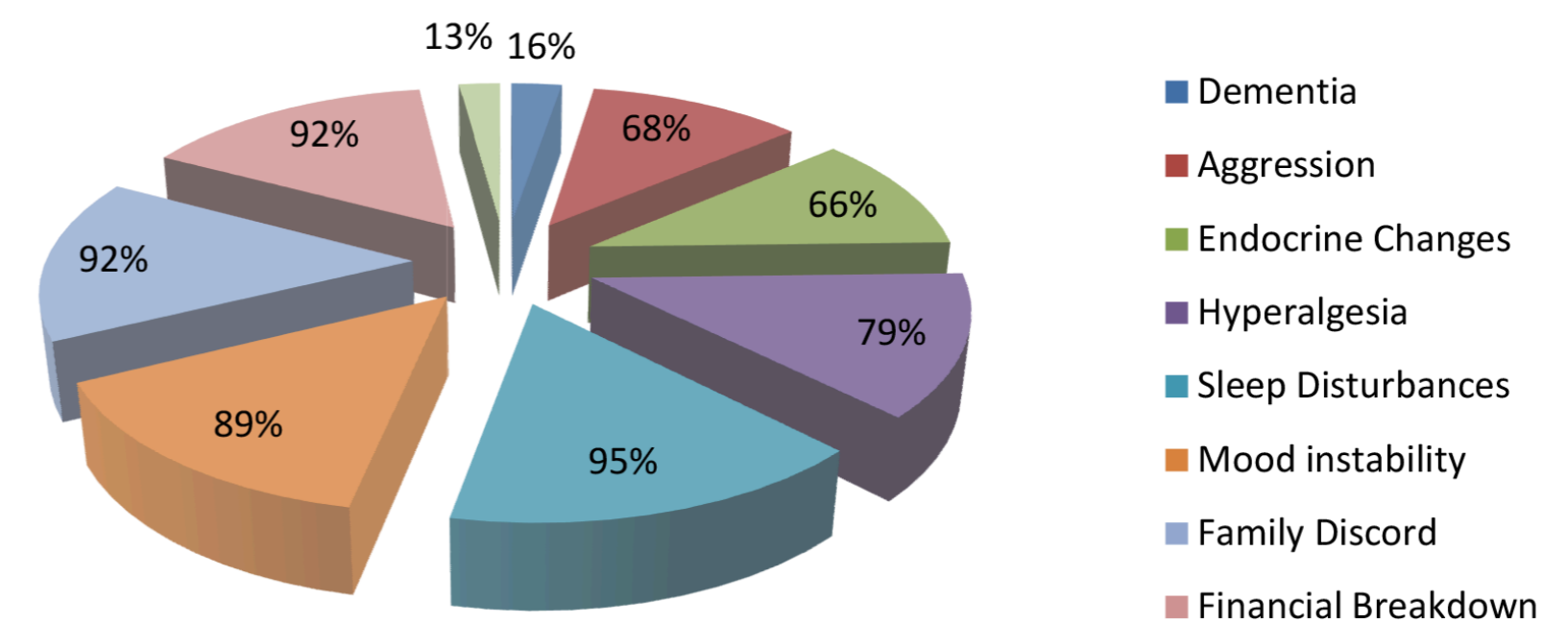
The survey was completed by 38 participants. The data was then collected and analysed by one of the authors. There were 66% male and 32% female respondents. The majority of them were Consultant Psychiatrists (73%), most of them working in General Adult Psychiatry (60.5%) and 10.5% were Forensic Psychiatrists. The rest were psychiatry trainees, specialty doctors or medical students.

Respondents thought patients presenting with following problems are misusing or have developed OAD:



(n= 38, Px= prescription, OA= Opioid Analgesia, OST= Opioid substitute treatment)

Respondents felt the following could be the long term effects of Opioid Analgesia use:



(n= 38 respondents)

Dementia and aggression are not directly related to opioid analgesia use, yet some professionals associated it, particularly aggression (68%). This possibly suggests the challenges professionals have to deal with when consulting about prescribed opioid analgesia. This also raises the question about training needs for professionals, particularly around motivational interviewing. Further, 34% of the respondents did not consider endocrine changes and 21% felt that hyperalgesia was not a long term effect of opioid analgesia use. Although these side effects could adversely impact the physical and psychological well-being in a number of patients. Furthermore 57.8% of the professionals felt that a patient with OAD should be treated in an integrated service involving Addictions Services (including mental health services), specialist OAD clinic, pain clinic and primary care, whilst 26% thought that they can be managed by addictions services and a specialist OAD clinic only.

CONCLUSION

We have extrapolated from the results above, that the current addictions services in the United Kingdom do not meet the needs of the patient. The principles of treatment underpinning Opioid Analgesia Dependence might be similar to those with any addictions, but the barriers to access treatment are very different when compared with the usual drug and alcohol services. We have highlighted the need for increasing awareness around OAD amongst mental health professionals and feel that this need will be greater in primary care and acute hospitals. There is also stigma around patients on OST experiencing pain and requesting analgesia, which can be addressed by increasing awareness amongst health professionals. Approximately 89% of participants also thought, a specialist OAD clinic (in collaboration with other services or on its own) will better meet the needs of this client group. Hence, it is necessary that local commissioners work with the addictions services and primary care to develop services that are able to address OAD in a holistic manner.

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Declaration of interest:

YA and CK attended advisory board meetings, delivered or chaired Continuing Professional Development events and received honorarium, travel or accommodation reimbursement from Indivior