SAS Journal of Medicine
Abbreviated Key Title: SAS J Med
ISSN 2454-5112
Journal homepage: https://saspublishers.com

OPEN ACCESS

Medicine

Prescribing Opioid Analgesics: what Preventive Measures Taken by Doctors to Avoid Their Problematic Use?

L. Tbatou[1*], M. Sabir[1], F. El omari[1]

[1]Arrazi Salé University Psychiatry Hospital, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

DOI: 10.36347/sasjm.2023.v09i11.003 | **Received:** 25.09.2023 | **Accepted:** 01.11.2023 | **Published:** 06.11.2023

***Corresponding author:** L. Tbatou
Arrazi Salé University Psychiatry Hospital, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

Abstract **Original Research Article**

***Introduction*:** Opioid analgesics, whether strong or weak, carry a risk of dependence, abuse, and misuse, influenced by various factors, including individual terrain, environment, properties of the opioids, and pain. The risk of opioid use disorder when taking prescription opioids is approximately 3% over 2 years, highlighting the importance of early detection of patients at risk. ***Methodology and Objectives*:** This study is a descriptive and analytical survey that questioned 120 doctors about their opioid prescribing method. It took place over two months using Google Forms software. The goal was to understand how doctors prescribe opioids and what they look for in patients' profiles to detect risks of opioid use disorder. ***Discussion*:** Our study highlights that half of doctors do not take the patient's profile into account, even if they have a psychiatric and addictological history. A Canadian study shows that the assessment of the risk of misuse is more frequent than in our study. In addition, Morocco does not have specific recommendations for the risk of addiction, unlike some countries such as Canada. In our study, codeine is widely prescribed, mainly due to doctors' lack of awareness of its addictive potential, followed by Tramadol. However, in the literature, Tramadol and Codeine are more commonly used. Opioids are prescribed for severe pain in most cases, but sometimes for pain without an appropriate indication, such as migraine or fibromyalgia. Studies show high inappropriate use, especially for chronic non-cancer pain. It is crucial not to extend the prescription of opioids beyond three months in the absence of improvement and not to exceed 150 mg of morphine equivalent per day. In addition, it is essential to regularly monitor the pleasant and euphoric effects of opioids, as well as to provide training and information to practitioners while creating a prescribing guide. ***Conclusion*:** The dosage of opioids must be adjusted individually according to pain, with monitoring of tolerance. Discontinuation of these medications must be gradual to avoid a withdrawal syndrome. In addition, it is essential to inform the patient about the treatment and its cessation, while monitoring the risks, even when an initial prescription complies with the conditions of the marketing authorization.

Keywords: Opiate, misuse, dependence, opioid painkillers, doctors.

I. INTRODUCTION

Opioid analgesics, a class of powerful drugs derived from opium, have revolutionized pain management, providing significant relief to millions of patients suffering from acute and chronic pain. However, this pharmacological advance is not without considerable challenges and responsibilities.

The opioid crisis plaguing many regions of the world has highlighted the urgent need to review our prescribing practices and adopt adequate preventive measures to counter the risks of abuse, dependence and disastrous health consequences.

An opioid analgesic, whether weak or strong, exposes you to a risk of dependence, abuse, misuse, due to the terrain (mood), the environment, the opioid itself (tolerance/dependence) and pain.

The risk of developing an opioid use disorder when taking prescription opioids is approximately 3% (over 2 years), hence the need for early screening of the profile of patients who may develop this disorder,

Physicians play a central role in opioid management, balancing the need to relieve their patients' pain while minimizing the risks of abuse and addiction.

II. METHODOLOGY AND OBJECTIVES

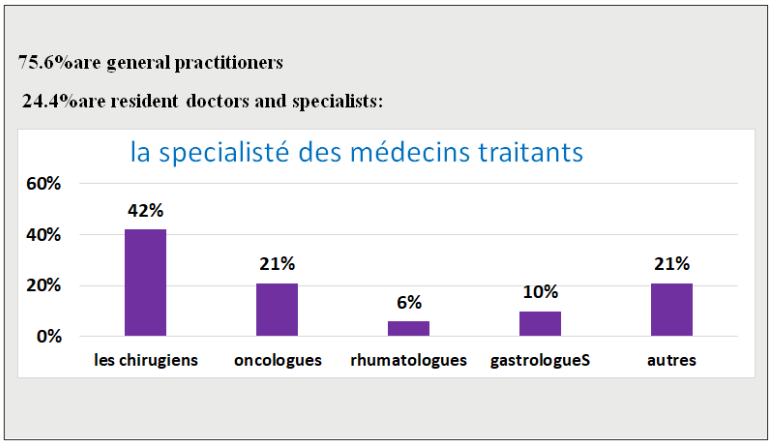
This is a descriptive and analytical study, based on a questionnaire completed by doctors, with 120 doctors consulted over a period of two months.

The study was carried out using Google Forms software.

Recognize the method of prescribing opioids, as well as the elements looked for by doctors during the interview and after each prescription of opioids to identify and screen the profile of patients at risk of developing this disorder.

III. RESULTS

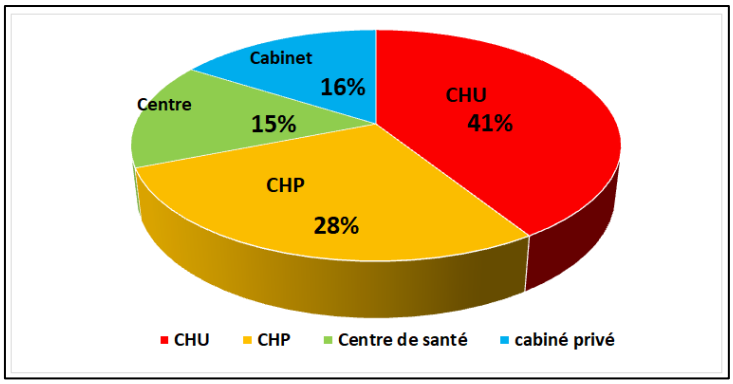
Characteristics of attending physicians



In our sample, ¾ of the doctors are general practitioners.

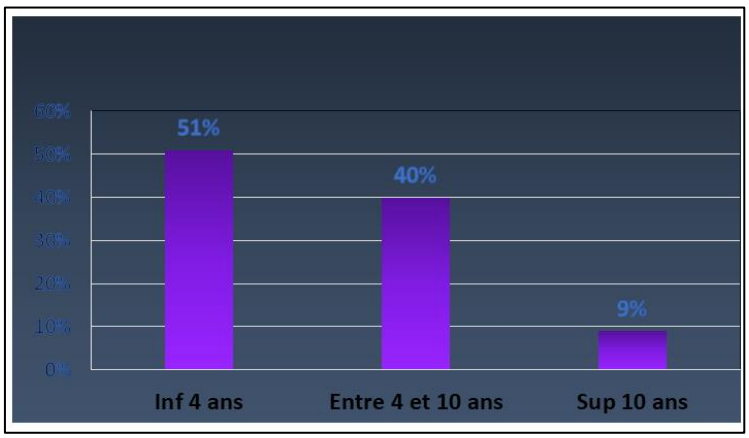
The rest are residents or specialists of different specialties who are mainly surgeons, oncologists, rheumatologists and gastrologists.

Exercise Environment



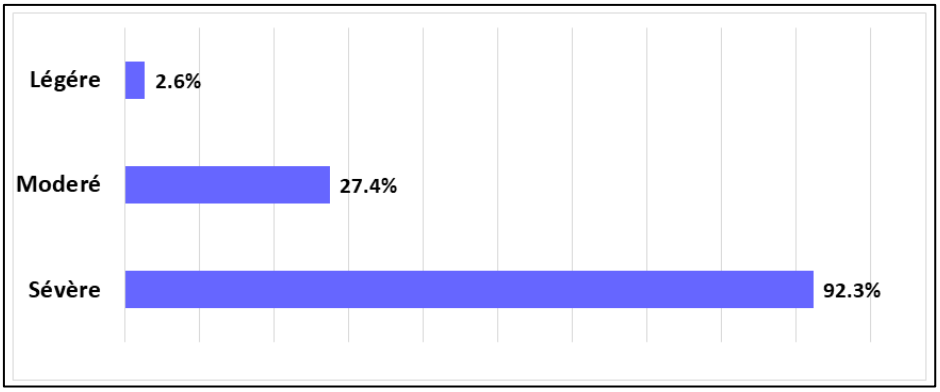
Different practice environments were found, with the CHU leading the way in 40%, then the CHP 30% and finally health centers and private practices.

Years of practice



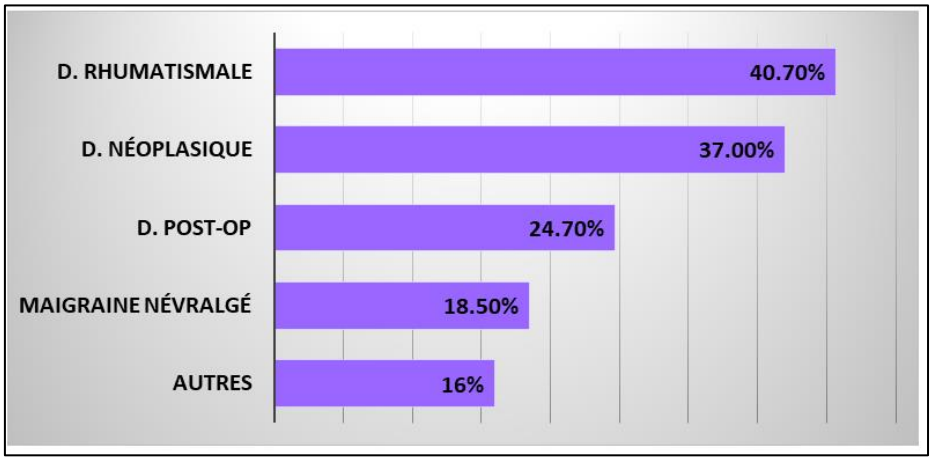
The majority of our doctors have been in practice for less than 10 years, and the bottom half for 4 years.

Pain intensity



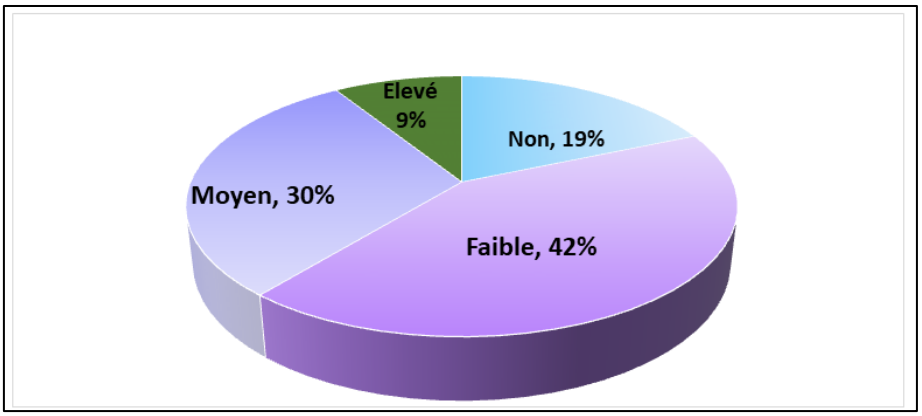
Almost all doctors prescribe opioid analgesics for severe pain,

Type of pain



The type of pain often of rheumatic, neoplastic, post-operative origin or for migraine or neuralgia.

Theredoctors' beliefs about the risk of addiction



Compared to the beliefs of our doctors, only 9% think that opioid painkillers have a high risk of dependence, and 70% think that this risk is low to moderate and almost 20% think that opioid painkillers do not have a risk of dependence.

Physicians' attitude towards prescribing opioid analgesics

Questions	Answer yes
Do you explain the modality of opioid use?	**23.7%**
Do you prescribe opioid analgesics in a patient with ATCD of a psychiatric illness?	**44.9%**
Do you prescribe opioid analgesics to a patient with ATCD and addictive behaviors?	**74.1%**
Do you refuse to prescribe an opioid analgesic for a certain patient profile?	**50.8%**
Do you make the patient aware of the risk of dependence?	**74.6%**
Do you limit the duration of use?	**93.2%**
Is there an opiate painkiller withdrawal syndrome?	**61.1%**
Do you know that there is an opioid dependence risk assessment tool used before prescribing opioids?	**12.1%**

To find out the attitude of doctors towards opioids we asked the following questions: and we found that:

Interestingly, half of doctors take a reserved attitude when it comes to prescribing opioid painkillers to certain types of patients. In 50% of cases, these reservations are mainly manifested towards patients who have a history of psychiatric illness. This trend raises important questions about the perceived risks of opioid use in this particular patient group.

Additionally, it is also significant to note that only a quarter (25%) of physicians express similar concerns about prescribing opioid painkillers to patients with substance use disorders (SUDs). This disparity in the attitude of doctors towards these two patient profiles reveals differences in risk perception and clinical approaches, thus giving rise to reflections on the factors which influence these prescribing decisions.

It is notable that 75% of doctors pay particular attention to making their patients aware of the potential risks of dependence linked to taking opioid analgesics. In addition, a large proportion, 60%, demonstrate awareness of the existence of the withdrawal syndrome associated with these medications. Remarkably, almost all of these physicians are taking steps to limit the duration of prescription of these painkillers, reflecting a significant awareness of the need to manage these medications carefully.

However, it is interesting to note that a majority, 76% of doctors, fail to explain in detail how opioids are used to their patients. This gap in communication may have implications for adequate pain management and understanding of associated risks.

Ultimately, an important observation is that not all of the physicians surveyed are aware of the existence of an opioid dependence risk assessment tool. This lack of awareness highlights a potential need for awareness and continuing education for healthcare professionals to improve opioid management and patient safety.

Preventive measures adopted by doctors to avoid the risk of misuse

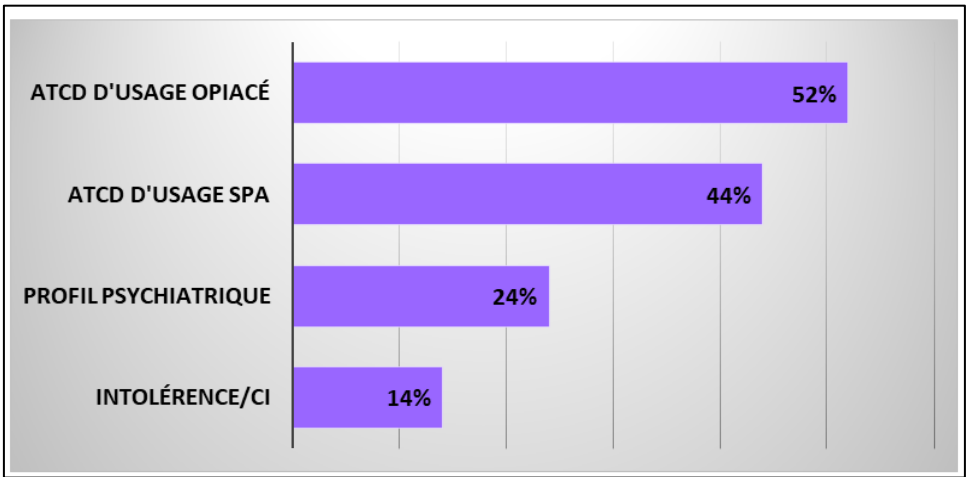
Preventive measures	Percentage
Patient awareness	75.9%
Limitation of processing time	87.1%
Prescription a low dose	56%
Gradually stopping treatment	32.8%
No preventive measures are necessary	2.6%

With regard to preventive measures, it is notable that in our sample, a large majority, or 80% of doctors, frequently opt to limit the duration of prescription of opioid analgesics. This decision reflects increased awareness of the need to prevent prolonged and potentially problematic use of these medications.

In addition, 75% of doctors surveyed pay particular attention to educating their patients about the risks associated with taking opioids, which demonstrates their essential educational role in pain management. This strengthens doctor-patient communication and contributes to more informed use of these medications.

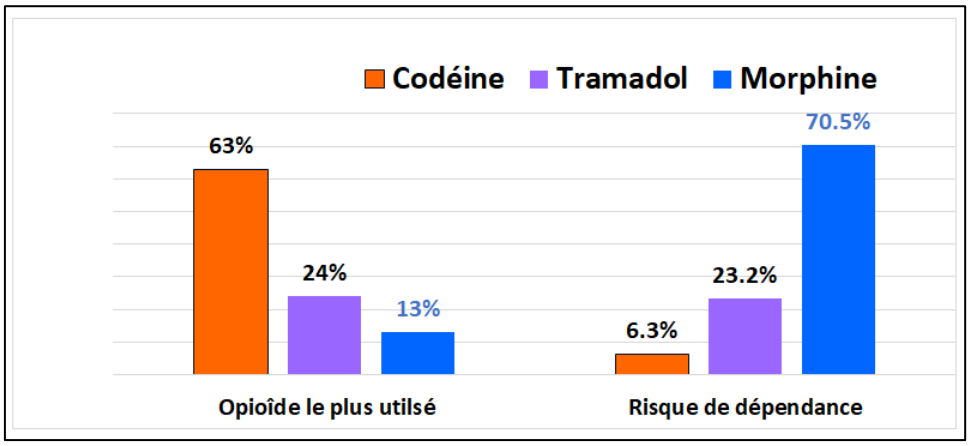
It is also interesting to note that half of the doctors in our sample choose to prescribe relatively low doses of opioid painkillers. However, an important observation is that the majority of them do not opt for gradual withdrawal at the end of treatment. This nuance in clinical practice deserves special attention, as it may influence treatment outcomes and transition to other pain management modalities.

Cases where doctors refuse to prescribe opioid painkillers



It should be noted that 50% of physicians in our sample adopt a reserved position when it comes to prescribing opioid analgesics to patients with a history of opioid use disorders, and this reluctance is followed closely by concern about patients' history of substance use. This trend reflects physicians' caution about prescribing opioids for these specific patient groups, and it raises important questions about the factors that influence these clinical decisions.

Opioid analgesic most used by doctors - Opioid analgesics which have a high risk of dependence according to doctors' beliefs



According to our results, codeine is emerging as the most commonly prescribed opioid analgesic in medical practice. This trend may be attributed to a lack of awareness among doctors regarding the addictive potential of codeine. This lack of awareness influences the frequent choice of this medication for pain management, despite growing concerns related to its use.

The attitude of doctors when faced with a patient who presents a disorder linked to the use of opioid analgesics?

Attitude of doctors	Percentage
You continue to prescribe opioid analgesics	**5.2%**
You stop the prescription only	**7.8%**
You gradually reduce the treatment dose until it stops	**70.7%**
You refer the patient to a psychiatrist/addictologist	**70%**

When faced with a patient who shows signs of problematic use of opioid analgesics, it should be noted that the majority of our doctors adopt an approach of gradually reducing the prescribed doses. In addition, they frequently refer these patients to specialists in psychiatry or addiction. This thoughtful approach demonstrates physicians' desire to holistically address issues related to opioid abuse, with an emphasis on treating underlying disorders that may contribute to the problem.

IV. DISCUSSION

In our study, it is interesting to note that approximately half of the physicians examined did not appear to take the patient's profile into account when prescribing opioid analgesics. This means that they prescribe these drugs even to patients who have a psychiatric and addiction history. This observation raises questions about clinical decision-making and highlights the need to increase healthcare professionals' awareness of these complex issues.

Interestingly, a study conducted among Canadian doctors, as cited [1], indicates that the assessment of the risk of misuse at the start of treatment is carried out in more than 75% of patients, compared to 50% in our own study. This difference in risk assessment practices highlights potential variations in pain management approaches and highlights the importance of careful consideration of opioid analgesic prescribing methods.

It is notable that, unlike other countries such as Canada, Morocco has not yet incorporated formal recommendations to assess the risk of addiction when prescribing opioid analgesics. Other countries, such as Canada, use blood and/or urine screening tests systematically to do this, which may partially explain these disparities [1].

Interestingly, in our study, codeine was the most commonly prescribed opioid analgesic, accounting for 63% of cases. This is partly explained by doctors' lack of awareness of its addictive potential, followed by Tramadol.

In contrast, the scientific literature indicates that Tramadol is the most widely used (98%), followed by Codeine (96%), Morphine (89%), Nefopam (76%), as well as forms of Fentanyl. transmucosal and intranasal [2].

Furthermore, it is pertinent to note that Tramadol is the first opioid analgesic reported in cases of problematic use and is also the first implicated in deaths related to these drugs [3].

In our study, it is notable that almost all doctors prescribe opioid analgesics for the treatment of severe pain, often of rheumatic, neoplastic or post-operative origin. However, in 20% of cases, these medications are prescribed to treat pain for which they have no indication, such as migraine or fibromyalgia.

Studies find a figure of 63% misuse when using opioids for DCNC, so they are prescribed for chronic pain (42.9%), back pain (21.6%), pain related to osteoarthritis (7%) [3].

It is important not to continue an opioid beyond 3 months if there is no improvement and not to exceed 150 mg of morphine equivalent per day [4].

It is important that doctors remain vigilant and regularly look for pleasant, euphoric, or calming effects such as anxiolytic and antidepressant in patients taking opioids.

Training and information remain essential for practitioners, reminding them of the main existing recommendations and available tools. It is also recommended to develop a short, simple prescribing guide to facilitate clinical decision-making.

Opioid Risk Tool ORT SCALE:

Family abuse ATCD	**Women**	**Man**
Alcohol	1	3
Illicit drugs	2	3
Prescription medications	4	4
ATCD personal abuse	**Women**	**Man**
Alcohol	3	3
Illicit drugs	4	4
Prescription medications	5	5
Age (between 16 years old and 45 years old)	1	1
ATCD of childhood sexual abuse	3	0
Psychological disorder	2	2
Attention TR, Bipolar TR, OCD, SCZ, Depression	1	1

This is a sex-weighted opioid addictive risk assessment tool: Score < 3: patient at low risk Score between 4 and 7: patient at moderate risk. Score > 8: high-risk patient.

This tool is proposed by the French Society for the Study and Treatment of Pain (SFETD) as well as other learned societies (Canada) in their recommendations for the use of strong opioids in chronic non-cancer pain in adults [4—7]. (*) The “family history of abuse” component is considered questionable by some authors.

V. CONCLUSION

It is essential to note that the relationship between the dose of a drug, its effectiveness and a patient's tolerance is highly variable from one individual to another. Therefore, it is of great importance to gradually adjust the dosage according to the intensity of

the pain, while maintaining constant monitoring to detect any possible tolerance that may develop.

When it is time to stop taking opioid painkillers, this should be done gradually to avoid triggering a withdrawal syndrome. This gradual approach is crucial for patient safety and to minimize discomfort associated with stopping these medications.

It is imperative that the prescription of opioid analgesics is systematically accompanied by adequate communication to the patient, including detailed information on the treatment as well as its possible discontinuation. In addition, continuous monitoring of the risks associated with the use of these medicines is necessary, even when their initial prescription complies with the conditions of the marketing authorization. This comprehensive approach aims to guarantee responsible and safe pain management throughout treatment.

REFERENCES

1. Allen, M. J., Asbridge, M. M., MacDougall, P. C., Furlan, A. D., & Tugalev, O. (2013). Self-reported practices in opioid management of chronic noncancer pain: a survey of Canadian family physicians. *Pain Research and Management*, *18*, 177-184.
2. Bastien, J. (2014). Prescrire un antibiotique: du dogme à la réalité. *Bulletin de l'Académie Vétérinaire de France*, *167*(3), 197-200.
3. Status report on the consumption of opioid analgesics and their problematic uses FEBRUARY 2019 ANSM.
4. Lucet, C., & Olié, J. P. (2020). Addictive behaviors: Clinical facts. *Bulletin de L'academie Nationale de Medecine*, *204*(6), 551-560.
5. Serge, E., & Guillaume, S. (2013). Women and addiction: literature review.