

# Opioid de-prescribing guidelines?

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# Outline

- Introduction
- De-prescribing guideline development
- Preliminary literature scan
- Your input



# Opioid use: facts

- Ranked No.2 in per capita consumption of prescription opioids (International Narcotics Control Board 2011)
- Prescription opioids are used by 13.1% of the Canadian population (Canadian Tobacco, Alcohol and Drugs Survey 2015)
- Systematic reviews and meta-analyses suggest limited evidence for long-term opioid use for CNCP (Berna 2015)
- 1 in 550 patients prescribed opioids for chronic pain can potentially die of opioid-related causes, 1 in 32 among patients receiving 200 MME daily or more (Kaplovitch 2015)
- More than 700 people died in Ontario alone from opioid-related problems IN 2014 (MOHLTC 2016)
- In 2016, Canada's apparent opioid-related mortality rate was 8.8 per 100,000 population, with an estimated 2458 opioid overdose deaths across Canada, excluding Quebec (Government of Canada 2017)

# Deprescribing

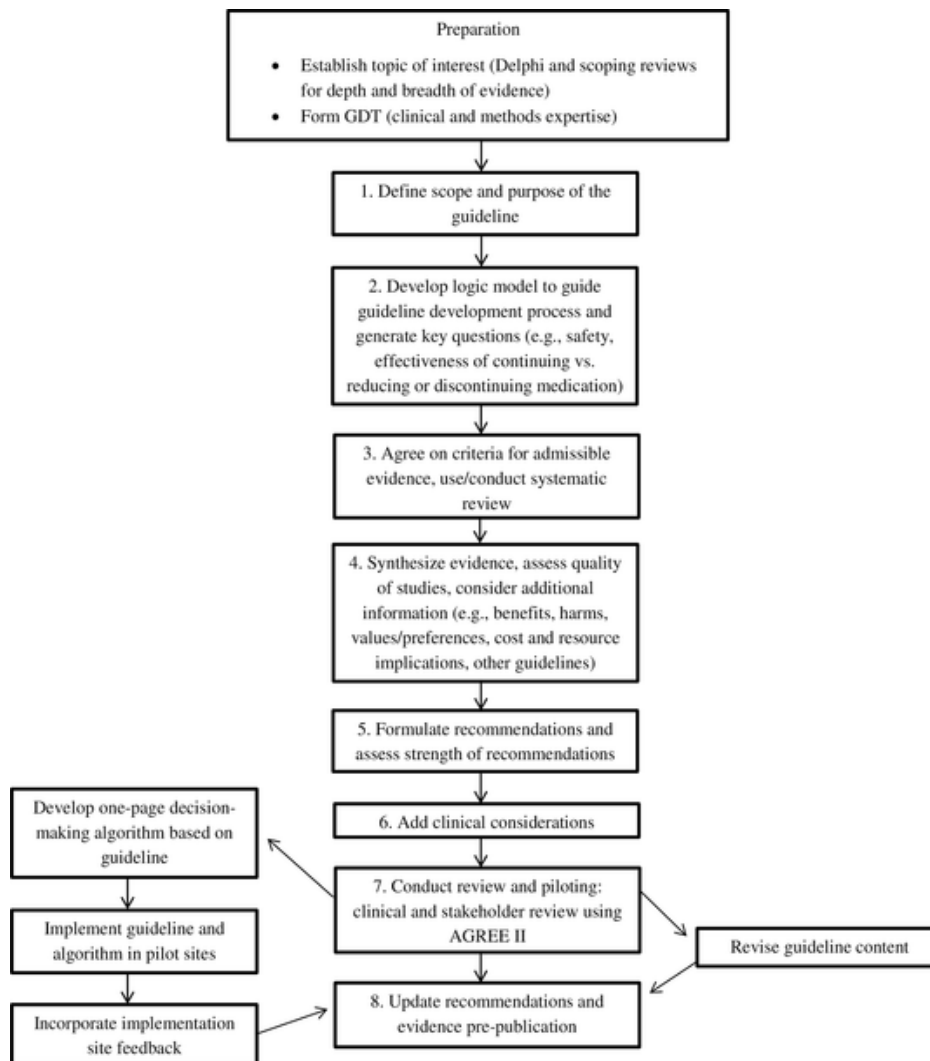
- “The planned and supervised process of dose reduction or stopping of medication that may be causing harm or no longer be of benefit. The goal of deprescribing is to reduce medication burden and harm, while maintaining or improving quality of life.”
- “De-prescribing is part of good prescribing – backing off when doses are too high, or stopping medications that are no longer needed.”
- “The process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing poly-pharmacy and improving outcomes.” (Reeve 2015)

# Developing a deprescribing guideline

1. Define scope and purpose
2. Generate key clinical questions
3. Set criteria for admissible evidence; conduct systematic review(s)
4. Synthesize evidence (including harms, patient values, resource implications, other guidelines) (GRADE)
5. Formulate recommendations; assess strength (GRADE)
6. Add clinical considerations
7. Conduct clinical and stakeholder review (AGREE II)
8. Update pre-publication

Farrell, B. et al, NAPCRG workshop 2016

**Fig 1. Overall methodology for deprescribing guideline preparation, development, implementation and revision.**



Farrell B, Pottie K, Rojas-Fernandez CH, Bjerre LM, Thompson W, et al. (2016) Methodology for Developing Deprescribing Guidelines: Using Evidence and GRADE to Guide Recommendations for Deprescribing. PLoS ONE 11(8): e0161248. doi:10.1371/journal.pone.0161248

<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0161248>

# Determining scope and purpose

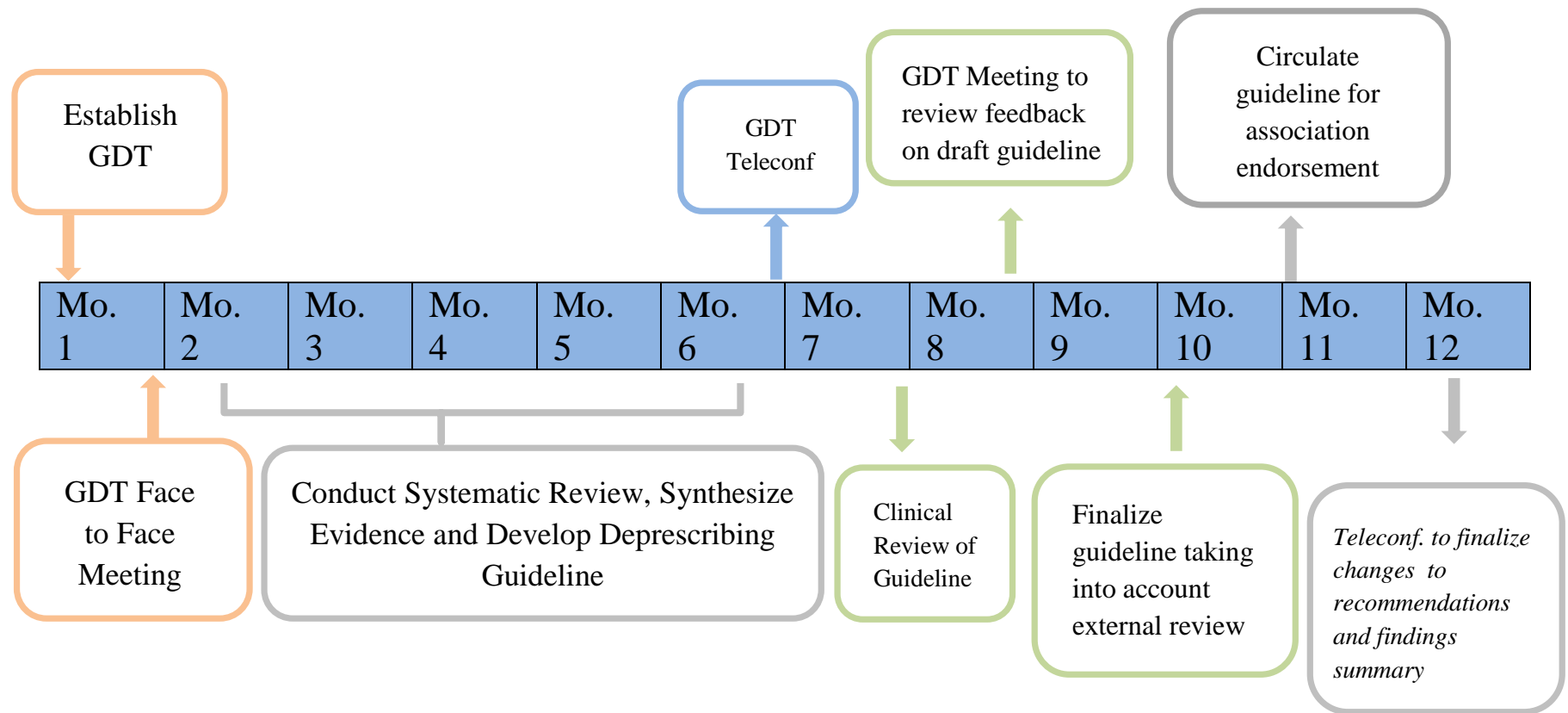
- Target population: >65 or all adults?
- Scope of conditions: which type of pain?
- Who should be excluded?
- Which opioid: priority?

# What are the key clinical questions?

- In adults, what are the effects (harms and benefits) associated with deprescribing long-term opioid therapy compared to continuous and chronic use?
- Management of withdrawal symptoms
- How to identify patients in whom opioid de-prescribing should be considered?
- What are the key factors that are associated with opioid de-prescribing?



# Determine the timeline



Farrell, B. et al, NAPCRG workshop 2016

# Preliminary search

#/Type of study	Details
4 RCTs	<ul style="list-style-type: none"> <li>2 opioid tapering strategies</li> <li>2 impact of opioid taper/discontinuation</li> </ul>
6 Reviews	<ul style="list-style-type: none"> <li>3 opioid tapering strategies</li> <li>1 management of opioid-induced sleep disordered breathing</li> <li>1 opioid withdrawal symptoms</li> <li>1 effect of long-term opioid therapy</li> </ul>
10 Prospective/observational studies	<ul style="list-style-type: none"> <li>1 opioid tapering strategy</li> <li>6 effect of long/short term opioid therapy</li> <li>2 impact of opioid taper/discontinuation</li> <li>1 patterns of opioid therapy</li> </ul>
6 Retrospective studies	<ul style="list-style-type: none"> <li>1 opioid tapering strategy</li> <li>1 effect of opioid dose escalation</li> <li>3 factors associated with opioid discontinuation</li> <li>1 patterns of opioid switching, augmentation, and discontinuation</li> </ul>
1 Qualitative	Survey on patient's perspective on abrupt opioid discontinuation
4 Conference abstracts	<ul style="list-style-type: none"> <li>1 systematic review of opioid tapering/discontinuing strategy</li> <li>1 RCT on factors associated with opioid discontinuation</li> <li>1 semi-structured interview on patients' perspectives on tapering COP</li> <li>1 effect of opioid therapy discontinuation</li> </ul>
3 Case reports	Effect of opioid taper/discontinuation

# Next steps

- Do we have enough to proceed?
- If so, what should our scope and purpose be?
- What question(s) should we answer?
- Would you like to be a part of this conversation?
- What else should be considered?