

Health Professional Resources

Opioid Treatment Agreement

Oral or transdermal opioid use in non-cancer pain

This document provides information about opioid use as part of your pain management plan and seeks your written approval to proceed with the treatment.

Potential Benefits

1. Opioids (morphine-like substances) are more effective in the treatment of acute pain than chronic pain. While opioids can at times abolish acute pain, the expected reduction of chronic pain is only about 20% at the beginning of the treatment period.
2. Opioids can also at times improve other aspects of life including physical functioning and sleep.

Potential Problems

1. The benefits of opioids often become less over time. This is known as tolerance. Sometimes rotating to an alternative opioid can help to maintain pain reduction.
2. Side effects may include mental clouding, sedation, falls, driving impairment, constipation, nausea, itch, sweating, dry mouth, sleep and breathing problems and hormonal imbalance leading to weight gain, sexual dysfunction and/or osteoporosis. Sedative effects are more troublesome if opioids are combined with other drugs such as alcohol and benzodiazepines.
3. In some situations opioids can actually make pain worse. This is called opioid induced hyperalgesia.
4. Dependence and addiction can be problems. Everyone on long-term opioids becomes physically dependent meaning that withdrawal symptoms occur if the treatment is stopped suddenly. Addictive behaviour occurs in a smaller proportion of people treated for ongoing pain.
5. Babies born to women on opioid therapy may require treatment for opioid withdrawal.

Practical Issues

1. Opioids are used as one part of a broad treatment package rather than as stand-alone therapy.
2. An initial opioid trial is undertaken to assess response before a decision is made on whether to begin a period of maintenance therapy. This decision will involve weighing up benefits and side effects.
3. One doctor only is responsible for prescribing your opioid medication. This is usually your general practitioner. Arrangements can be made for a deputy prescriber to cover medical absences. Using the same pharmacy on a regular basis is recommended.
4. If you are on maintenance treatment you will need to be reviewed by your doctor at least on a monthly basis.
5. Random urinary drug testing is commonly used as part of an opioid maintenance program.
6. When on maintenance treatment your doctor can in some situations get an authority from Medicare/ Pharmaceutical Benefits Scheme to prescribe up to one month's medication at a time rather than the usual 14 day prescription. Additional authorisation from Pharmaceutical Services Branch in NSW (or similar authorities in other states) may be required in some cases.

7. The general policy in regard to opioid therapy is not to give early prescriptions and not to replace lost prescriptions or medication. Therefore if you run out of medication early you may develop a withdrawal state. Although this is uncomfortable it is not life threatening.
8. If your behaviour suggests a problem with drug misuse or addiction then your doctor will consider tapering and ceasing the opioid medication or referral to a Drug and Alcohol service. Problem behaviours include giving your medication to others, use of your medication in a non-prescribed way, excessive use of other medications (including alcohol), repeated "loss" of medication, doctor shopping and worsening function at home or work.

Goals of Opioid Treatment

My goals for opioid treatment are:

1. Reduction in my average pain score
 - i. At rest from ___ / 10 to ___ / 10
 - ii. On exertion from ___ / 10 to ___ / 10
2. Improvement in the following day to day activities
 - i. _____
 - ii. _____
3. Improved performance of the following exercises
 - i. _____
 - ii. _____
4. Other
 - i. _____
 - ii. _____

The planned duration of opioid treatment is _____

During the period of opioid treatment I would like to explore active management options through consultation with the following health professionals:

1. General Practitioner
2. Physiotherapist
3. Exercise physiologist
4. Psychologist
5. Other

Agreement

I have read the information provided and agree to a period of opioid treatment as part of my pain management plan.

Signature: _____

Witness: _____

Date: _____