PRESCRIBING OPIOIDS TO CHRONIC NON CANCER PAIN PATIENTS AT THE POINT OF ENTRY TO A TERTIARY PAIN CLINIC: IMPACT OF THE CANADIAN GUIDELINE FOR SAFE AND EFFECTIVE USE OF OPIOIDS 3.5 YEARS AFTER PUBLICATION

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**INTRODUCTION / AIM**

To document changes in the opioid prescribing patterns of community physicians after the publication of the Canadian Guideline for Safe and Effective Use of Opioids in 2010.

**METHODS**

Retrospective cross-sectional study of 265 consecutive patients referred to a tertiary pain clinic by community physicians in 2013-14. Demographics, pain, and opioid treatment data were collected using chart review. Patients were classified by age as group A (<65Y) and B (>65Y); country of birth (Canadian vs foreign born); and opioid use.

**RESULTS**

Number of patients consuming opioids dropped from 63% (2006-2009 data) to 46.8 %, 3.5 years after Guideline publication. Regarding age, 219 patients (82.6%) were classified as group A and 46 patients (17.4%) as group B. Group B had lower pain ratings than group A (NRS 5.9±3.06 vs 7.02±2.4 respectively). Canadian born patients comprised 61.2% of group A and 88.2% consumed opioids. Foreign born comprised 67.4% of group B and only 11.8% consumed opioids. Notably, 17.2% of group A exceeded the Canadian Guideline’s “watchful” dose of 200 mg morphine equivalent dose (vs none in group B). All differences were highly statistically significant (P<0001). The present data show 17.5% increase in the number of foreign born patients >65.

**DISCUSSION / CONCLUSIONS**

We have repeatedly shown that older patients and foreign born consume a lot less opioids. Given the significant shift towards older foreign born patients in our present study, it will be difficult to attribute the observed reduction of opioid prescribing in our population to the Canadian Guideline alone.

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