

Opioids for Managing Patients with Chronic Pain: Community Pharmacists' Perspectives and Concerns.

Greenwald BD, Narcessian EJ. J Pain Symptom Manage 1999; 17(5): 369-375.

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Abstract:

Background: Previous studies of pharmacists have suggested poor availability of opioids and apprehension about dispensing these drugs. This pilot study was designed to determine pharmacist's knowledge and attitudes regarding the use of opioids in chronic cancer and noncancer pain patients, quantify the resistance to stocking and dispensing opioids, and determine the availability of opioid analgesics for patients with chronic pain.

Methods: Fifty-two randomly selected New Jersey retail community pharmacies were recruited. A 19-question survey developed by the Kessler Pain Management Group was administered containing questions about opioids that are regularly stocked, issues regarding morphine dosing, definition of addiction as well as perceived prevalence of addiction, and perceived legality of certain prescribing scenarios. A cover letter was sent with the survey explaining the survey and the procedure to return it. Two weeks after the mailing, one additional call was made to all nonresponders.

Results: Of the 52 surveys faxed or mailed, 36 (69%) were returned and analyzed. Most of common opioids used for pain management were stocked by 80% or greater of respondents. The highest daily dose of oral morphine that respondents had dispensed ranged from 60mg/day to 2000mg/day with an average of 254.5mg/day (SD=344.1). The highest daily dose or oral morphine that respondents had heard of ranged from 60mg/day to 5000mg/day with an average of 737.4mg/day (SD=1042.0). The highest daily dose of morphine that respondents were comfortable dispensing ranged from 60mg/day to 2000mg/day with an average of 411.2mg/day (SD=522.6). Thirty three percent (12/36) of respondents believed that a patient, regardless of diagnosis, will become addicted if an opioid is taken on a daily basis for one month. Thirty six percent (13/36) believed that it is illegal for a physician to prescribe methadone for pain unless he/she is certified in addiction medicine. Methadone was stocked by only 16.6% of respondents. Thirty six percent (13/36) answered that they would be resistant to fill prescriptions from a single doctor for more than one opioid at a time. Forty two percent (15/36) of respondents answered that the meaning of "addiction" was physical dependence, tolerance, and psychological dependence, 17% (6/36) answered physical and psychological dependence, 25% (9/36) answered physical dependence, and 11% (4/36) answered psychological dependence. In the scenario of cancer pain, 75% of respondents thought prescribing opioids for several months was both lawful and generally acceptable medical practice. However, in the scenario of cancer pain with a history of substance abuse, only 36.1% felt it was lawful and acceptable medical practice.

Conclusions: Reinterpretation of intended treatment by pharmacists may have an impact on the patient outcome. In this study, the respondent's answers to questions reflect the common myths and misconceptions pharmacists may have. They should not fear dispensing opioids for a legitimate medical purpose. Pharmacists would benefit from education regarding issues related to the use of opioids for chronic pain. This is vital so that pharmacists can continue to make a positive impact and play an

important role in the multidisciplinary care of patients with chronic pain.

Comments:

Strengths/uniqueness:

This report includes a review of past literature and explored many barriers that play a role in providing effective care for patients. The paper suggests effective ways in which misconceptions may be cleared.

Weaknesses:

The size of the study was small, which may limit its generalizability. It also only included community pharmacies that may not be serving the population requiring the highest doses of opioids.

Relevance to Palliative Care:

Many patients requiring palliative care will be in the community with regular contact with their pharmacist. This report is useful in assessing attitudes which may be present and that may represent barriers. It provides a window into the concerns and misconceptions pharmacists may have and suggests interventions that may be made. Addressing issues in this report will allow a more understanding pharmacist-patient relationship to be made and effective patient care.