Extended Abstract

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Adequacy of Opioid Use in the Treatment of Chronic Pain in a Primary Care District

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According to Lagley et al, in its study on prevalence and pain treatment, the prevalence of pain in the general Spanish population is 17.25%.

According to previous studies, pain interferes with the completion of usual work, mood and relationship with others. These patients are common to have other associated symptoms such as anxiety, fatigue or depression that influence mood. The presence of these symptoms makes it difficult to assess the pain, due to their emotional and subjective component.

Moderate-high intensity pain is a common symptom in patients with diseases of diverse etiology. The most common chronic pain occurs in patients with degenerative musculoskeletal diseases. Pain treatment, in these cases, is the responsibility of the family doctor.

Prescribing opioids for the treatment of chronic non-cancer pain (CNCP) has increased steadily in recent decades. The level of improved training of some professionals in the management of opioids, the fear of adverse effects from long-term opioid use, the assessment of incomplete pain associated with inadequate prescribing and the high degree of non-compliance by patients have led to inadequate management of CNCP.

In this situation, and as Larrea and Martínez-Mir conclude, the family doctor cannot behave as a mere observer in the treatment of CNCP with opioids, having to be involved in monitoring and controlling the good use of painkillers and especially opioids. Calvo-Falcón and Torres-Morera consider that any doctor should manage the tools to identify those patients at high risk of opioid wrong use. Professionals have an opportunity to improve the adequacy of opioid prescribing and to take a holistic approach to pain. Patients, on the other hand, must take an active role in their disease.

Various efforts have been made to homogenize the use of opioids based on severity and type of pain, such as implementing inter-level commissions to ensure effective communication between different levels of care and establishing multidisciplinary protocols that promote continuity of care and therapeutic reconciliation by improving efficacy and safety. In the same vein, and at the national and international levels, a number of practical guides have been developed. They establish recommendations for the control of patients receiving long-term opioids.

For all this, it was decided to analyze the quality of opioid prescriptions for the control of the CNCP Aljarafe-Sevilla North Health District in order to identify lines of improvement. In this context, this study was carried out.

Objetive: Analyzing the adequacy of opioid treatment of patients diagnosed with chronic pain throughout 2019

Methods: Descriptive observational study of patients belonging to the Aljarafe-Sevilla North Health District diagnosed with chronic encoded pain (ICD-9: 338.2, 338.21, 338.22, 338.28, 338.29, 338.4) in electronic medical history (DIRAYA). A retrospective analysis of the variables recorded in the pharmacological clinical and prescription databases, as well as audits of medical records, was performed. Variables: age, sex, origin, type, intensity, time of evolution from diagnosis of pain, type of opioid and dose, control of symptom, among others. The data was recorded in an excel spreadsheet and after debugging a descriptive, bivariate analysis will be performed using SPSS 22.0.

Results: The Aljarafe-Sevilla Norte Health District is assigned a population of 663,119 people, 64,364 (9.7%) were treated with opioids during 2019 and, only 924 (1.4%) had justified this treatment in their medical history (553 patients met Mc Namara's criteria and 371 patients diagnosed with chronic pain), 98.6% of opioids were un justified in the medical history. 371 patients diagnosed with chronic pain in their medical history were audited, 282 (76.0%) they were women. The average age of treated patients was 65.8+15.1 years compared to 58.6+16.7 years in the untreated group. Of the total, 339 (91.4%) were diagnosed with chronic pain without specifying the cause or characteristics of it. 42 (48.8%) they had a single drug, 41 double therapy, 2 triple therapy and 1 quadruple therapy. Of the total of 5 they used rescue painkillers, of which 3 were inadequate.

Discussion: There is low coding of patients with chronic pain, of whom approximately 25% are treated with opioids. Partial agonist drugs with pure agonists are often used and inappropriate drugs are used for ransom. The use of scales to identify baseline and periodic re-evaluation of pain is rare.

Limitations and bias: Generally speaking, the evaluation of patients with CNCP usually does not include the degree of adherence to analgesic treatment, the level of response to treatment (pain improvement) or the degree of satisfaction with treatment. In addition to deficits in the record of physical examination and clinical characteristics of the type of pain.

Conclusions: The absence of coding and stratification of pain possibly leads to inadequate control of symptoms and an increased likelihood of neurotoxicity and side effects. There are opportunities for improvement in the knowledge and use of analgesic therapy to achieve pain control appropriate to the standards established by the current Clinical Practice Guides.