The extent and nature of opioid analgesic dependence in primary care

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Aims

- To briefly summarise understanding of current context of opioid analgesic dependence and its scale.

- To describe the design and findings of a recent descriptive mixed methods primary care study of opioid analgesic dependence (OAD) in England.

- To update on final project stages and implications.

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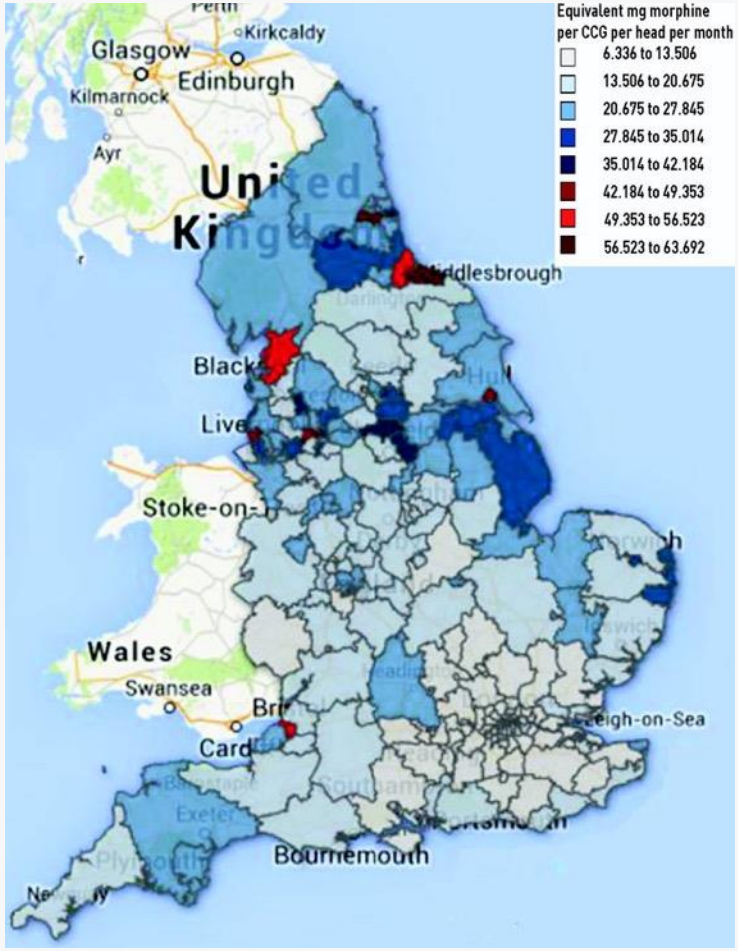
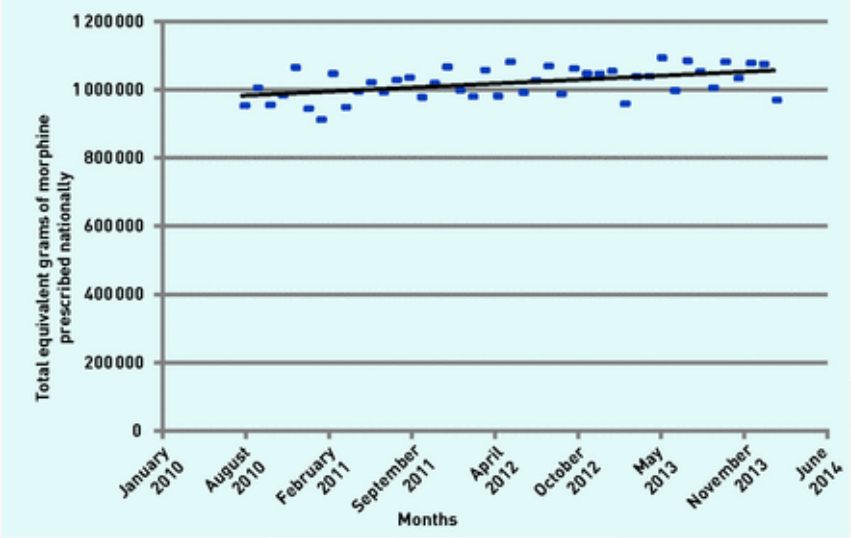
Background

- Prescribing of opioid analgesic medicines is increasing in the UK and globally, along with dependence/addiction concerns[1].
- Opioids indicated for acute pain but are not recommended in *chronic* conditions and may be inappropriately prescribed.[2]
- Implicated medicines include weak opioids such as codeine (often co-formulated), and stronger ones such as morphine, buprenorphine, fentanyl and tramadol.
- 8-12% of non-cancer patients taking opioid may be addicted[3] and dependence prevalence estimated at 0-24%[4]
- Qualitative studies suggest tension & uncertainty for opioid patients and doctors[5], and a respectable addiction with overlapping social, personal and addict identities[6].

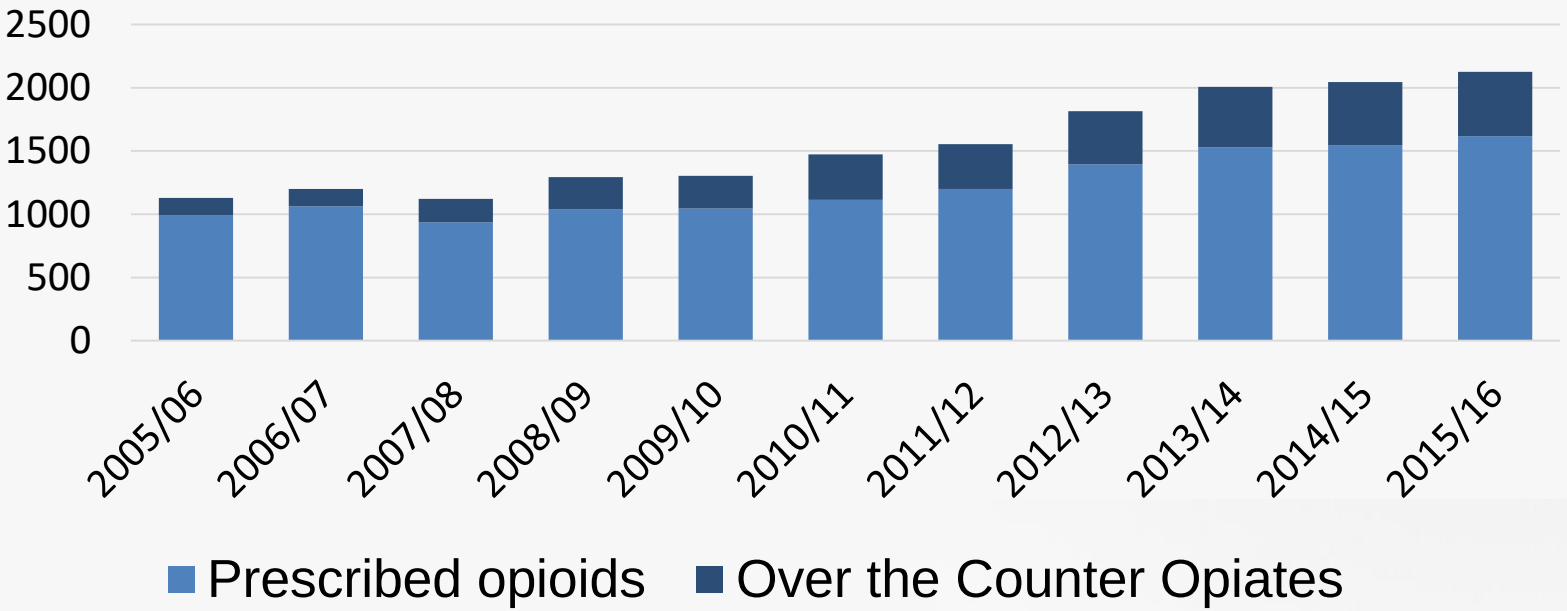
UK Opioid Prescribing Trends

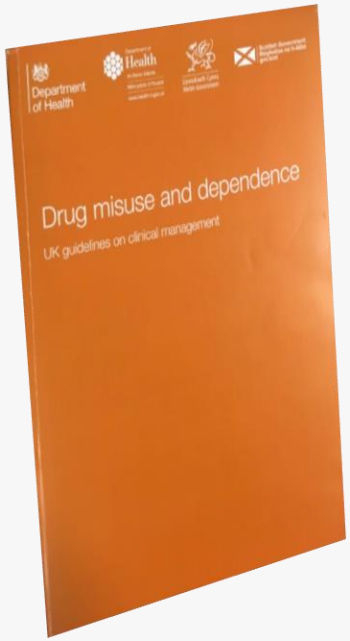




Mordecai et al (2018) Patterns of regional variation of opioid prescribing in primary care in England: a retrospective observational study[7]

Dependence Treatment

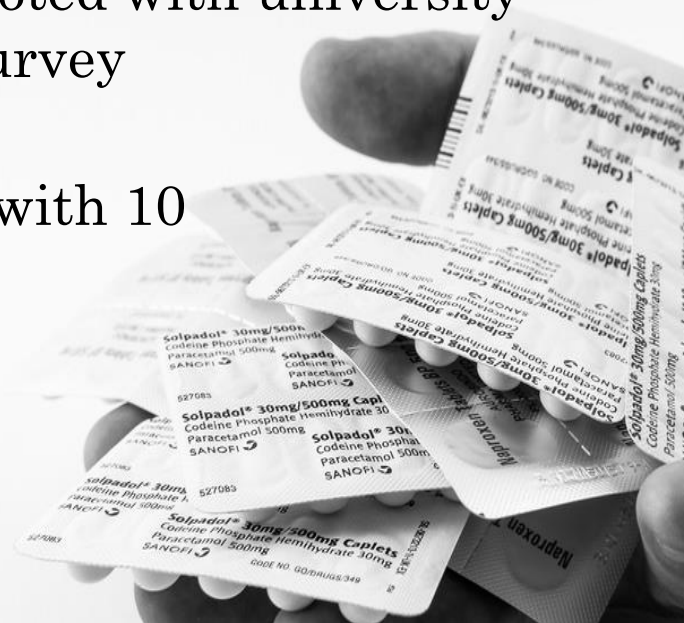




- Increasing client presentations at formal treatment services in England (NDTMS).[8]
- Opioid analgesic dependence in UK treatment guidance but "given the limits of the research base, clinicians [must] make decisions on a case by case basis." 9, p.206

OAD Study Methods

- Multi-stage cluster sample of 10 GP practices identified across England via the NIHR Clinical Research Network. Patient deprivation, age and ethnicity assessed to ensure the final sample was broadly representative of that for England overall.
- Patient records (SystmOne/EMIS) screened for any opioid analgesic Rx in previous 3 month period during summer 2017.
- Dependence assessed using Compton *et al*'s Prescription Drug Use Questionnaire (patient) PDUQp[10] (piloted with university staff initially) and deployed via a postal survey with 2 reminders.
- PDUQp is 31 item and is scored out of 30 with 10 or more being categorised as dependent.
- 5 question Severity of Dependence (0-15) scale also included.



Methods (full project)

GP practices sampled to represent range of size, opioid prescribing/patient, geographical location and level of deprivation. (10 practices)

Pain clinic staff

Records screened for patients taking opioid medication previous 3 months on repeat and non-repeat.

2x follow-up to non-responders

PDUQp survey sent via post. £5 voucher to respondents

2x follow-up to non responder

Purposive sample qualitative interviews and analysis

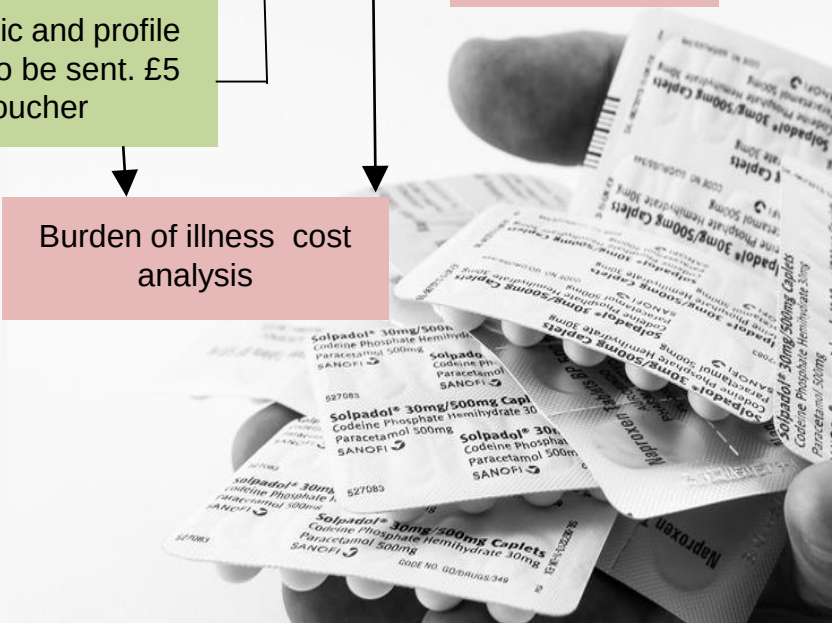
Non-respondent analysis

Prevalence of OAD analysis at opioid user & practice level

Economic and profile survey to be sent. £5 voucher

Purposive sample for qualitative interviews and analysis (based on age, gender, severity of OAD)

Burden of illness cost analysis



Methods (this presentation)

GP practices sampled to represent range of size, opioid prescribing/patient, geographical location and level of deprivation. (10 practices)

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Records screened for patients taking opioid medication previous 3 months on repeat and non-repeat.

2x follow-up to non-responders

PDUQp survey sent via post. £5 voucher to respondents

Non-respondent analysis

Prevalence of OAD analysis at opioid user & practice level

Overview of Phase 1 Findings

- 96431 patient record screened.
- 3764 eligible and sent survey.
- 823 responses (21.9% response rate).
- GP practices: 4600 to 19000, IMD 2015 7.4-34.2%, white ethnicity 58.6-98.7%, 65+ age 4.9-30.4%.
- Non-responder analysis suggested no statistically significant difference by gender but a modest age difference.

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Demographics

		n= (%)
Age	Mean 63.3 (SD 14.3)	790
Gender	Male	302 (36.7)
	Female	509 (61.8)
Highest Level of Education	No formal qualification	122 (14.8)
	High school or secondary school	310 (37.7)
	College	235 (28.6)
	UGT or PGT university degree	140 (13.4)
Employment	Full-time employment	133 (16.2)
	Part-time employment	84 (10.2)
	Retired from work	397 (48.2)
	Long-term sick or disabled	152 (18.5)
Ethnic Group	African-Caribbean	8 (1.0)
	Asian	7 (0.9)
	Other	39 (4.7)
	White British	759 (92.2)
General Health	Good or very good	315 (38.3)
	Fair	311 (37.8)
	Bad or Very bad	182 (22.1)
Ever drink alcohol?	Yes	467 (56.7)
	No	366 (40.8)
Smoking status	Current smoker	114 (13.9)
	Never smoked	330 (40.1)
	Ex-smoker	363 (44.1)

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Opioid Dependence Prevalence

GP site	n=	PDUQp ≥ 10*	Prevalence (95% CI)
M	94	4	4.3 (1.7, 10.4)
R	180	20	11.1 (7.3, 16.3)
W	89	10	11.2 (6.2, 19.5)
H	60	8	13.3 (6.9, 24.1)
E	44	7	15.9 (7.9, 29.4)
Q	101	17	16.8 (10.8, 25.3)
Pa	80	14	17.5 (10.7, 27.3)
A	43	8	18.6 (9.7, 32.6)
Po	63	14	22.2 (13.7, 33.9)
B	69	17	24.6 (14.5, 34.8)
Total	823	119	14.5 (12.2, 17.0)

*Reported using 29 PDUQp items

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Selected PDUQp Questions

Selected PDUQp questions*	Yes N=(%)	No N=(%)
More than one painful condition	513 (64.3)	285 (35.7)
Disabled by pain	432 (54.4)	362 (45.6)
Non-medication treatments used for pain problem?	412 (51.1)	395 (48.9)
Has pain been adequately treated over the past 6 months	554 (69.3)	246 (30.8)
Angry or mistrustful towards previous doctors	144 (17.9)	660 (82.1)
Pain medication from more than one source over the past 6 months	156 (19.3)	653 (80.7)
Perception of being previously or currently addicted to pain medications	111 (13.9)	688 (86.1)
Told by doctor they were addicted to pain medications	33 (4.1)	778 (95.9)
Increased the amount of pain medications you take over past 6 months	285 (35.3)	523 (64.7)
Asked for more pain medications because prescription ran out early	123 (15.2)	687 (84.8)
Perceives some pain medications work better and prefers them	510 (64.3)	283 (35.7)
Doctor refused pain medications because of misuse fear	15 (1.9)	795 (98.1)
Family or friends concerned about addiction to pain medication	60 (7.4)	750 (92.6)
Ever borrowed medications from friend or family member	70 (8.7)	737 (91.2)
Alcohol or drug addiction problem	59 (7.3)	749 (92.7)
Taken partially or completely off pain medications to decrease tolerance	82 (10.2)	722 (89.8)

* Paraphrased for presentation purposes

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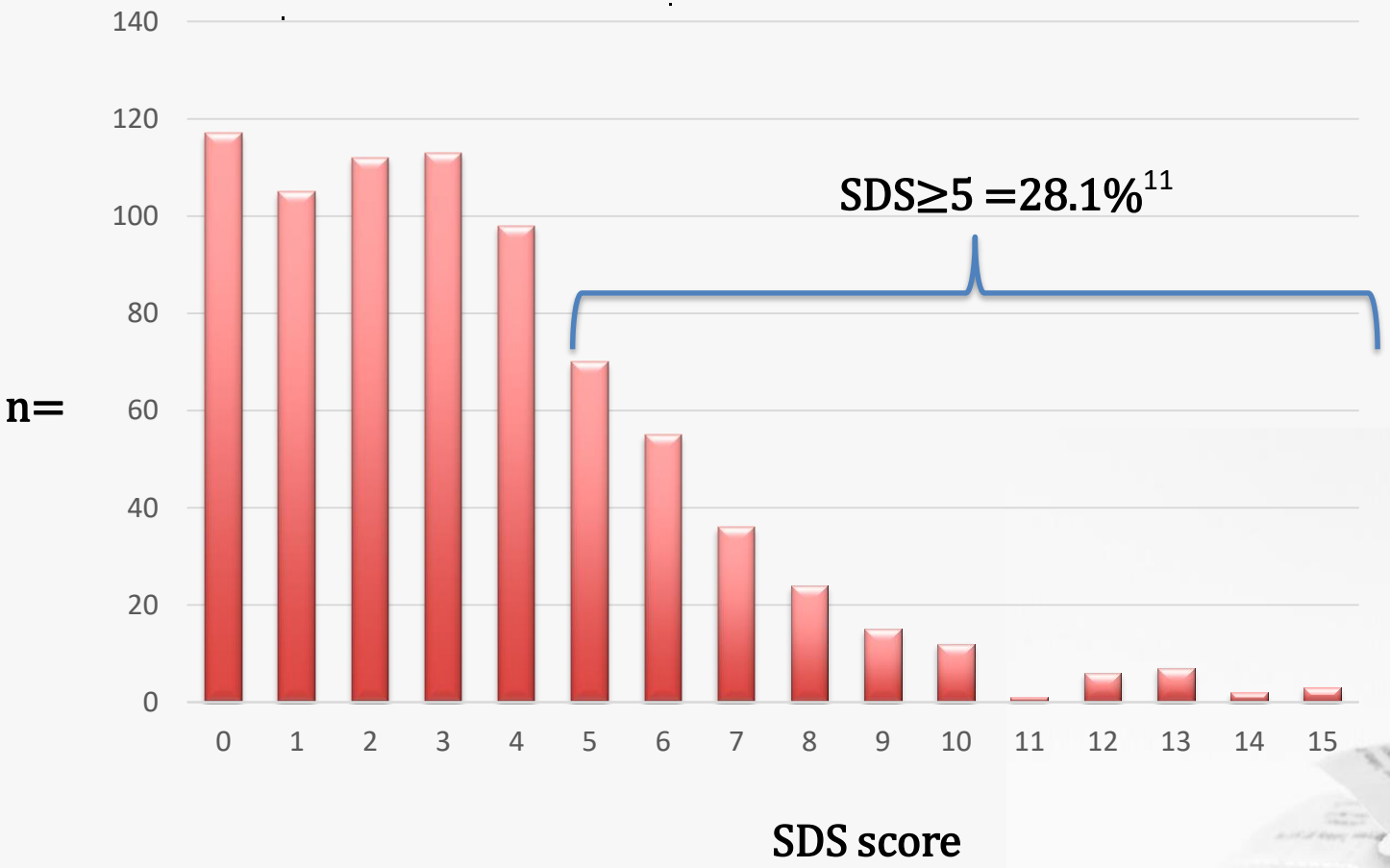
Severity of Dependence



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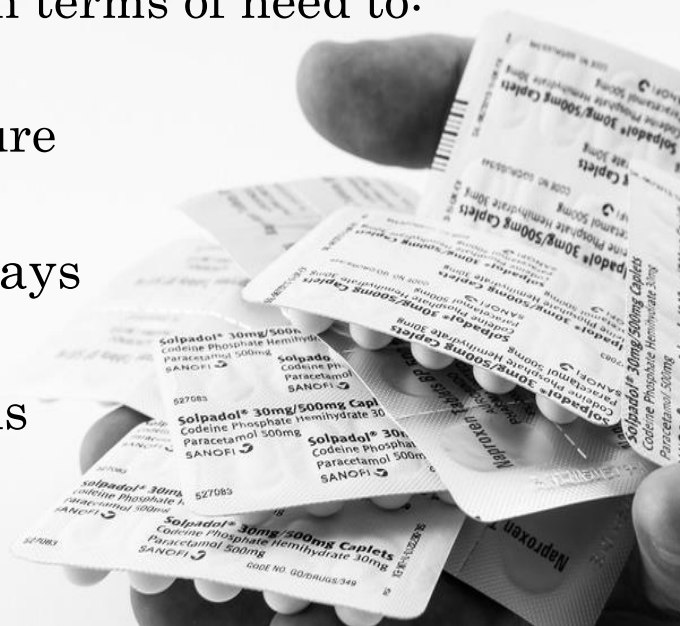
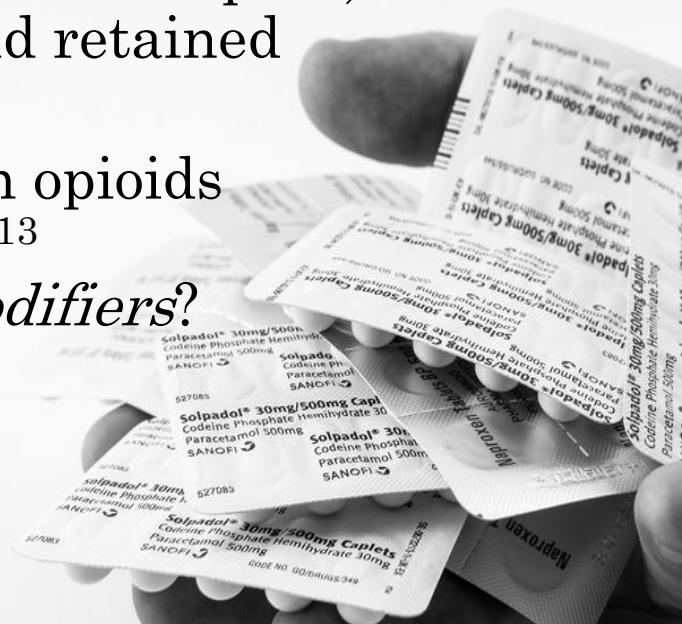
Discussion & Conclusions

- At least 1 in 7 patients taking an opioid analgesic may be dependent, with considerable variation between practices.
- Most patients' pain not controlled and a third increased dose but only 1 in 10 patients' opioid medicines de-prescribed.
- More than 1 in 6 patients expressed negativity towards doctors.
- Further phase using PDUQp to be undertaken at additional 10-15 GP practices in England Nov-Dec 2018.
- Limitations of PDUQp, self-report, sample, response rate, anglophone only.
- Implications for patients, policy and practice in terms of need to:
  - review patients more actively
  - explore prescribing practice variation/culture
  - modify initial opioid prescribing
  - strengthen pain management care pathways
  - enhance communication
  - manage chronic pain patient expectations



Reflections on exploring OAD

- GP practices not accustomed to undertaking even basic searches by drug groups such as opioid analgesics.[12]
- Salience and terminology for patients – 'what's an opioid?'
- Very low primary care response rates a threat to generalisability?
- Terminological variation is still deeply problematic. [3]
- Importance of qualitative insights and triangulating findings with patients interviews and themes of resentment of medicines, respect for doctors and resignation to pain, and control given up (passively to doctors) and retained (actively in medicine taking)
- Patients have complex relationships with opioids that don't easily fit into one Pound et al[13] resisting medicines category - *active modifiers*?



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Funded by Indivior UK Limited

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