CURRENT ATTITUDES TOWARDS, AND USAGE OF, THE CANADIAN OPIOID GUIDELINE FOR CHRONIC NON-CANCER PAIN AMONG PAIN PHYSICIANS IN ONTARIO, CANADA

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INTRODUCTION / AIM

Chronic non-cancer pain (CNCP) refers to all pain disorders outside of cancer pain that persists for more than six months. Studies suggest that, in Canada, one in four individuals have experienced CNCP. Opioids are commonly prescribed for CNCP and are associated with both benefits and risks, ranging from nausea and constipation to accidental overdose leading to death. In 2010 the National Opioid Use Guideline Group (NOUGG) published the Canadian Opioid Guideline for CNCP to help guide opioid prescription in patients with CNCP. We are in the process of conducting a qualitative study to gather, analyze and summarize views and practices of Ontario pain physicians regarding their use and attitudes towards the 2010 Canadian opioid guideline.

METHODS

We are conducting a qualitative study based on the Grounded theory approach, as guided by the recommendations of Corbin and Strauss. We will conduct face to face interviews with up to 20 physicians practicing pain medicine (e.g., general practitioners, anesthesiologists and neurologists) in Ontario, Canada. We will perform an open coding process of interview transcripts to reveal primary categories of information, and then connect categories to determine the main themes (axial coding process). Based on the codes generated from this analysis, we will acquire a set of theoretical propositions. Data collection will be stopped when saturation for key findings is reached.

RESULTS

At present we have completed interviews and analysis of transcripts for 5 pain physicians. All clinicians reported that the guidelines were a valuable resource for practice; however, clinicians were less consistent in their endorsement of regularly using the guidelines in practice. Interviewees found the guideline’s direction for urine drug screening, and identification of high-risk patients to be particular useful. Barriers reported to use of the guideline were its length, clinician’s lack of familiarity with the guideline, and the disinclination to using clinical practice guidelines in general. We anticipate completion of all interviews and analysis by March 2016.

DISCUSSION / CONCLUSIONS

Our preliminary findings suggest broad support for the 2010 Canadian opioid guidelines in principal among pain physicians practicing in Ontario, Canada; however, regular use in practice
is less consistent. We anticipate that our final results will provide important direction for addressing barriers to use that can help inform the next version of the Canadian opioid guideline for CNCP.

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