

Discuss **benefits and risk** and availability of non-opioid therapies with patients

3

- Before starting, and periodically during opioid therapy, clinicians should discuss with patients known **risks** and realistic **benefits** of opioid therapy and patient and clinician responsibilities for managing therapy



New Starts

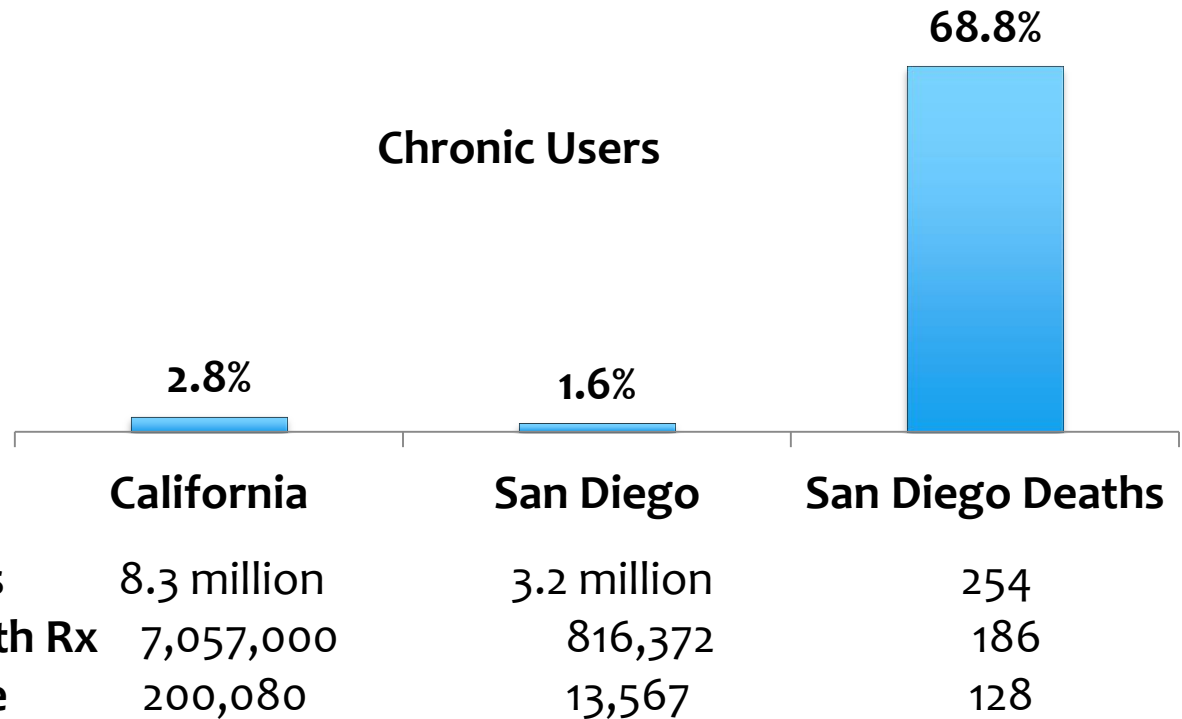


- Two populations are affected by opioids. Patients who are:
 - Already on chronic treatment
 - “New starts” and potentially can be prevented from becoming on chronic treatment
- In the hospital setting, where both populations are evident, and there are opportunities to **prevent new starts** as well as **identify patients at risk**

Chronic Use – Population at Risk



- In San Diego, 69% of prescription deaths who had CURES data met the definition of chronic users
- Chronic users are those who receive the same exact medication for **3 consecutive months or more**
- Chronic users accounted for 96% of all medications found in CURES reports of people who died



Assessment Tools

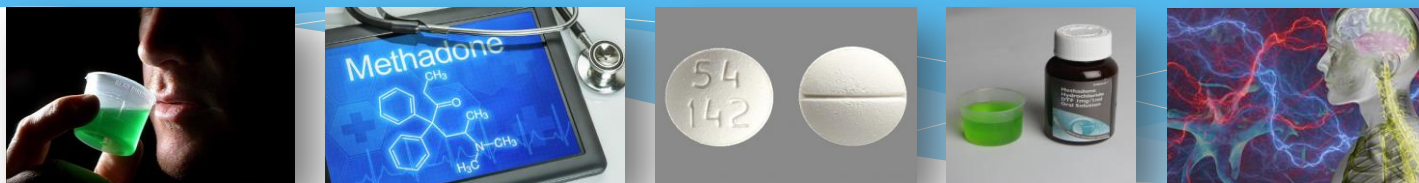
Mark each box that applies	Female	Male	Scoring (Risk) 0-3 Low Risk 4-7 Moderate Risk ≥ 8 High Risk
1. Family hx of substance abuse Alcohol Illegal Drugs Prescription drugs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	
2. Personal hx of substance abuse Alcohol Illegal Drugs Prescription drugs	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
3. Age (mark box if 16-45)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
4. Hx of preadolescent sexual abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
5. Psychologic disease ADD, OCD, bipolar, schizophrenia Depression	<input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 1	
Scoring totals:			

- When initiating chronic opioid or controlled medication treatment, please use the following tools:
 - Medications Agreement
 - Opioid Risk Tool (displayed above)
 - Functional Pain Scale

- Resource: SanDiegoSafePrescribing.org

Use immediate-release opioids when starting

4



When starting opioid therapy for chronic pain, clinicians should prescribe **immediate-release** opioids instead of extended release/long acting (ER/LA) opioids

- Methadone should not be the first choice for ER/LA opioid
- Only providers familiar with methadone's unique risk profile, including risk assessment for QT prolongation, should prescribe methadone for pain
- Only providers familiar with transdermal fentanyl should be prescribing this medication as dosing effects are often misunderstood

Start low and go **slow**



5

- When opioids are started, clinicians should prescribe the **lowest** effective dosage
- Clinicians should use **caution** when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/ day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to > 90 MME \geq day