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Treatment of patients with chronic pain in general practice - results from a prospective APO audit in the North Denmark Region

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Background and Aim: Patients with chronic pain often report poor quality of life. Treatment entails social, psychological as well as medical aspects. The medical treatment often includes opioids, which have considerable side effects. The consumption of opioids is greater in Northern Jutland than in the rest of Denmark. The aim of this study was 1) to identify/outline how pain management in general practice takes place in the contact between the GP and the practice staff, and 2) to develop strategies to reduce opioid consumption.

Method: During a 4-week period each prescription for analgesics was registered on a simple A4 chart developed by APO (Audit Project Odense). The GP primarily had to register type of drug, duration of pain, side effects, possible addiction/dependence, possible abuse and planned changes of medication. Practice staff primarily had to register type of drug and whether a recent medication review was available.

Results: During a four-week period in the spring of 2015 a total of 41 GPs/therapists and 38 practice staff registered 1162 and 2662 prescriptions for pain killing medicine, respectively. Among GPs/therapists 34% of the prescriptions were for mild analgesics, 33% for NSAIDs, 18% for mild opioids and 10% for strong opioids. Considerable side effects were found in 25% of the cases, among 6% addiction/dependence was found, and among 2% abuse. The GP planned changes in the medication in 35% of the cases - tapering in 15%. Some 70% were repeat prescriptions issued by the staff and approved by the GP without him/her having contact with the patient. This is in conflict with the guidelines from the Danish Health Authority, requiring the patient to make an appointment/visit the doctor in order to get a prescription for dependence-creating drugs.

Conclusion: At a follow-up meeting with the participants and pain management specialists it was concluded that the prescribing of opioids was too high. The Danish Health Authority guidelines were found to be unrealistic, but a yearly check-up at the GP with focus on the treatment plan and modifiable factors such as a somatic and psychiatric illness, family, work situation etc. was recommended as a means of improving the patient's situation and reducing the prescribing of opioids.