

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

Smaller Quantity Opioid Prescribing for Chronic Non- Cancer Pain: Clinical Effectiveness and Guidelines

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Research Questions

1. What is the clinical effectiveness of prescribing opioids in smaller quantities for patients with chronic non-cancer pain?
2. What are the evidence-based guidelines associated with opioid prescribing for patients with chronic non-cancer pain?

Key Findings

One non-randomized study and three evidence-based guidelines were identified regarding short-term prescribing of opioids for patient with chronic non-cancer pain.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were opioid prescribing patterns and chronic, non-cancer pain. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2014 and June 24, 2019. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Adults (≥18 years of age) who are taking opioids for chronic non-cancer pain
Intervention	Repeating smaller quantity (short-term prescribing) prescriptions for opioids
Comparator	Q1: Prescribing of opioids for any length of time (including longer-term, larger quantity prescriptions); No comparator Q2: No comparator
Outcomes	Q1: Clinical effectiveness (e.g., lower likelihood of developing opioid dependence, occurrence of adverse events), safety Q2: Guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies and evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies and evidence-based guidelines.

One non-randomized study and three evidence-based guidelines were identified regarding short-term prescribing of opioids for patient with chronic non-cancer pain. No relevant health technology assessments, systematic reviews, meta-analyses or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

1. Lovejoy TI, Dobscha SK, Turk DC, Weimer MB, Morasco BJ. Correlates of prescription opioid therapy in Veterans with chronic pain and history of substance use disorder. *J Rehabil Res Dev*. 2016;53(1):25-36.
[PubMed: PM27005461](#)

Guidelines and Recommendations

2. Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines. *Pain physician*. 2017 Feb;20(2s):S3-s92.
[PubMed: PM28226332](#)
3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. *JAMA*. 2016 Apr 19;315(15):1624-1645.
[PubMed: PM26977696](#)
4. Hegmann KT, Weiss MS, Bowden K, et al. ACOEM practice guidelines: opioids for treatment of acute, subacute, chronic, and postoperative pain. *J Occup Environ Med*. 2014 Dec;56(12):e143-159.
[PubMed: PM25415660](#)

Appendix — Further Information

Previous CADTH Reports

5. Opioid Prescribing and Pain Management: Prescription Monitoring Program Overview and the Management of Acute Low Back Pain. Ottawa (ON): CADTH; 2019. https://cadth.ca/sites/default/files/pdf/Opioid_Prescribing_module.pdf Accessed 2019 Jun 27.
6. Wells C, Ford C. Strategies for the Reduction or Discontinuation of Opioids: Guidelines. (CADTH rapid response report: summary of abstracts). Ottawa (ON): CADTH; 2017. <https://cadth.ca/sites/default/files/pdf/htis/2017/RB1078%20-%20Opioid%20Tapering%20Final.pdf> Accessed 2019 Jun 27.
7. Narcotics, Benzodiazepines, Stimulants, and Gabapentin: Policies, Initiatives, and Practices Across Canada, 2014. (CADTH environmental scan). Ottawa (ON): CADTH; 2014. https://cadth.ca/sites/default/files/pdf/ES0285_Narcotics_BZD_Stimulants_Gabapentin_e.pdf Accessed 2019 Jun 27.
8. Stepwise Approach for the Prescription of Opiates for Non-Cancer Pain: A Review of Clinical Evidence and Guidelines. (CADTH rapid response report: summary with critical appraisal). Ottawa (ON): CADTH; 2014. https://cadth.ca/sites/default/files/pdf/htis/jun-2014/RC0548_Stepwise%20Opiate%20Prescribing_Final.pdf Accessed 2019 Jun 27.

Clinical Practice Guidelines – Methodology Not Specified

9. Kahan M. Safe prescribing practices for addictive medications and management of substance use disorders in primary care: a pocket reference for family physicians. Toronto (ON): Women's College Hospital. 2017. <https://www.womenscollegehospital.ca/assets/pdf/MetaPhi/2017-04-03%20PCP%20pocket%20guide.pdf> Accessed 2019 Jun 27.
See: Page 39, Ongoing Vigilance
10. Guidelines & Protocols Advisory Committee, British Columbia Centre on Substance Abuse. Opioid Use Disorder - Diagnosis and Management in Primary Care. Victoria (BC): BCGuidelines.ca; 2018. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/opioid-use-disorder> Accessed 2019 Jun 27.
See: Figure 1

Non-Randomized Studies

Alternative Intervention – Dose Lowering

11. Hundley L, Spradley S, Donelenko S. Assessment of outcomes following high-dose opioid tapering in a Veterans Healthcare System. *J Opioid Manag.* 2018 Mar/Apr;14(2):89-101. [PubMed: PM29733095](https://pubmed.ncbi.nlm.nih.gov/29733095/)

Non-Comparative Study

12. Zin CS, Rahman NA, Ismail CR, Choy LW. Dose and Duration of Opioid Use in Patients with Cancer and Noncancer Pain at an Outpatient Hospital Setting in Malaysia. *Pain Pract.* 2017 Jul;17(6):774-781.
[PubMed: PM27676695](#)