

Opioid Changes Through The Years In Patients With Uncontrolled Cancer Pain

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Abbreviated abstract: For many cancer patients, continuing or increasing opioids is not always effective. Opioid related deaths due to misuse has increased, leading to renewed guidance for prescribing. Has there been a trend in opioid prescribing for palliative patients assessed by the Interventional Cancer Pain Service at the Beatson West of Scotland Cancer Centre? A retrospective analysis of patients' Oral Morphine Equivalent at assessment. This suggests a downward trend in prescribing doses of opioids in palliative patients.

Related publications: National Institute for Health and Care Excellence (NICE) (2016) (CG140)
Palliative Care For Adults: Strong Opioids for Pain Relief. Clinical Guideline
[Opioids Aware | Faculty of Pain Medicine \(fpm.ac.uk\)](#)

Background and aims



Opioid prescribing within the NHS was reported to have increased in the period 2017-18. Alongside this opioid related deaths due to misuse also increased in the UK.

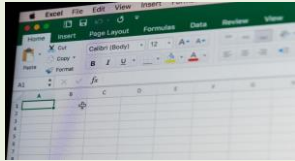
At the Interventional Cancer Pain Service (ICPS) at Beatson West of Scotland Cancer Centre (BWoSCC), patients with refractory pain undergo a multi-professional assessment and, if suitable, undergo an intervention with the aim of improving their pain and quality of life.



The aim - to establish if there has been a trend in palliative care for opioid prescribing. Has a pattern been observed in doses of OME for patients assessed by the ICPS over the last 12 years?

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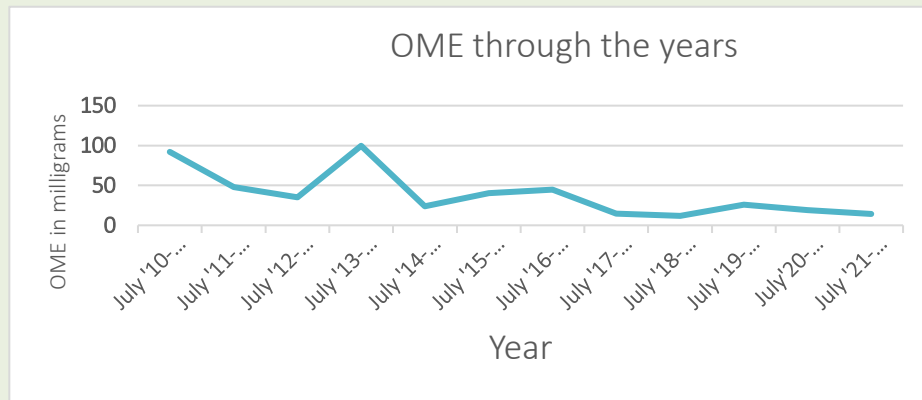
Techniques and Methods



A retrospective analysis of patients' total OME dose at assessment, over a 12 year period (July 2010 –June 2022). All patients assessed were included.

Results and Conclusions

A total of 447 patients over a 12 year period were assessed. The lowest average OME was in 2018 – 2019 being 11.9mg. Our findings suggest a downward trend in prescribing doses of opioids over the years. This may have been influenced by increased awareness of when to stop opioids or switch to adjuvants. The misuse of opioids and associated deaths may also have influenced this. Further work with a larger group would need to be carried out to support this.



YEAR	No of patients assessed
July '10-June 11	19
July '11-June 12	10
July '12-June 13	21
July '13-June 14	20
July '14-June 15	37
July '15-June 16	43
July '16-June 17	44
July '17-June 18	52
July '18-June 19	64
July '19-June 20	38
July '20-June 21	41
July '21-June 22	58

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