

Drug use evaluation (DUE) of opioid therapy for chronic non-cancer pain in aged care facilities

Everything you need to complete the drug use evaluation (DUE) can be found here

Staff in aged care facilities involved in medicine use can use these resources to undertake the DUE. An accredited pharmacist, a GP or a nursing staff member may lead the project and collect the initial data. A multidisciplinary team approach is ideal for successfully carrying out the DUE, preferably with an advisory team appointed to assist and advise during the program.

This activity is recognised by a number of health professional bodies as contributing to continuing education and professional development. To be eligible for professional development points on completion of this activity you must

- Provide your details on the DUE access page on the NPS website, including your professional membership number (where applicable). If you did not do so before downloading this kit, please call Claire Green at the NPS on 02 8217 8700 (select option 2).
- Notify the NPS that you have completed this activity by submitting the evaluation survey 'What did you think about the DUE kit?' on the NPS website (at www.nps.org.au/DUE).

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The information contained in this material is derived from a critical analysis of a wide range of authoritative evidence. Any treatment decision based on this information should be made in the context of the clinical circumstances of each patient.

Before you start

How this DUE can help in your aged care facility?

DUE promotes optimal drug therapy. It involves:

- monitoring drug use
- comparing drug use with specific predefined standards or best practice
- initiating appropriate actions when drug use is inconsistent with predefined standards.¹

Completing this DUE will allow you to:

- Determine the appropriateness of the use of opioids for managing chronic pain in your aged care facility.
- Identify opportunities for improving quality use of these medicines, and act on them.
- Assist your aged care facility to meet components of the *Residential Care Standards* issued by the Aged Care Standards and Accreditation Agency, in particular
 - Standard 2.1 relating to continuous improvement activities
 - Standard 2.7 where residents' medication is managed safely and correctly
 - Standard 2.8 all residents are as free as possible from pain.²
- Comply with the *Australian Pharmaceutical Advisory Council Guidelines for Medication Management in Residential Aged Care Facilities*, in particular Recommendation 3 — Medication Review where residents' medications should be reviewed by members of the health professional team.³
- Assist pharmacists to provide facility focused activities to promote the quality use of medicines (in line with Pharmaceutical Society of Australia Guidelines and Standards).⁴

Where to start

1. Read the following before starting the DUE:
 - Best practice criteria: opioid therapy for chronic non-cancer pain (p.6–11)
 - Opioids in chronic non-cancer pain: use a planned approach *Prescribing Practice Review No.51*, (also available from the NPS website: www.nps.org.au)
2. Follow the steps in each phase of the DUE cycle described on page 4.

DUE is a cyclical process with a number of phases. It is most effective if all phases in the cycle are completed sequentially, rather than separate activities being performed in isolation.¹

Professional development

This activity is recognised by a number of health professional bodies as contributing to continuing education and professional development. To be eligible for professional development points, after completing this activity you must:

- Provide your details on the DUE access page on the NPS website, including your professional membership number (where applicable). If you did not do so before downloading this kit, please call Claire Green at the NPS on 02 8217 8700 (option 2).
- Notify NPS that you have completed this activity by submitting the evaluation survey 'What did you think about the DUE kit?' on the NPS website (www.nps.org.au/DUE).

Pharmaceutical Society of Australia (PSA)

This activity is recognised under the Pharmaceutical Society of Australia (PSA) Continuing Professional Development and Practice Improvement (CPD & PI) Program. Registered pharmacists who are PSA members are eligible for 25 CPD & PI points per year of the DUE (go to www.nps.org.au/DUE_prof_dev for more information).

Australian Association of Consultant Pharmacy (AACCP)

This activity is recognised for 25 credit points per year of the DUE.

Society of Hospital Pharmacists of Australia (SHPA)

This activity has been accredited by SHPA as suitable for inclusion in an individual pharmacists CPD plan as outlined in the SHPA CPD program (go to www.shpa.org.au for details).

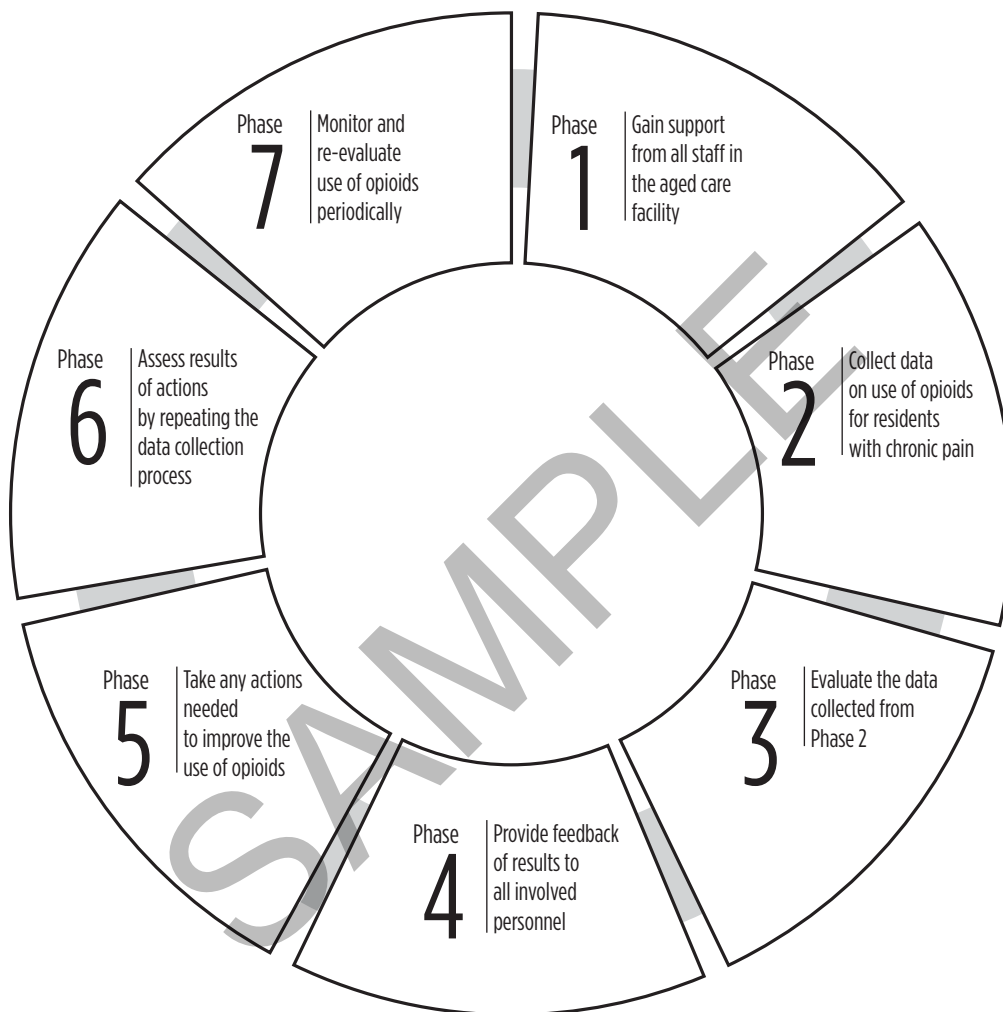
Royal College of Nursing, Australia (RCNA)



This activity has been endorsed by APEC number 061110344 on behalf of Royal College of Nursing, Australia according to approved criteria, and attracts 15 Continuing Nurse Education points.

DUE: A phased approach

(Adapted from the Australian Drug Usage Evaluation Starter Kit¹)



Helpful hints¹

- The DUE process involves cooperation, coordination and consideration.
- Good public relations will minimise antagonism.
- Avoid personal bias in determining actual patterns of use.
- Avoid a 'Pass/Fail' method of evaluation to prevent a defensive attitude among practitioners.
- Present facts and suggested modifications with supporting evidence.
- Present data that do not openly identify a 'guilty' individual.
- Use personal contacts to promote the protocol you are suggesting

Read before starting the DUE

Why do a DUE of opioid therapy for chronic pain?

Managing chronic non-cancer pain involves medicines and non-drug therapies. Opioids are an option for moderate to severe chronic pain when other analgesics are not suitable or provide inadequate pain control. Evidence for chronic opioid use is limited, long-term benefits and harms are not well understood. Clinical guidelines are frequently based on expert consensus and clinical experience. Opioids should be started on a trial basis at low doses and, if required, titrated slowly, especially in the elderly. Regular monitoring and review are important to ensure appropriate use with minimal adverse effects.^{5,6-8}

Chronic pain is common among aged care residents and is often undertreated.⁹ A high prevalence of dementia, disability and sensory impairment makes the assessment and management of pain challenging.¹⁰ However, pain is not a normal part of ageing and should be recognised as a significant problem. Poorly controlled pain in this population contributes to cognitive decline, depression, mood disturbance and reduced activities of daily living.¹¹

Adopting a systematic approach to pain assessment in this population improves diagnosis and management of pain.¹¹ This involves including an appropriate pain assessment as part of your routine/daily care of aged care residents. This may include asking residents if they are experiencing pain or discomfort and observing them for specific behaviours suggestive of pain.

Best practice criteria are stated standards that are fulfilled when drug use is optimal i.e. the way things should be done in your aged care facility (which may differ from current practice). Criteria used to define the most appropriate practice should be based on the most current and sound evidence.^{5,11}

Below is a set of best practice criteria based on current evidence for analgesic use in chronic pain. You may need to modify these so that they suit the needs in your aged care facility. Evidence for these criteria is discussed on pages 6-11.⁴

Best practice criteria: opioid therapy for chronic non-cancer pain

1. Conduct a multidimensional pain assessment to assess the severity of pain and its impact on function and quality of life.
2. Assess all residents for pain daily, obtaining the resident's self report whenever possible.
3. Ensure a pain management plan documents treatment goals and a timeline for meeting them.
4. Optimise use of non-opioid medicines and non-drug strategies.
5. Round-the-clock analgesia is preferred for chronic and predictably recurrent pain.
6. Anticipate, monitor and document adverse effects including respiratory depression, sedation, impaired cognition and constipation.