Opioid Safety Recommendations for Adult Palliative Medicine

Palliative care improves the quality of life for people with life limiting illnesses through symptom management and psychosocial support. Opioids are mainstay medications in palliative care, with strong evidence for their effectiveness in managing pain, dyspnea and cough. Current palliative care guidelines focus primarily on how to prescribe opioids for symptom management, rather than prevention, detection and management of opioid-related harms. Most existing knowledge about opioid safety is from chronic non-cancer pain and addiction medicine but this evidence cannot be directly applied to all patients receiving palliative care.

In collaboration with Canadian Society of Palliative Care Physicians (CSPCP), a team of researchers, led by Drs Jenny Lau, Paolo Mazzotta and Ciara Whelan, conducted a Delphi study that developed recommendations about opioid safety for adult palliative medicine. *"Opioid safety"* refers to prevention, identification and management of problematic use of opioids*, opioid use disorder and opioid-related overdose. The goal of the study was to be comprehensive and to provide a foundation for practice and further research. However, uniform implementation of some recommendations may not be possible due to variable access and availability of resources and heterogeneity in practice settings.

> *Lau J, Mazzotta P, Whelan C, Abdelaal M, Clarke H, Furlan AD, Smith A, Husain A, Fainsinger R, Hui D, Sunderji N, Zimmermann, C. Opioid safety recommendations in adult palliative medicine: a North American Delphi expert consensus. BMJ supportive & palliative care. 2021 Aug 13.*
>
> *Link to open access article: https://spcare.bmj.com/content/early/2021/08/12/bmjspcare-2021-003178*

*The language used to describe substance use is evolving to combat stigma, which is a known barrier to healthcare access. In the Delphi study and its publication, the term "aberrant medication taking behavior" was used. However, as per Health Canada's recommendation, this term has been replaced in this document with the term "problematic opioid use".

> *Source: https://www.canada.ca/en/health-canada/services/publications/healthy-living/stigma-why-words-matter-fact-sheet.html*

Prioritization by the Canadian Society of Palliative Care Physicians (CSPCP)

Among the 130 expert consensus recommendations generated, CSPCP deemed the following 43 as high priority for healthcare providers, administrators and policy makers to be aware of.
These are summarized in the table that follows.

CSPCP SCMSP
Canadian Society of Palliative Care Physicians
Société canadienne des médecins de soins palliatifs

UHN Princess Margaret Cancer Centre

Sinai Health | Temmy Latner Centre for Palliative Care

Global Institute of Psychosocial, Palliative & End-of-Life Care
GIPPEC

Domain	#	Recommendations
1 **General principles related to opioid prescribing and opioid use disorders in palliative care**	1	Palliative care physicians should mentor non-palliative care physicians on opioid use for individuals with life-threatening illnesses.
	2	Opioid prescribing should be part of the practices of all clinicians who care for palliative care patients.
	3, 4	The importance of identifying whether a patient has an opioid use disorder does not depend on their diagnosis or prognosis.
	5	The importance of managing a patient's opioid use disorder (not symptom management) does not depend on their diagnosis.
	6	The importance of identifying a caregiver's opioid use disorder does not depend on the patient's prognosis.
2 **Palliative Care Programs and Opioid Safety**	7	Palliative care training programs should provide mandatory education about urine drug testing.
	8, 9	Health care institutions that provide palliative care (inpatients and/or outpatients) should implement and encourage use of the following supportive measures that promote opioid safety: - Data collection on opioid overdoses of patients receiving palliative care - Access to pharmacologic opioid use disorder treatments (i.e., methadone, buprenorphine-naloxone)
	10, 11, 12	Palliative care clinical services (in-patients and out-patients) should include access to the following medical specialties to jointly manage patients who are high-risk of problematic opioid use*, opioid use disorders and overdose: - Addiction medicine - Psychiatry - Pain medicine
3 **Patient and Caregiver Assessments**	13	Prior to prescribing opioids for pain or dyspnea management, patients receiving palliative care should receive an assessment that includes caregiver history of substance use.
	14, 15, 16	Each of these actions represent/constitute as problematic opioid use* in individuals with life-threatening illnesses: - Observations or reports of prescription forgery - Reported theft or "borrowing" of opioids - Route alteration of prescribed opioids
	17, 18	The following items should be used to identify patients with life-threatening illnesses who are at high risk of problematic opioid use*… - Post-traumatic stress - Sexual abuse history
	19	The following item should be used to identify patients with life-threatening illnesses who are at high risk of opioid overdose: - Receiving opioid prescriptions from two or more physicians
4 **Opioid prescribing practices**	20, 21, 22	The following opioid prescribing practices for patients receiving care in outpatient palliative care clinics or home palliative care visits are strongly recommended: - Physicians should have access to regional prescription monitoring programs to track previously dispensed prescriptions - If the primary prescriber of opioids is absent, detailed pain management plans and documentation should be provided to the covering clinician - Patients who have opioid use disorders and/or are at high-risk of problematic opioid use* or overdose should receive daily to weekly dispensing of opioids.
	23	Patients with symptom management concerns and active problematic opioid use*, opioid use disorders and/or history of overdose should be jointly managed with an addictions medicine specialist.
	24	All health facilities that provide palliative care services should have access to addiction medicine.

5 **Opioid Monitoring Practices**	25, 26, 27	Patients receiving palliative care who have or are at high-risk of problematic opioid use*, opioid use disorder or opioid overdose should be assessed more frequently than low-risk individuals.
6 **Patient and caregiver education**	28 – 40[A]	All patients receiving palliative care and opioid prescriptions and their caregivers should be educated on the following topics: - Indications for opioid use - Opioid adverse effects - Difference between physical dependence and opioid use disorders - Chemical coping with opioids - Opioid overdose signs and symptoms - Safe storage of opioids - Safe disposal of opioids - Opioid withdrawal symptoms - Driving or operating machinery
	41,42	Opioid safety education for patients receiving opioid prescriptions should be provided as a discussion with an opioid prescriber. Consider also providing the education as formal education sessions and consultations with pharmacists.
	43	Caregivers should receive instructions (written and verbal) to return unused medications to pharmacies.

[A]: This document combines the recommendations for patient and caregiver education because patients and caregivers usually receive education together.

Opioid Safety Related Research Topics

Among 59 topics deemed potential areas of research, CSPCP identified the following 8 as high-priority topics:

#	High-Priority Research Topic
1	Identify which outpatient palliative care clinic patients should have urine drug tests
2	Determine the frequency that urine drug tests should be done in outpatient palliative care clinics
3	Evaluate the use of the Diagnostic Statistical Manual 5th edition opioid use criteria to identify patients with life-limiting illnesses who have opioid use disorders
4	Evaluate the use of the Diagnostic Statistical Manual 5th edition opioid use criteria to identify patients with life-limiting illnesses who are at high risk of opioid overdose
5	Evaluate the use of screening tools to identify patients with life-limiting illnesses who have opioid use disorders (e.g., Opioid Risk Tool)
6	Evaluate the use of screening tools to identify patients with life-limiting illnesses who are at high risk of opioid overdose (e.g., Opioid Risk Tool)
7	Determine how often palliative care patients who are at high risk or have problematic opioid use*, opioid use disorder or overdose should be monitored
8	Determine which patients with life-limiting illnesses should receive pill counts

If you have any questions about these opioid safety recommendations, please contact Dr Jenny Lau at Jenny.Lau@uhn.ca.

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