

## **PS1.192**

### **Chronic non-cancer pain management in primary health care: evidence-based practices for safer opioid prescribing**

*Marco André Oliveira, L Da Silva Correia, DI Alves  
USF Grão Vasco, Viseu, Portugal*

*Corresponding author: Dr Marco André Oliveira, USF Grão Vasco, MGF, Viseu, Portugal.  
E-mail: marcolive.med@gmail.com*

**Background & Aim:** Pain is often considered the “fifth vital sign” and affects not only patients themselves but also their families and caregivers. The majority of patients with chronic non-cancer pain are managed in Primary Health Care and there has been an increase in opioid prescriptions in recent years. This management has a potential for misuse, abuse, addiction and overdose which, along with inadequate knowledge, time and resources, helps to explain reluctance to use long-term opioids among primary care physicians. The purpose of this review was to find evidence-based opioid management practices that protect patients from potential opioid-related harm.

**Method:** We conducted a systematic search of published literature on the following online databases: MEDLINE/PubMed, Cochrane Library, DARE, National Guideline Clearinghouse, National Library of Guidelines, CMA Infobase and Trip Database. Searches were limited to English-language publications and search terms (MeSH) included “analgesics, opioid”, “chronic pain” and “Primary Health Care”. We included relevant literature published in the last 5 years and study quality was assessed using Strength of Recommendation Taxonomy (SORT).

**Results:** of 47 studies retrieved, 5 met inclusion criteria: 3 were research articles, 1 review article and 1 case studies. In addition, 6 clinical guidelines were included.

**Conclusions:** Several guiding principles are recommended to protect patients from opioid-related harm: 1. Initial and periodic evaluation of patient’s history and risk factors (SORT A); 2. Initial and at least annual urine drug screening to assess for prescribed or other controlled drugs (SORT B); 3. Avoid prescribing opioid medication for patients taking benzodiazepines (SORT A); 4. Patient referral to a pain specialist if morphine equivalent dose reaches 120 mg per day and pain and function have not substantially improved (SORT A).