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Opioid Care Guidance

Questions about pain - "FIFE"

- What goals would you like to set in managing your pain?
- What abilities are so critical that you can't imagine living without them?
- What are your biggest worries regarding your health condition in the future?

Patient Features Indicating Appropriateness of Opioids

- Pain interfering with daily function/ not adequately responding to non-opioid therapy
- Clear treatment goals established
- Patient able to adequately access follow-up
- Patient meets expectations for provincial prescription drug monitoring program

Opioid Contraindications

- Life-threatening allergy to opioids
- Active substance use disorder
- Elevated suicide risk
- Concomitant benzodiazepine use

Initial Dosing of Opioids

Consider restricting dose to less than 50 mg morphine equivalents/day. See Palliative Care card for further options/dosing.

6A's of Monitoring

Analgesia - assess pain, **Affect** - evaluate mood, **Activities** - evaluate ADLs, **Adjunct Rx** - if needed, **Adverse effects** - side effects, **Aberrant behavior** - tolerance, dependence, addiction

Key Definitions	Tolerance: exposure to a drug results in decreased drug effect over time.
	Dependence: withdrawal syndrome produced by abrupt cessation of substance
	Substance misuse: use of a substance not consistent with legal or medical guidelines.
	Addiction: neurobiological disease involving impaired control over use, continued use despite harm, and/or craving.

Choosing Wisely Canada (www.choosingwiselycanada.org)

- Always assess side effects, work status, and capacity to drive a motor vehicle before prescribing opioids.
- Do not prescribe opioids as first line treatment for migraine, tendinopathies, or acute/uncomplicated mechanical back pain.
- Do not use opioids long-term to manage abdominal pain in inflammatory bowel disease (IBD).
- Do not initiate opioids long-term for chronic pain until there has been a trial of available non-pharmacological treatments and adequate trials of non-opioid medications.

Validated Opioid Risk Tool

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16-45	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

≤ 3 = low risk of future opioid abuse
4-7 = moderate risk of future opioid abuse
≥ 8 = high risk of future opioid abuse

Key References: Webster LR, Webster RM. Predicting Aberrant Behaviors in Opioid-Treated Patients: Preliminary Validation of the Opioid Risk Tool. *Pain Med.* 2005;6(6):432-42. Rosenberg J et al. Opioid Therapy for Chronic Pain: Overview of the 2017 US Department of Veterans Affairs and US Department of Defense Clinical Practice Guideline. *Pain Med.* 2018;19(5):928-941. Busse J et al. Guideline for Opioid Therapy and Chronic Noncancer Pain. *CMAJ.* 2017; 189(18):E659-66. Jackman R, Purvis J, Mallett B. Chronic nonmalignant pain in primary care. *Am Fam Physician.* 2008; 78(10):1155-62. Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. *JAMA.* 2016;315(15):1624-45. American Society of Addiction Medicine. (2001). Definitions Related to the Use of Opioids for the Treatment of Pain. Retrieved from www.asam.org/docs/default-source/public-policy-statements/topioid-definitions-consensus-2-011.pdf. World Health Organization. (2006). Lexicon of Alcohol and Drug Terms. Retrieved from: http://www.who.int/substance_abuse/terminology/who_lexicon/en/ [Reference list].