

Case study 64: Opioid therapy in chronic pain

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

Scenario

Winston is a 64-year-old artist who has come back to see you for worsening back pain. For the past 3 years paracetamol and ibuprofen have been effective in controlling his non-specific back pain. He reports the increasing pain is distracting him from his work and making simple daily tasks such as moving his easel and walking to the nearby wine bar increasingly difficult.

Winston lives alone and drinks 2 or 3 glasses of wine a day. He takes irbesartan (Avapro, Karvea) 300 mg for hypertension and atorvastatin (Lipitor) 10 mg for hypercholesterolaemia (both in the morning). He takes paracetamol 1 g regularly four times a day and ibuprofen when required for breakthrough pain. Winston has no history of falls or injury. His family history is unremarkable with respect to cardiovascular diseases, cancer or musculoskeletal disorders. Further questioning revealed no neurological symptoms or sciatica.

On examination there is no sign of asymmetry or inflammation of the lumbar spine. There is some restriction of movement on lumbar flexion but not on extension. His blood pressure is 126/80 mmHg. Body mass index is 31 kg/m². Renal and liver function test, fasting blood glucose and full blood count are in the normal range.

How to participate

All participants: Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

GPs: To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program (PIP)**, quote your **provider and prescriber numbers** in the spaces provided.

Pharmacists: This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA), the Australian Association of Consultant Pharmacy (AACCP) and the Pharmacy Board of South Australia. PSA members, quote your membership number in the space provided. Other pharmacists, please self-record this activity. For details on recording participation see <http://casestudy.nps.org.au>

Nurses: This activity has been endorsed by APEC number 061110344 on behalf of Royal College of Nursing, Australia according to approved criteria. Nurses, please self-record this activity.

Complete by:
23 July 2010

Complete and submit online at:
<http://casestudy.nps.org.au>

OR

Send to: NPS
PO Box 1147
Strawberry Hills NSW 2012

OR

Fax to: (02) 9211 7579



Thinking differently
about medicines

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NPS office use only

Read the scenario overleaf and complete ALL the questions.

- 1 a) Would you refer Winston for any diagnostic imaging or additional pathology investigations at this stage? yes (please specify): _____ no
- b) Would you have requested any diagnostic imaging or pathology investigations when Winston first presented with a two week history of back pain? yes (please specify): _____ no
- 2 a) Provide a reason why a pain diary might be helpful for managing Winston's pain. _____
- b) A pain management plan is formulated for Winston at this stage. Outline two non-drug strategies to be included in his management plan.
 - i) _____
 - ii) _____
- 3 a) Which of the following would you consider recommending for Winston's pain management? (Give 1 reason why/why not in terms of analgesic effect, precautions, contraindications, etc.)
 - i) buprenorphine yes no
Reason: _____
 - ii) codeine/codeine combination products yes no
Reason: _____
 - iii) conventional or COX-2 selective NSAID yes no
Reason: _____
 - iv) fentanyl yes no
Reason: _____
 - v) morphine yes no
Reason: _____
 - vi) oxycodone yes no
Reason: _____
 - vii) tramadol yes no
Reason: _____

b) Please specify your preferred opioid for Winston.

Medication & formulation

Initial dose

Frequency

Duration

Review

4 a) When starting an opioid, how long would your trial last?

2-4 weeks 4-6 weeks 3 months

b) Give two instances where an opioid trial would successfully continue to maintenance therapy.

i) _____ ii) _____

Your details

Please tick one

- GP Pharmacist Other health professional
 GP registrar Intern pharmacist Student – medical
 Other medical specialist Registered nurse (RN Div 1) Student – other
 Enrolled nurse (RN Div 2)

Title

Family name

Given name

Postal address

Suburb/town

State

Phone number

GPs

Provider no.

Prescriber no.

Pharmacists (PSA members only)

Membership no.

(Other pharmacists, please self-report)

Important:

Required for you to be included in the Quality Prescribing Initiative, or receive 1 PSA credit point.

All participants must sign: I consent to these data being recorded (as applicable) for the purposes of PIP, PSA credit points and NPS evaluation.

Participant's signature

Date:

day

month

year