

Codeine prescribing workshop

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Interchange General Practice

- Mr RK, 55 years.
- Seen in March 2016. Down from Qld and had run out of medications. Given script for 8 x Oxynorm 20mg tablets.
- Presented to IGP again in February 2017. Wants to transfer from another practice in ACT-said he now lived at Ainslie Village and IGP was more convenient for him. Chronic pain from OA. Started on Oxycontin 20mg BD on 23.02.17.
- Missing Oxycontin script on 10.03.17?
- Increased to 30mg BD on 20.03.17.

- Requested early pickup of medication on 24.03.17, 03.04.17, 10.04.17, 01.05.17, 16.05.17, 13.06.17, 12.08.17, 01.09.17, 20.09.17, 03.10.17, 20.10.17.
- Requested reduction of Oxycontin to 20mg BD on 01.08.17.
- Some confusion about medication. Pt reported his pain was worse during the day and doctor who saw him on 10.10.17 thought he was still on 30mg BD so issued scripts for Oxycontin 40mg and 20mg.
- S/B Pain Clinic on 27.10.17. Recommended reduction of Oxycontin to 20mg BD over a 4-6 week period with no breakthrough doses.

- Saw regular GP on 13.11.17. Said sister-in-law had suddenly passed away and needed to go away for funeral. Prescribed 28 tablets of Oxycontin 20mg. Contacted GP 4 days later to say that he could not find the tablets. GP suggested he see a GP in Sydney.
- I saw this patient on 22.11.17. Said his brother has misplaced his medication which he had subsequently found. Back in Canberra for a couple of days of work and then going back to Sydney and then on to Queensland. Will be back in Canberra on 14.12.17. Admitted he had taken some extra tablets. After long discussion about options. I issued one script of Oxycontin 10mg x 28 tablets to last until 14.12.17 with conditions.

- Saw NHDS in Wollongong on 27.11.17-was given 2 capsules of Tramadol 50mg.
- Came back and saw regular GP on 07.12.17 and was given 56 tablets of Oxycontin 20mg.
- Came back and saw another GP and was given Oxycontin 20mg x 56 tablets and Endone 5mg x 20 tablets on 02.01.18.
- Reported being rear-ended while driving some time before 15.01.18.
- Prescribed 20 tablets of Endone on 19.01.18.
- Prescribed 56 tablets of Oxycontin 20mg on 29.01.18.

Green Flags 1. Lack of doctor-shopping.

- Prescription Shopping Information Service contacted on multiple occasions-07.03.16, 11.05.17, 01.09.17 and 03.10.17 and not identified as doctor-shopper each time.

Green Flags 2. Medical history

- Does have obvious pathology.
- No known history of mental illness or drug dependency(although it isn't clear if this has been looked into).

Green Flags 3. Osteoarthritis

- CT scan on 14.03.17. Cervical spondylosis and multilevel degenerative disease. Left paracentral disc osteophyte protrusion at T9/10 with probable impingement of left T9 nerve root. Severe multilevel facet arthropathy in upper thoracic spine. Spinal canal narrowing at L3/4 and L5/S1 with impingement of exiting nerve roots.
- X-ray on 19.06.17. Collapse of proximal carpal row in right wrist, probably from chronic scaphoid fracture. Extensive changes of OA in right radioscaphoid joint, intercarpal joints and 1st carpometacarpal joint. OA in multiple joints of left hand and wrist. Previous amputation of proximal phalanx of right thumb.

Green Flags 4. Psychosocial.

- Does seem to have active family relationships albeit not in Canberra.
- Death notice in paper for sister-in-law as he'd reported.
- Does appear to be working at least some of the time and it seems to be heavy manual work.

Red Flags 1. Previous consultation history

- Had initially been seen by another practice in Canberra. Said he had moved to IGP for convenience but medical records from other practice indicated that there was concern about frequent requests for early collection of medication.

Red Flags 2. Early collection of medications.

- Frequent requests for early collection of medications with multiple reasons. Son had back surgery, ex mother-in-law's funeral, mother is very ill in Wollongong and needs to go over to help out, sister-in-law passed away suddenly.
- Regular doctor allowed him to collect his medications fortnightly rather than weekly to reduce requests for early collection of medications.

Red Flags 3. Osteoarthritis.

- Is there correlation between radiological and clinical picture?
- Has the patient requested definitive treatment for the problems identified or does the patient just want “pain relief”? Was referred for physiotherapy on 01.08.17 but physiotherapist was unable to contact patient.
- Australian Prescriber in August 2015. Benefits of opioids were small to moderate. Opioids have an increased risk of adverse events when compared with NSAIDs, including fractures (HR 4.47, 95% CI 3.12–6.41), cardiovascular events (HR 1.77, 95% CI 1.39–2.24) and all-cause mortality (HR 1.87, 95% CI 1.39–2.53).

Red Flags 4. Osteoarthritis

- Article in Australian Doctor 24.11.17. Based on PBS data, 1.1 million opioid prescriptions for OA in 2015/2016-projected to rise to 3 million prescriptions by 2030. Opioids currently prescribed for 1 in 5 people with OA, despite lack of evidence to support their use in chronic pain. Nearly 10% of opioids prescribed by GPs are for OA pain.

Red Flags 5. Other medications and treatments.

- Prescribed Celebrex on 09.03.17.
- Prescribed Lyrica on 20.03.17 and 31.03.17.
- Prescribed Endep on 01.06.17.
- No indication that patient took either Celebrex or Lyrica and reported that Endep made him foggy in the head.
- Pain Clinic indicated on 27.10.17 that patient was not interested in multidisciplinary pain management.
- Can't get MRI ordered by Pain Clinic done as he got claustrophobic.

Red Flags 6. Psychosocial.

- Single.
- Lives in Ainslie Village.
- No obvious family or close relationship in Canberra.

Diagnosis of dependence

- **ICD-10 Diagnostic guidelines**
- A definite diagnosis of dependence should usually be made only if three or more of the following have been present together at some time during the previous year:
- A strong desire or sense of compulsion to take the substance;
- Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use;
- A physiological withdrawal state when substance use has ceased or have been reduced;
- Evidence of tolerance;
- Progressive neglect of alternative pleasures or interests because of psychoactive substance use;
- Persisting with substance use despite clear evidence of overtly harmful consequences.

Conclusion

- The GP's desire to help our patients.
- A lot of our patients are like Mr RK-a mixed picture.
- The pros and cons of methadone. Most patients with chronic pain resist going on methadone.