The evaluation of a brief educational pain management intervention amongst Australian GP registrars.

APSAD 10th November

Simon Holliday
General Practitioner: Albert St Medical Centre, Taree, NSW
Staff Specialist: Drug & Alcohol Clinical Services, Hunter New England Local Health District

with Adrian Dunlop, Chris Hayes, Simon Morgan, Amanda Tapley, Kim Henderson, Briony Larance, Anthony Shakeshaft

Sponsored by NSW Health Mental Health and Drug and Alcohol Office

Beliefs have swung about what the appropriate moral equipoise might be between suffering pain and deploying opioids.

Crowley-Matoka Cultural Anthropology 2012;27(4):689-712

All agree it is needed in principle!

Substantial diversity in study designs, interventions, content, methodological quality, and outcomes preclude meta-analysis.

We aimed to develop, deliver and evaluate the effectiveness of a package fitting within the usual GP registrar 90 minute training space.


GP vocational training registrars in first or second GP 6 month terms in a two year programme

Package developed by multidisciplinary team:
- pre-reading
- pre- & 2 months post-training survey
- content of interactive intervention
- 4 x 2-3 minutes of videos of 4 consults between a new doctor inheriting a patient on long-term opioid analgesia.
- Post training links, resources and contact details.

Opioid use in chronic non-cancer pain
Part 1: Known knowns and known unknowns

Primary Care & Health Services Section

Consultations about changing behaviour
Napier Boulton, Christopher C. Bole, Jo McCarthy, Paul Keeney, Ollie Dear, Lynse Reston

Opioid use in chronic non-cancer pain
Part 2: Prescribing issues and alternatives

Concerning the use of opioids for patients with chronic non-cancer pain, in general do you think opioids are:

1. Under-prescribed
2. 3. 4. 5. Over-prescribed

How to manage chronic back pain not controlled with current opioid medication?

How to manage knee osteoarthritis pain not controlled with paracetamol and anti-inflammatories?
The presentation
Aim: to improve chronic non-cancer pain guideline concordance emphasising:
- the transition to active self-management
- opioid non-initiation and deprescribing
- the use of universal precautions
Half the duration involved the viewing or discussion of the videos.

Post training resources
Links to a Primary Care Toolkit including:
- a 3-item pain scoring scale (P.E.G.) and an opioid agreement.
- An opioid conversion table
- Details about NSW Health opioid regulations
- Prescription Shopping Information Service and PBS information release links.
- Patient information and educational videos

Concerning the use of opioids for patients with chronic non-cancer pain, in general do you think opioids are:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under-prescribed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Over-prescribed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre Questionnaire</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post Questionnaire</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

McNemar’s Chi square p-value

<table>
<thead>
<tr>
<th>Grouped into either &quot;Under&quot; = 1, 2 &amp; 3. &quot;Over&quot; = 4 &amp; 5</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under</strong></td>
<td>12 (35.3%)</td>
<td>8 (23.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Over</strong></td>
<td>35 (74.5%)</td>
<td>39 (76.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>McNemar’s Chi square p-value</td>
<td>0.2482</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fran Bird is a 57 year old ex-competitive skier. She has a 10 year history of severe osteoarthritis of her lumbar spine with multiple levels involved. She has previously seen an orthopaedic surgeon and her condition is not suitable for surgery. She was prescribed Oxycontin tablets 6 months ago by another doctor in the practice. Her pain didn’t really improve, and now she is experiencing severe back pain. She is currently taking Oxycontin 20 mg bd, regular Panadol Osteo and occasional Mobic 15mg. There are no red flags that warrant further investigation.
Mr Wilson is 68 and has a long history of osteoarthritis particularly affecting his knees. He continues to have mild pain in his right knee and severe pain in his left knee on which he has had a Total Knee Replacement (one year ago, with a difficult post-operative course leaving him with marked pain and stiffness). The pain causes marked limitation of activities. He takes regular Panadol for stiffness). The pain causes marked limitation of activities. He takes regular Panadol and frequent NSAIDs with only modest effect on his pain. What will you, his GP, do? (tick as many boxes as you would choose to use at this time.)

<table>
<thead>
<tr>
<th>Would prescribe</th>
<th>Pre Questionnaire</th>
<th>Post Questionnaire</th>
<th>McNemar’s Chi square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>No</td>
<td>12 (25.5%)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>35 (74.5%)</td>
<td>0.0116* ↓</td>
</tr>
<tr>
<td>Anti-epileptic and/or low-dose tricyclic</td>
<td>No</td>
<td>39 (83.0%)</td>
<td>0.0000</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>8 (17.0%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Would refer</th>
<th>Pre Questionnaire</th>
<th>Post Questionnaire</th>
<th>McNemar’s Chi square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>to physiotherapist</td>
<td>No</td>
<td>1 (2.1%)</td>
<td>5 (10.8%)</td>
</tr>
<tr>
<td>to a psychologist for CBT</td>
<td>No</td>
<td>46 (97.9%)</td>
<td>42 (89.4%)</td>
</tr>
<tr>
<td>to group pain management</td>
<td>No</td>
<td>36 (76.6%)</td>
<td>32 (68.1%)</td>
</tr>
<tr>
<td>to rheumatologist or orthopaedic surgeon</td>
<td>No</td>
<td>11 (23.4%)</td>
<td>15 (31.0%)</td>
</tr>
</tbody>
</table>

No changes for short-acting morphine, modified-release morphine, methadone, fentanyl patches.
Conclusion

A 90 minute non-commercial interactive educational session with provision of learning and clinical resources saw anticipated changes sustained two months later in:
- Opioid de-prescribing
- Opioid non-initiation
- A reduction in oxycodone prescribing (short acting)

Next steps:
- Objective management data
- Brief GP education to increase good analgesic practice rather than reducing poor chronic non-cancer pain management.

Any questions:
simon.holliday@albertsmc.com