DANISH HEALTH AUTHORITY

# NATIONAL CLINICAL GUIDELINE ON OPIOID TREATMENT OF CHRONIC NON-MALIGNANT PAIN

## Quick guide

### Optimise non-pharmacological and pharmacological non-opioid treatment rather a trial of opioids in patients with chronic non-malignant pain conditions.

Strong recommendation

For some patients with neuropathic pain, the possible pharmacological treatment options apart from opioids are tricyclic antidepressants and anticonvulsants. For patients with nociceptive pain, in specific instances NSAIDs can be used at the lowest possible dose for the shortest possible time and in accordance with the recommendations of the Danish Health Authority's National Recommendations List for treatment of chronic nociceptive pain with NSAIDs.

The evidence profile for paracetamol has not been examined in this guideline, but it is evident from the Danish Health Authority's National Recommendations List for treatment of patients with nociceptive pain that there are no studies that shed light on the long-term effect ( > 6 weeks) of paracetamol, and there have been no studies comparing the effect of opioids with the effect of paracetamol.

Other pharmacological treatment options that have not been examined in this guideline are serotonin and norepinephrine reuptake inhibitors (SNRIs), lidocaine patches and capsaicin patches. In the Danish Health Authority's National Recommendations List for treatment of patients with neuropathic pain conditions the evidence for SNRIs and lidocaine patches has been demonstrated, and the conclusion is that duloxetine can be used in patients with peripheral neuropathic pain. Venlafaxine can be used in the same group of patients if duloxetine has no effect. Lidocaine patches can be used in specific cases in patients with neuropathic pain. Both recommendation lists can be found on the Danish Health Authority's website.

Examples of non-pharmacological treatment are exercise, neuromodulation, psychological treatment, mindfulness-based stress reduction, interdisciplinary rehabilitation, manipulation treatment and acupuncture.

### Consider a trial of opioids in patients with chronic non-malignant pain when other non-pharmacological and pharmacological treatment has been tested.

Weak recommendation

Opioid treatment may be indicated in a small group of patients with severe debilitating pain in whom a trial of opioids has an effect on both pain and functional level within a short time. Decisions concerning a trial of opioid treatment should always be based on an individual assessment of the patient's overall condition.

A trial of opioids means start-up, titration and impact assessment, and – if significant reduction in pain or function is not achieved – subsequent discontinuation of opioids.

National clinical guideline on opioid treatment of chronic non-malignant pain.
Published by the Danish Health Authority, December 2018

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**Do not use opioids in patients with chronic non-malignant pain and current alcohol and/or substance abuse.**

Strong recommendation **MOD**

The underlying alcohol and/or substance abuse should be brought under control before considering opioid treatment.

**When other non-pharmacological and pharmacological treatment has been tested, consider a trial of opioids in patients with chronic non-malignant pain and current psychiatric illness (but not until the psychiatric illness is under control).**

Weak recommendation

Psychiatric comorbidity and emotional problems are common in patients with chronic non-malignant pain, and patients with chronic pain and concurrent psychiatric disorders report stronger pain than persons without any psychiatric disorders.

Problems with mood and thoughts as well as personality disorders should be addressed before complaints regarding chronic pain are treated with opioids. Clinical experience shows that the pain will often ease off or possibly disappear completely when these matters have been dealt with. As a minimum – before opioid treatment is considered – antidepressant treatment of any complicating accompanying depression should thus have been started and be having an incipient effect, and any complicating state of anxiety and psychotic symptoms should be under control. Emotional stress and traumatic experiences should also be addressed first – often with a similar result as regards the pain complaints.

Because of a potential increased risk of psychological dependence in patients with psychiatric illnesses, special attention should be paid to this complication of opioid treatment.

**In patients with chronic non-malignant pain and previous alcohol and/or substance abuse, consider a trial of opioids when other non-pharmacological and pharmacological non-opioid treatment has been tested.**

Weak recommendation

Careful observation of the patient with respect to overdose and psychological dependence is necessary.

**Do not exceed the maximum dose of 100 mg morphine equivalents in patients with chronic non-malignant pain who are to be started on treatment with opioids.**

Strong recommendation

If there is a need for a dose increase to over 100 mg morphine equivalents, a meeting with a specialist with specific experience in the treatment of patients with chronic pain conditions is recommended

**Consider limiting the dose of opioids to 50 mg morphine equivalents in patients with chronic non-malignant pain who are to be started on treatment with opioids.**

Weak recommendation

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**Consider switching to another opioid in patients with chronic non-malignant pain who are undergoing opioid treatment that is continuing to cause debilitating pain and/or unacceptable adverse reactions.**

Weak recommendation

Unacceptable adverse effects are sedation, impact on cognitive function, nausea and/or vomiting. Occurrence of these adverse reactions should lead to a reduction in dose or a switch to another opioid such that the adverse reaction disappears.

Acceptable adverse reactions are constipation, which should be treated with laxatives, and dry mouth. As long as these adverse reactions are acceptable to the patient, they do not necessitate a switch or a reduction in dose.

**Consider tapering the opioid treatment in patients with chronic non-malignant pain rather than continuing with an unchanged dose.**
**This consideration in particular applies to patients undergoing treatment with 100 mg morphine equivalents or more.**

Weak recommendation

Indications for tapering include:
- Lack of effect on pain and/or functional level
- Non-compliance with the treatment plan
- Signs of abuse
- Serious opioid-related adverse reactions such as cognitive dysfunction and disruption of endocrine function
- The patient wants the drug to be tapered

**Consider interdisciplinary input in patients undergoing opioid treatment for chronic non-malignant pain who wish to taper the treatment but are finding this a considerable challenge.**

Weak recommendation

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## About the quick guide

Preparation of this guideline has been based on an existing Canadian guideline – "The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain" – and has been adapted to Danish circumstances where possible.

The guideline concerns treatment of adults with chronic non-malignant pain conditions, i.e. conditions that have lasted for over three months and are neither features of or have been caused by cancer. The purpose of the guideline is to provide evidence-based recommendations on when in the course of treatment and for which chronic-pain patients opioids may be administered, and on restricting the opioid dose, shifting to another opioid and tapering opioids.

The national clinical guideline thus includes recommendations regarding selected parts of the area, and cannot stand alone but must be seen in conjunction with other guidelines, process descriptions etc. in this area, e.g. the Danish Health Authority's guidelines on prescription of addictive drugs and the National Recommendations List for treatment of chronic nociceptive pain.

### Further information can be found at sundhedsstyrelsen.dk

On the Danish Health Authority's website (www.sst.dk) the full version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

### About the national clinical guideline

This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further material regarding choice of subject, method and process is to be found at www.sst.dk