

# Assessing Suitability for Strong Opioid Use

Version 1.0 – July 2020

VERSION CONTROL		
Version	Date	Amendments made
1.0	July 2020	New guideline.

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### Please note:

These pathways are intended to be used alongside additional pain management resources that are hosted on the LSCMMG website. Accessible via the following links:

### Patient resources:

Chronic pain: <https://www.lancsmmg.nhs.uk/clinical-resources/patient-resources/chronic-pain-patient-resources/>

Chronic pain: managing opioids: <https://www.lancsmmg.nhs.uk/clinical-resources/patient-resources/chronic-pain-patient-resources-managing-opioid-medication/>

### Prescriber resources:

<https://www.lancsmmg.nhs.uk/clinical-resources/prescriber-resources/chronic-pain-prescriber-resources/>

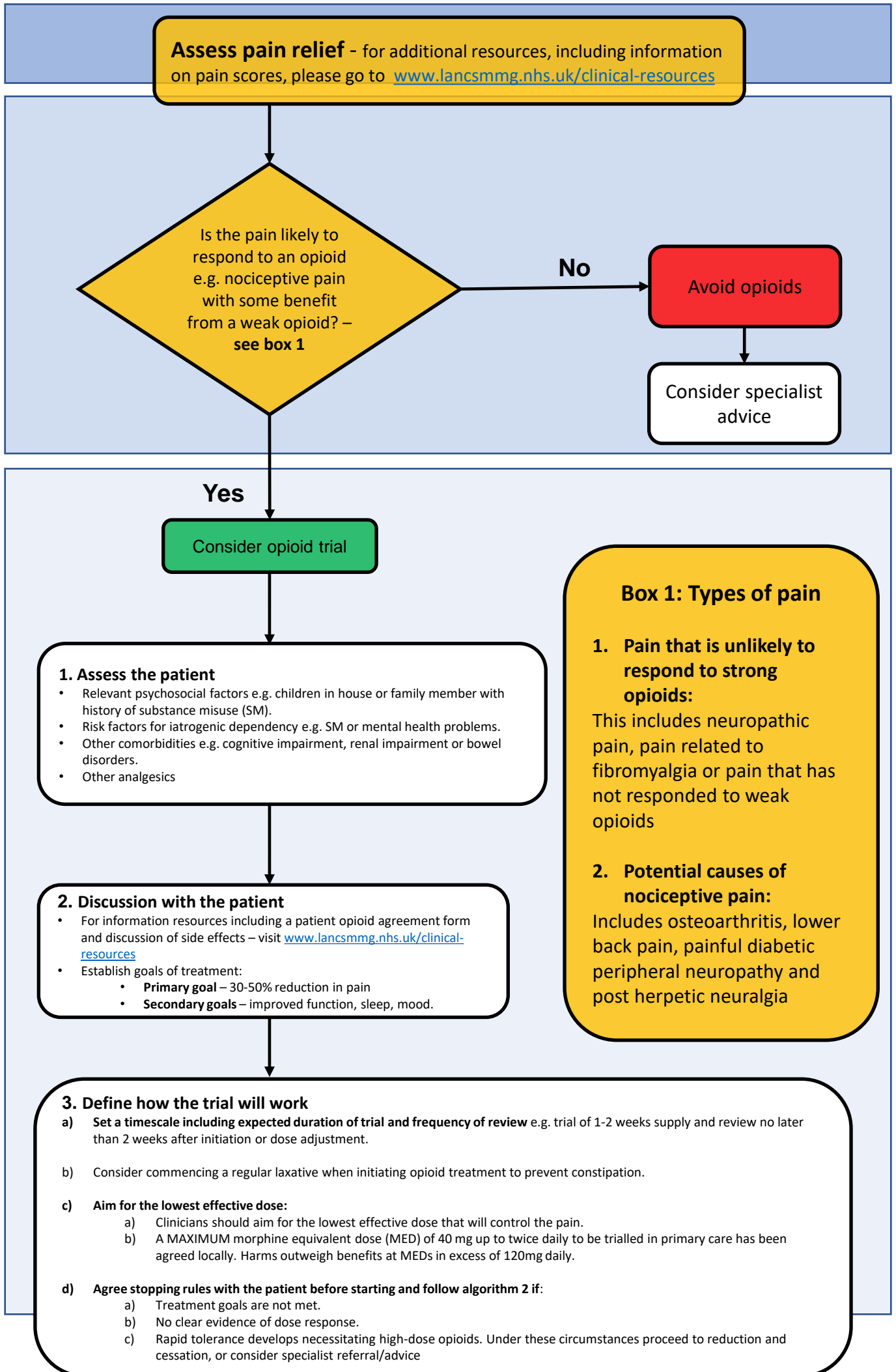
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# Assessing Suitability for Strong Opioid Use

Algorithm 1 - Assessing suitability of strong opioid use in patients with chronic non-cancer pain for whom other therapies have been insufficient e.g. exercise therapy, manual therapy (e.g. physiotherapy, TENS), self-management techniques and non-opioid analgesics (e.g. simple, topical)



# Assessing Suitability for Strong Opioid Use

For use in patients newly initiated on trials of strong opioids

Algorithm 2 - Monitoring trials of strong opioids in patients with chronic non-cancer pain for whom other therapies have been insufficient e.g. exercise therapy, manual therapy (e.g. physiotherapy, TENS), self-management techniques and non-opioid analgesics (e.g. simple, topical)



**Please note:** at all times before and during opioid treatment signs of iatrogenic substance misuse should be monitored. If problems arise consider early specialist advice.

**Assess pain relief** - for additional resources, including information on pain scores, please go to [www.lancsmmg.nhs.uk/clinical-resources](http://www.lancsmmg.nhs.uk/clinical-resources)

Is pain relief adequate?

**Inadequate response**

Increase analgesic dose and titrate to response.  
Rapidly rising doses may be indicative of the need for specialist involvement  
Ideally daily dose should not exceed 80mg (morphine equivalent)

**No response**

Reduce and **STOP** opioid analgesic

**Adequate response**  
On a stable dose of opioid without unacceptable side effects

**Continue current analgesic therapy**

Is the patient experiencing drug related adverse effects?

**Yes**

Consider reducing opioid dose and either stopping or trying an alternative strong opioid.  
**NOTE: refer to local withdrawal pathways where available**

- Short-acting opioids may need to be used during the conversion both to reduce physical withdrawal and while optimum dose is being established.
- Continue with reduction of the old opioid and increase new opioid as indicated by response.

Treat constipation using stool softeners/stimulant laxatives/ a combination – consult LSCMMG constipation guidance via [www.lancsmmg.nhs.uk/prescribing-guidance](http://www.lancsmmg.nhs.uk/prescribing-guidance)

**Review at least 6-monthly**, and more frequently immediately following the trial period or if problems arise, ideally with one prescriber. The review should include: **dose, effectiveness, adverse effects and development of tolerance or opioid induced hyperalgesia.**

If using >80 mg MED per day or rapidly escalating doses (e.g. 10mg MED increasing up to 40mg MED over a period of 8 weeks) seek specialist advice

**Have a clear and comprehensive flare up plan.**  
Visit [www.lancsmmg.nhs.uk/clinical-resources](http://www.lancsmmg.nhs.uk/clinical-resources)  
For additional resources.