



▶ Optimising treatment for prescription drug dependence in primary care

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Where are we?



East Riding Partnership



Acknowledgements

Dr Zuzana
Drozdova

Sarah
Easingwood

Kate Nadin

Merran
Morgan

Dr Eleanor
Blakeston

Dave
Reade

Prescription meds causing dependence

Any opioids e.g., morphine, codeine, oxycodone etc

Pregabalin & Gabapentin

Benzodiazepines

Z drugs e.g. zopiclone

Stimulants

11.5 Million adults in UK have px for pain, insomnia or anxiety

'Like thousands of insects inside your skin'



LISA PEAKE

Lisa Peake, from London

I was prescribed painkillers for chronic neck pain after an accident in February 2014 but the pain didn't go away.



Advice for prescribers on the risk of the misuse of pregabalin and gabapentin

'...can lead to dependence and may be misused or diverted...'



Accidental overdose deaths



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Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

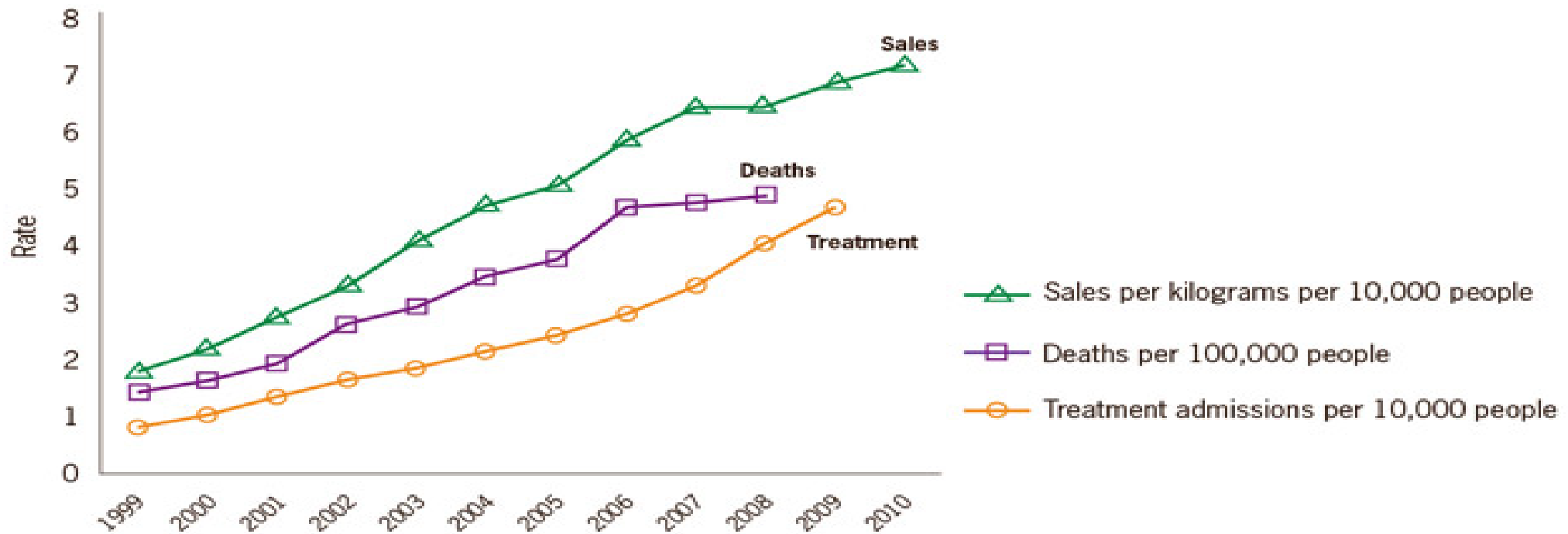
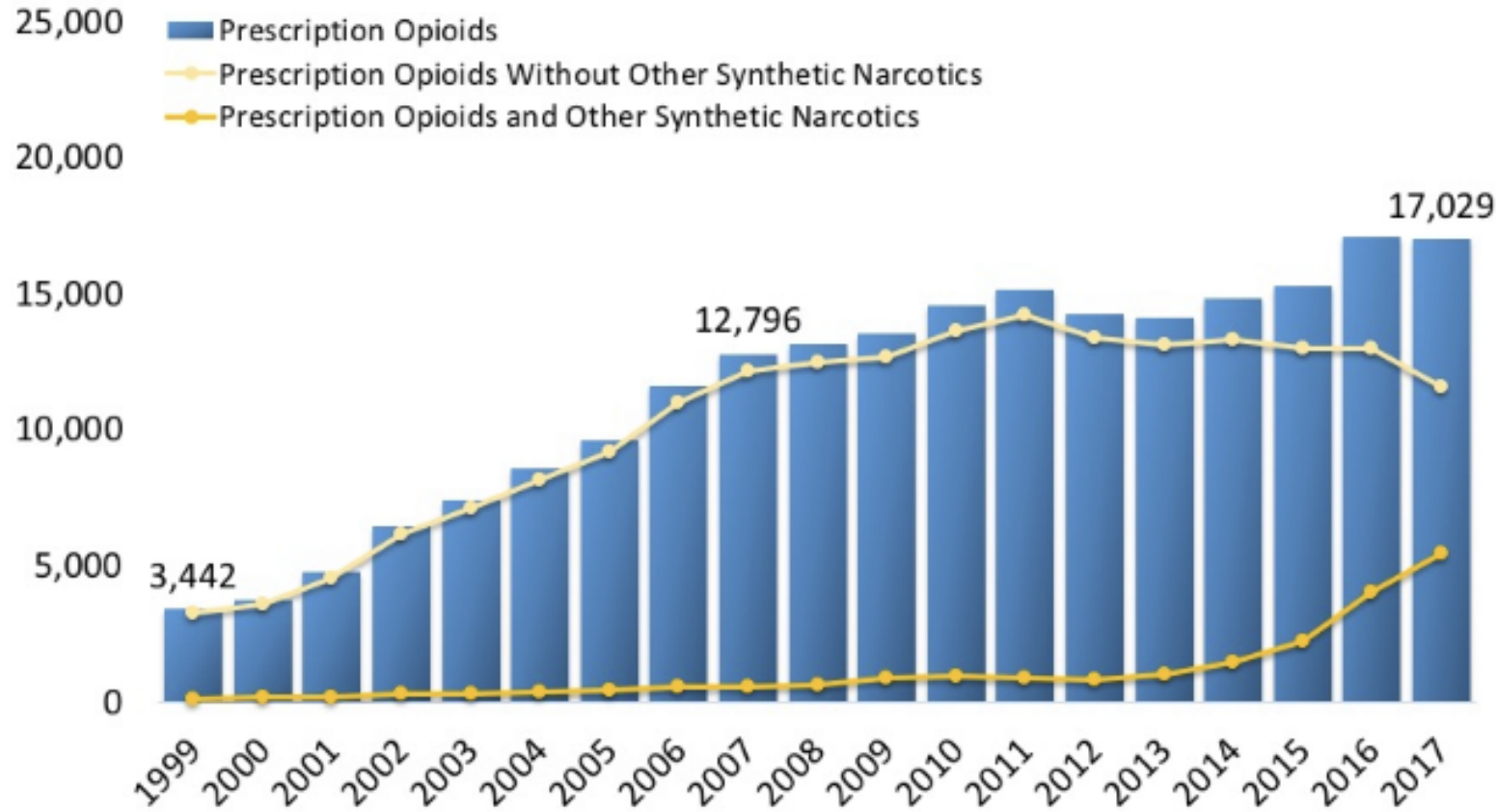


Figure 4. National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Prescription
opioid
deaths
increasing

| Drug related Deaths Eng/Wales | 2012 | 2017 |
|--------------------------------|-------|------|
| All drug poisoning deaths | 2,597 | 3756 |
| Any opiate | 1,290 | 1985 |
| - Heroin and/or morphine | 579 | 1164 |
| - Methadone | 414 | 367 |
| - Tramadol | 175 | 185 |
| - Oxycodone | 37 | 61 |
| - Fentanyl (Analogues) | 22 | 75 |
| - Codeine & Dihydrocodeine | 176 | 250 |
| Pregabalin | 4 | 136 |
| Gabapentin | 8 | 60 |
| Cocaine | 139 | 432 |
| Any amphetamine | 97 | 150 |
| Any new psychoactive substance | 55 | 61 |
| Any benzodiazepine | 284 | 391 |
| Zopiclone /Zolpidem | 83 | 126 |



Prescription of opioid drugs continues to rise in England

Doctors give patients drugs such as tramadol despite risks of addiction and ineffectiveness when treating chronic pain

Opioid analgesics prescribed in 2017

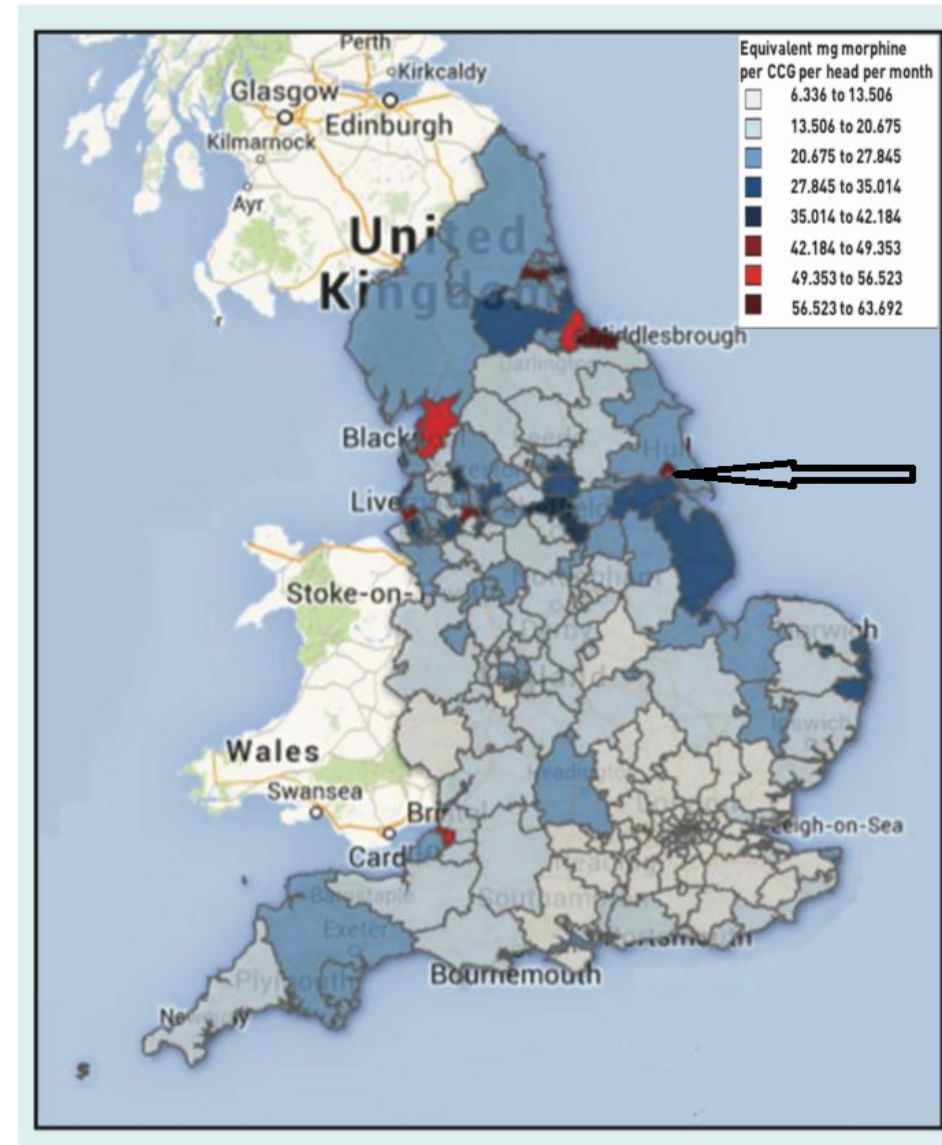
Items prescribed per 1,000 residents, by NHS region



Higher prescriptions in North/Deprived areas
Higher rates of deaths in those areas

Higher morphine equivalent doses in North

Figure 3. Variation in English CCGs in opioid prescribing in equivalent mg of morphine from August 2010 to February 2014. CCG = clinical commissioning group.



Opioids Aware Resource

1. Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain.
2. A small proportion of people may obtain good pain relief with opioids in the long-term if the dose can be kept low and especially if their use is intermittent (however it is difficult to identify these people at the point of opioid initiation).
3. The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit.
4. If a patient has pain that remains severe despite opioid treatment it means they are not working and should be stopped, even if no other treatment is available.
5. Chronic pain is very complex and if patients have refractory and disabling symptoms, particularly if they are on high opioid doses, a very detailed assessment of the many emotional influences on their pain experience is essential.



Read about [our approach to COVID-19](#)

Home > NICE Guidance > Conditions and diseases > Chronic and neuropathic pain

Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

NICE guideline [NG193] Published: 07 April 2021

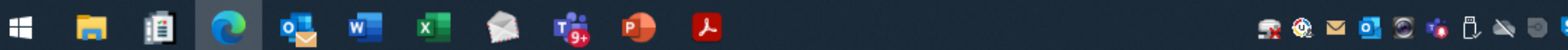
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NICE recommends range of effective treatments for people with chronic primary pain and calls on healthcare professionals to recognise and treat a person's pain as valid and unique to them

People with chronic primary pain should be offered a range of treatments to help them manage their condition, NICE has said in its guideline on the assessment and management of chronic pain published today (7 April).

07 April 2021



NICE NG193 Chronic Pain > 3months

Understand how pain affecting life

Shared decision making – patient at centre

Exercise, Psychological therapy, acupuncture and antidepressants

Do not start benzos, gabapentin, pregabalin or opioids as more harm

AIMS

- ▶ Opioids, gabapentinoids, benzos & z-drugs cause dependence and deaths
- ▶ Often not recommended for long-term conditions
- ▶ But high levels of prescribing
- ▶ With commissioners we looked at addressing the problem locally
- ▶ Developed an innovative service 'Optimise'
- ▶ For treatment/prevention of prescription medication dependence
- ▶ To support patients to reduce/stop these prescribed medications

Develop and launch service

Reviewed local data, national and international work

Chronic Pain guidelines and documents

Oxford Hospital patient information letter and resources

Worked with GPs, Pharmacists, addictions, service users, commissioners to develop service

Developed a guide for what we could offer

Launched the service – Feb 2020 – just before lockdown

Optimise guideline

OPTIMISE Prevention and Support for Prescription Medication Dependence

Optimise is a support service for East Riding of Yorkshire patients in GP surgeries. Optimise aims to support patients reduce and gradually stop prescribed medications that can cause dependence, (where they are not clinically recommended) and prevent dependence on prescription medications. This is a recovery-orientated patient centred service to support patients with making changes to optimise their health and wellbeing.



Optimise 210521 V2

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Optimise 210521 V2

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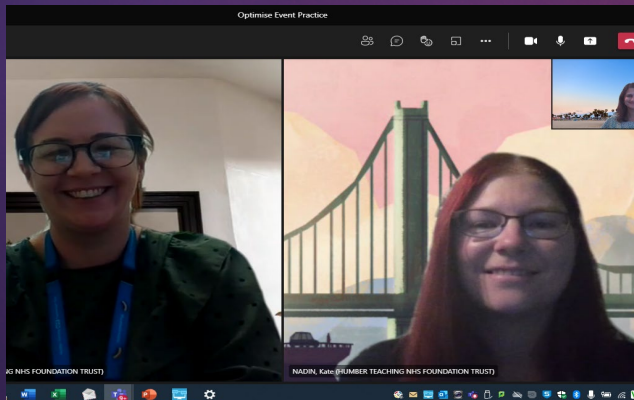
View M

See a list with.

Tell



Methods: Optimise Service



Two nurses, Addiction Consultant & team leads

Targeted six GPs initially

Px opiates, benzodiazepines, z drugs, pregabalin or gabapentin - not clinically indicated

GPs identified patients, gained consent to refer

Patients: letter, triage, assessment & PSI treatment

Nurses liaise with GPs to support a planned reduction

Advertise service GP letter and events

Dear General Practitioners, GP pharmacists and GP teams,

We are writing to let you know how to refer to our new prevention and support service for *prescription medication dependence* called 'Optimise'.

We had planned to launch earlier but sadly the Covid-19 pandemic delayed this. However, as we are now able to offer the service remotely and so please do consider making a referral.

'Optimise' is new support service for prevention and treatment of prescription medication dependence. This aims to prevent dependence and support patients to reduce and stop prescription medications that can cause dependence, where the medications are not clinically recommended. This is a recovery-orientated patient centred service to support patients with making changes to optimise their health and wellbeing.

You can refer patients that are prescribed opiates, pregabalin, gabapentin, benzodiazepines and/or z drugs:

- Prescribed high doses e.g. >100mg morphine equivalent
- Prescribed more than one of the medication
- Requesting prescriptions early
- Where you have concerns about dependence or potential for dependence

We will triage and assess patients by telephone and (where possible) telemedicine consultations. Patients will also have access to a specific online group therapy. We will support the GPs with recommendations for medication reductions as supported by the east Riding Partnership Addictions Multidisciplinary team, with clinical leadership from Consultant Psychiatrist and Addictions Specialist Dr Soraya Mayet.

Please refer patients via email hnf-tr.erpoptimisationteam@nhs.net

Please include the following patient details:

- Full name
- Date of birth
- NHS number
- Contact Number
- GP surgery details and GP
- Medication that needs reviewing
- Discussion with patient

If you have any queries, please do not hesitate to contact the team at the email above.



+

DO YOUR PATIENTS STRUGGLE WITH PRESCRIPTION DRUG DEPENDENCE?

FIND OUT HOW THE OPTIMISE SERVICE CAN HELP YOU

TUESDAY 23RD NOVEMBER 2021
09:30 – 12:00 VIA MS TEAMS

Optimise offer prevention and support for prescription medication dependence, by helping people to gradually reduce. This event will explain how patients and staff have benefited from our service.

Featuring talks from:

- Dr. Soraya Mayet, Consultant Psychiatrist & Director of Medical Education
- Optimise Nurses Sarah Easingwood and Kate Nadin
- Service User and Carer Lead Dave Reade
- Service Managers & CCG



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To RSVP, EMAIL: hnf-tr.erpoptimisationteam@nhs.net

Browser tabs: Join conversation, willbeing quiz - Google Search, For GPs: opioids and chronic pain

Address bar: <https://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx#leaflet>

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COVID-19
Please find service updates and current [visiting rules](#) in our [COVID-19 section](#).

Home ▸ Our services ▸ Referral information ▸ Pain Management Centre ▸ Opioids and chronic pain

RESOURCES FOR GPs REGARDING OPIOIDS AND CHRONIC PAIN

In this page:
Patient leaflet

It has become clear that opioids are not the safe and effective treatment for chronic non-cancer pain that was first thought

PAIN MANAGEMENT CENTRE
Opioids and chronic pain
↑ Referral information

18:59
25/04/2023

What do the Optimise team do?



Assess patient and make collaborative plan

Reduce to 7 days dispensing or less

Discussion of withdrawals and management

Aim for <10% reductions

Education, psychological support and onward referrals

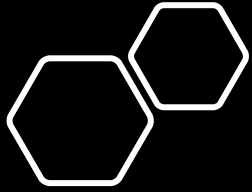
Regular telephone reviews

If patient struggles - resume previous dose

Then continue at slower pace

Discuss concerns with patient

Consider specialist Buprenorphine/PSI



It can happen
to anyone



File Home Insert Page Layout Formulas Data Review View Help Accessibility Reminder

Clipboard Font Alignment Number Styles Cells Editing Analysis

F18

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | | |
|----|---|---|--|---------|-------------------|---------------|-----|---------------------------|-----------|------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 1 | | | <u>Oxycodone reduction every fortnight - both doses</u> | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | Insert date (e.g. 8/12/17) and current dose of oxycodone MR in red boxes | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | The chart will populate to give the reduction | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | Oxycodone IR doses can then be manually adjusted as necessary | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | Oxycodone MR(mg) | | Oxycodone IR (mg) | | MED | Actual reduction achieved | | calculated | | | | | | | | | | | | | | | |
| 9 | | | morning | evening | dose | times per day | | Oxycodone MR | Oxycodone | IR dose | | | | | | | | | | | | | | | |
| 10 | | | 08/05/2022 | 80 | 80 | | 320 | morning | evening | IR dose | (1/6 of total MR) | | | | | | | | | | | | | | |
| 11 | | | 22/05/2022 | 70 | 70 | | 280 | | | | | | | | | | | | | | | | | | |
| 12 | | | 05/06/2022 | 60 | 60 | | 240 | | | | | | | | | | | | | | | | | | |
| 13 | | | 19/06/2022 | 50 | 50 | | 200 | | | | | | | | | | | | | | | | | | |
| 14 | | | 03/07/2022 | 40 | 40 | | 160 | | | | | | | | | | | | | | | | | | |
| 15 | | | 17/07/2022 | 30 | 30 | | 120 | | | | | | | | | | | | | | | | | | |
| 16 | | | 31/07/2022 | 20 | 20 | | 80 | | | | | | | | | | | | | | | | | | |
| 17 | | | 14/08/2022 | 10 | 10 | | 40 | | | | | | | | | | | | | | | | | | |
| 18 | | | 28/08/2022 | 0 | 0 | | 0 | | | | | | | | | | | | | | | | | | |
| 19 | | | 11/09/2022 | 0 | 0 | | 0 | | | | | | | | | | | | | | | | | | |
| 20 | | | 25/09/2022 | 0 | 0 | | 0 | | | | | | | | | | | | | | | | | | |

Read about [our approach to COVID-19](#)

[Home](#) > [NICE Guidance](#) > [Health and social care delivery](#) > [Medicines management](#)

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

In development [GID-NG10141] Expected publication date: 20 April 2022 [Register as a stakeholder](#)

[Project information](#)[Project documents](#)[Consultation](#)

Results

22 GP surgeries referred 258 patients (Feb 20-Oct 22) – GP1 (29%)

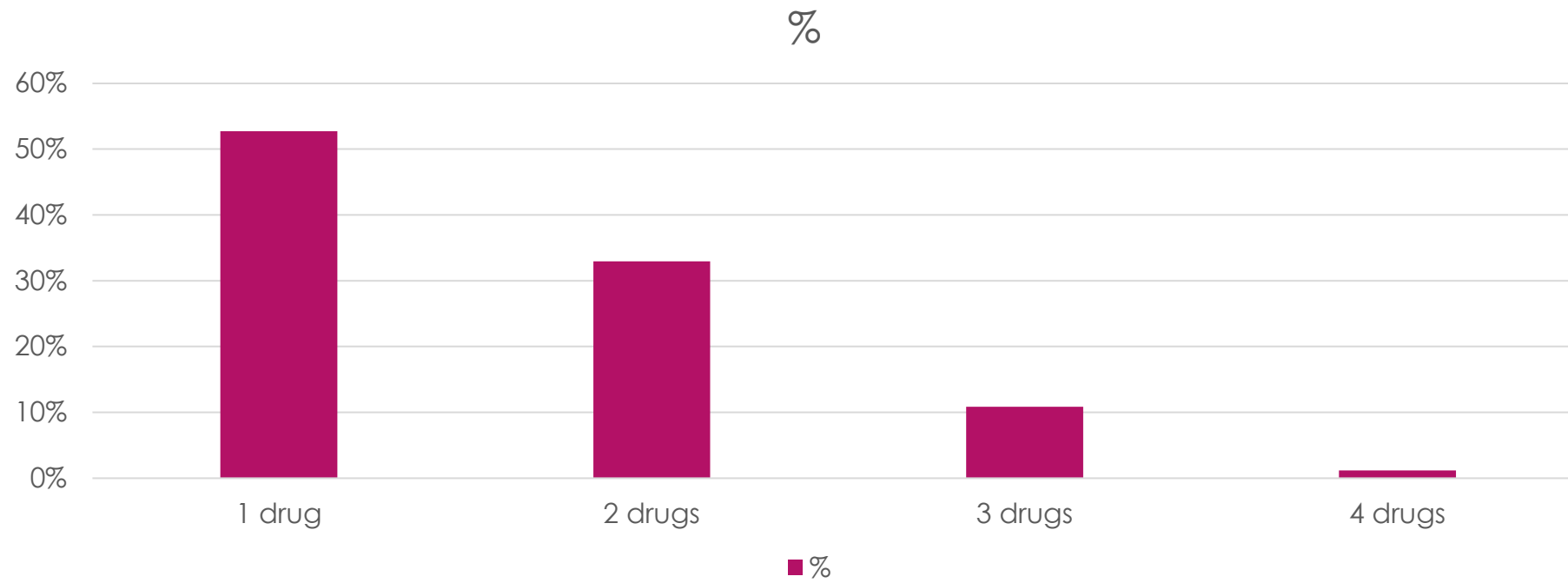
Most Female (70%) and all white

Mean age 56yrs (range 21-97) males 55.5 females 56.1

Px opioids (92%), gabapentinoids (32%), benzos (9%), and/or zopiclone (7%)

- Px Opioids - 1. morphine, 2. oxycodone, 3. fentanyl

Medications prescribed



Results

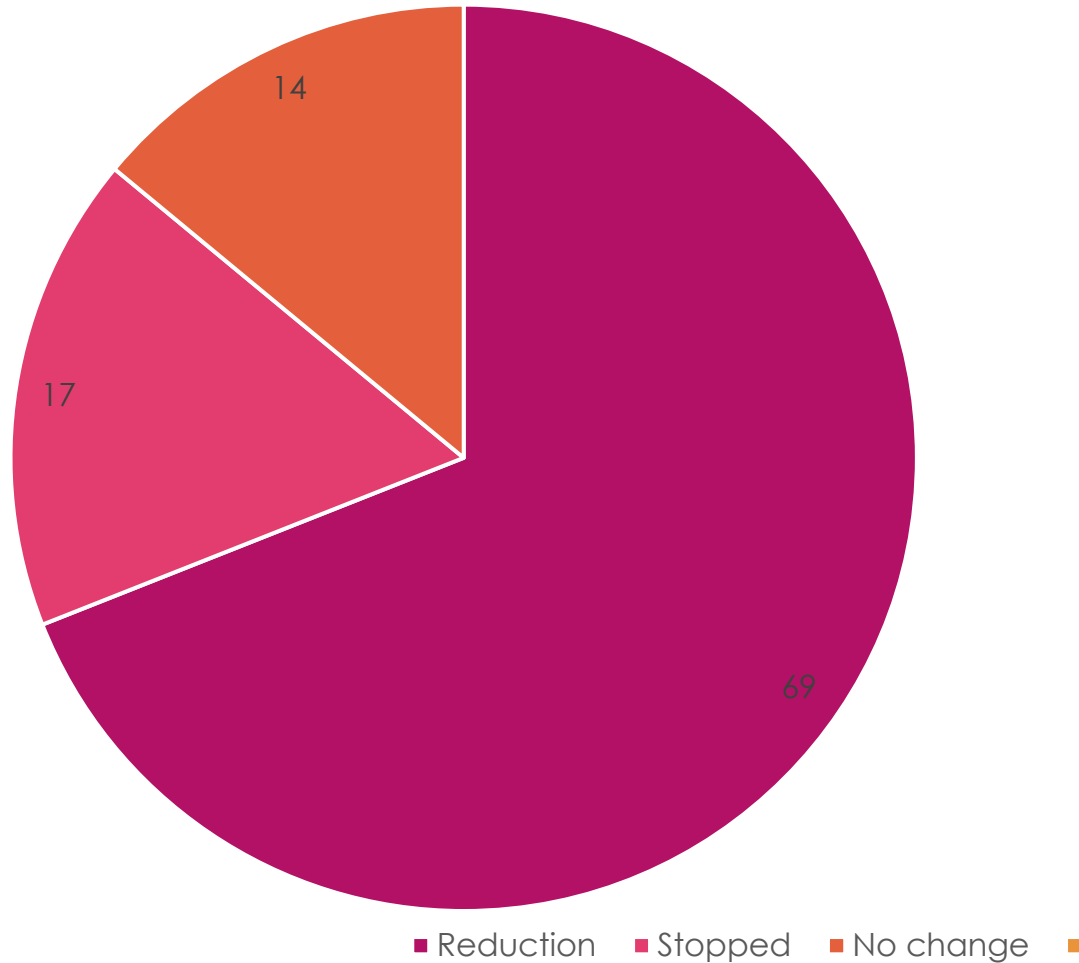
254/258 letter
217 telephone triage
148 agreed to work with Optimise

145 (56% of referred patients) attended assessment and started treatment

86% (n= 124) of 145 patients stopped / reduced medications

- 17% gradually stopped and 69% reduced

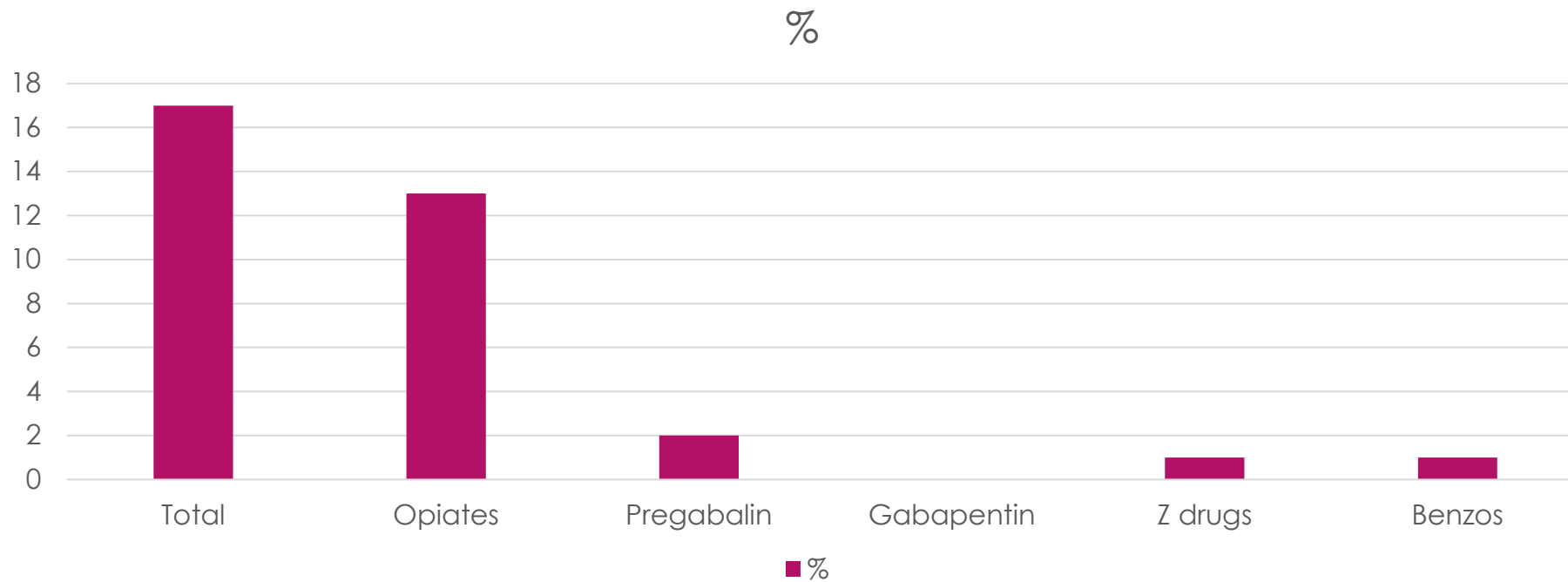
Patients



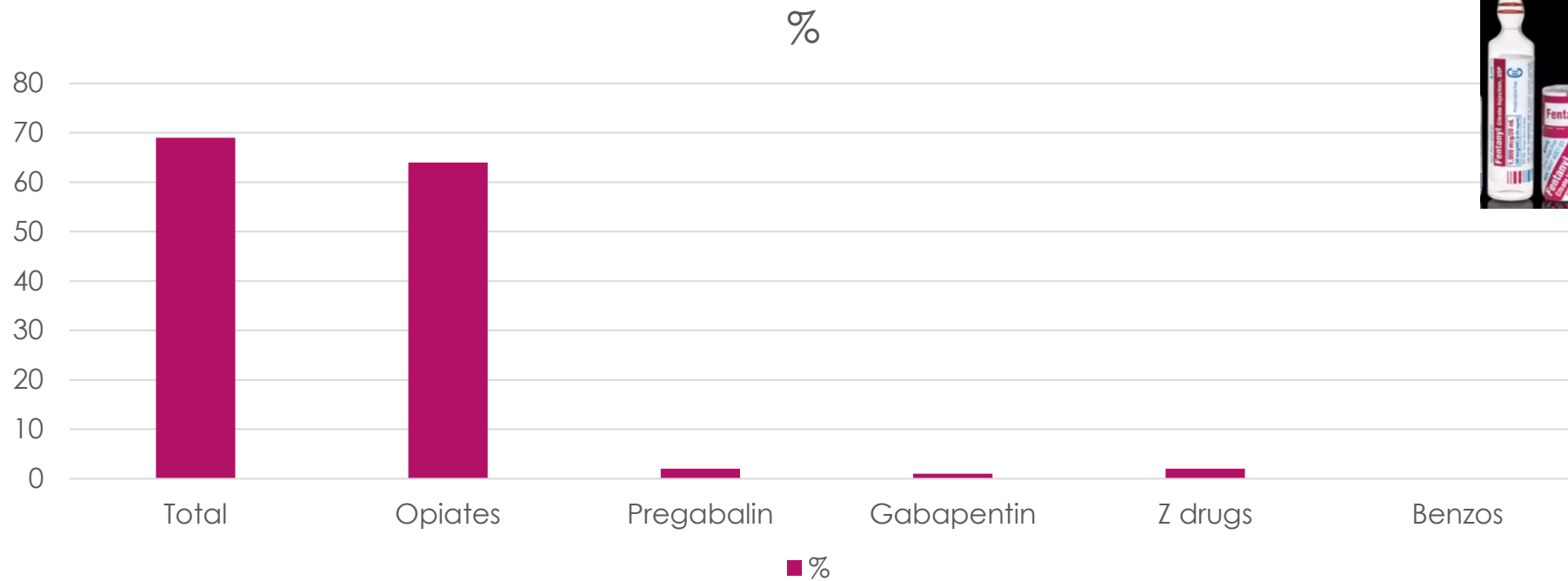
Patient
outcomes
- Reduce,
stopped or
no change?



Patient stopping medications



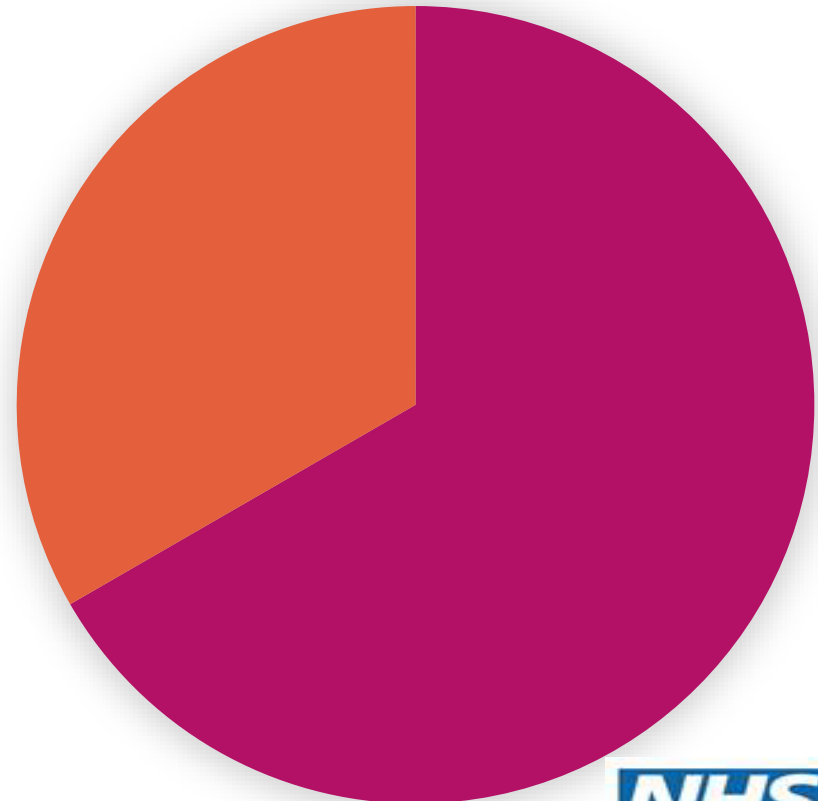
Patient reducing medications



Friends and Family Test

1. Thinking about the service we provide, overall, how was your experience of our service?

- 1. Very good - 13
- 2. Good - 5
- 3. Poor - 0
- 4. Very poor - 0
- 5. Don't know - 0



Patient experience of service



The nurse was informative and has helped me reduce my medications when I thought I wouldn't be able to.



Gives appointment time and rings on time.



Easy to get in touch with when needed.



The nurse is nice and helpful. Have learnt lots about my medication.



The nurse was always polite and respectful took her time and seemed very knowledgeable about the medications I was on.

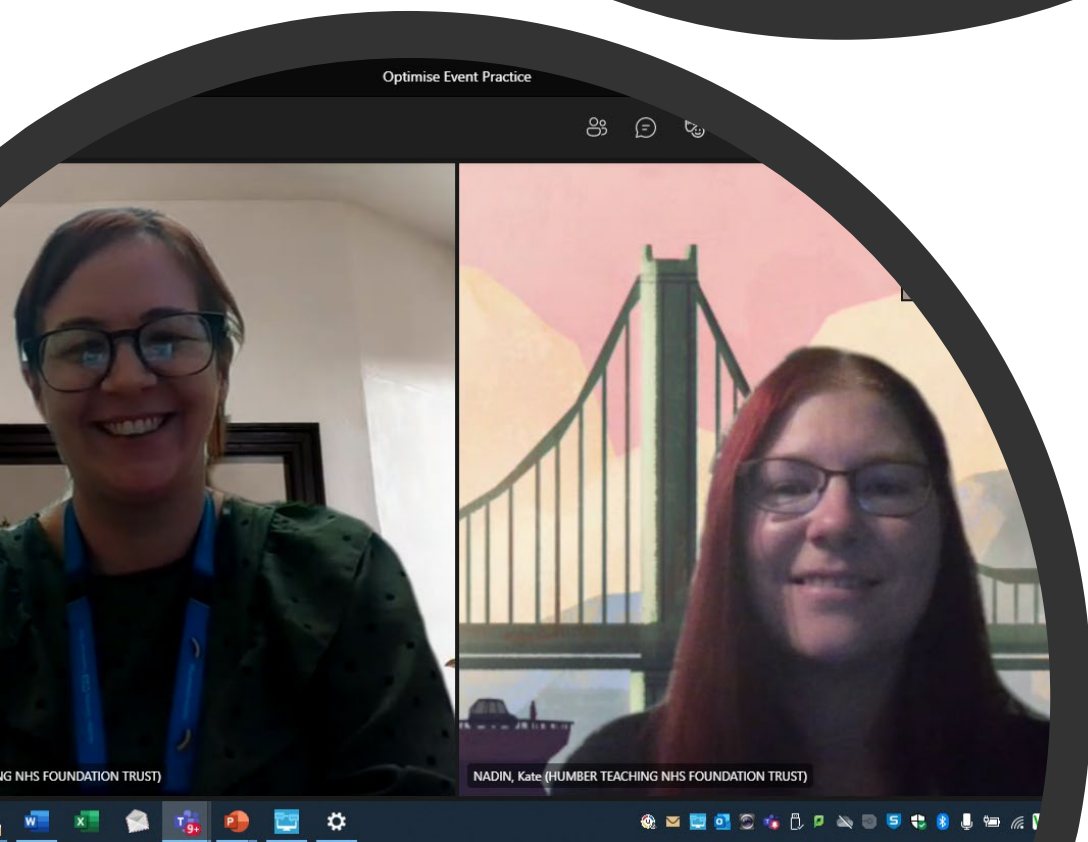
Patient experience 'What we did well?'

- ▶ *I found the telephone appointments good as I found it difficult to leave the house.*
- ▶ *The nurses were always kind to and made me feel okay.*
- ▶ *Listened and gave helpful advice, easy to reach when needed and always returned my calls.*
- ▶ *Gave good advice and information.*
- ▶ *Reduced medication when I was ready and ordered it for me on time, helped me with appointments and groups and listened to me and was very friendly.*
- ▶ *Listened to my concerns and gave me time before changing my medication.*
- ▶ *Helped me get clean.*
- ▶ *Non-judgemental, supportive and accommodating.*
- ▶ *Everybody tries to help.*



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Optimise Team
helped 86%
patients
reduce or stop
medications and
patients had a
good experience



Summary & Questions?

Optimise helped 86% reduce/stop dependence causing medications – best results with opiates

Patients had not been able to stop before

Small team had excellent outcomes and good patient feedback

Commissioners should look at funding this nationally

The East Riding
Partnership

NHS

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