

The New Patient on High Dose Opioids

SCOPE of Pain Colleague to Colleague Podcast #8

Welcome back to the *SCOPE of Pain* Podcast Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine *SCOPE of Pain* Program.

A new patient has been treated with high-dose opioids, extended-release morphine, (100 mg twice per day) for chronic back pain after multiple failed surgeries. His previous primary care physician recently retired and gave him enough opioid until his visit with you today. He is requesting an opioid prescription at today's visit.

How will you respond to this patient's request for his high-dose opioid prescription on this first visit? The first step is for you not to feel pressured in prescribing a medication or a dose that you do not feel clinically comfortable with on this first visit.

However, in the case presented, if he has taken the morphine as prescribed, he's likely physically dependent and he will experience opioid withdrawal if he's not continued on his chronic opioid therapy.

During this first visit, it's important to assess him for prescription opioid misuse risk, including screening him for unhealthy substance use and mental illness and completing a focused physical exam.

After confirming his opioid dose by checking the state prescription drug monitoring program, you could prescribe a short course of opioids, for example, a two-week supply, to give you enough time to try to contact his previous provider and to obtain old medical records.

You should also send a urine drug test on that first visit as an objective measure for any active substance use. At subsequent visits, you will be able to assess his ability to take the morphine exactly as prescribed by implementing pill counts.

For example, you might prescribe a two-week supply and have him return in one week for a follow up visit and pill count. Remember, initially prescribing opioids should be considered a medication trial or test, not necessarily a commitment to prescribing long-term opioids.

Continuation of opioid prescriptions will depend on your assessment and reassessment of benefits and risks. If the decision is to continue opioids, a patient-provider agreement should be reviewed and signed periodically.

For this patient, it will be important to educate him about the risk of high-dose opioids and the potential benefits of lowering his dose over time, while instituting alternative methods for pain management, both pharmacologic and non-pharmacologic.

The 2016 CDC guideline for prescribing opioids for chronic pain recommends prescribing the lowest effective opioid dose. However, the optimal effective dose for any given patient that maximizes benefit and minimizes harm is hard to predict.

Specific dose limit recommendations are based on low-quality evidence that focuses on associations between dose and overdose risk. But we should always try to minimize the dose of any medication.

For patients like the one presented, the CDC guideline specifically recommends that we reevaluate high doses in established patients, rather than automatically decreasing the dose.

The risk of high-dose opioids and how to communicate with patients about dose adjustments are all covered in detail in the *SCOPE of Pain* program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Podcasts will be added throughout the year.

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