**Consolidating Oral Opioids**

**Background**

* Consolidating opioids means converting all the different opioids that a patient is taking to one opioid.
* The minimum effective dose of opioid should always be used.
* Where opioids are used for chronic pain, we know that the dose above which harm outweighs benefit is 120mg daily of oral morphine (this does not apply to opioids for terminal cancer pain).
* There is no rationale for using combinations of different opioids.
* Some clinicians may choose to consolidate previously prescribed combinations of opioids to ultimately prepare for a reduction of overall oral morphine.
* When consolidating multiple oral opioids into one form, it is important to ascertain the actual dose that the patient is taking, rather than assuming that they are taking the dose prescribed.

**Calculating morphine equivalent dose**

* Somerset CCG endorses the Faculty of Pain Medicine Opioid Equivalent Guide/BNF <https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids>  .
* The FPM recommends that, in most cases, when switching between opioids a dose reduction of 25-50% of the calculated dose equivalent should be used.

 **The following is a *guide* to aid clinicians should they be considering consolidation**

* Consider contacting the patient by letter.  Two examples are included with this guide (see appendix 1).  The purpose of these letters is to review the opioid dose and to explain the rationale for switching to a single opioid.

* If the patient is agreeable, they should confirm their current  daily dose – ideally via a written diary (see appendix 2):
* Consolidate to one opioid. Preferably this should be modified release morphine (or codeine/tramadol if using weak opioids).
* Equivalent doses should be calculated using the faculty of Pain Medicine Guide <https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids>, and using clinical judgement to adjust for safety as described above.
* Consider reviewing the patient within 1 week of the consolidation.
* Consider involving the local pharmacy involved to establish prescription, collection dates and doses.

**Appendix 1**

**Letter to patients** – **Option 1**

Dear

You have been sent this information sheet because for some time you have been taking medicines we prescribe to help you manage your pain. We are particularly talking about medicines in the opioid class like co-codamol, co-dydramol, codeine, dihydrocodeine, tramadol and buprenorphine patches as well as stronger opioids like morphine, fentanyl and oxycodone.

Recent medical evidence questions the benefit of drugs like this (which are in the morphine family) for long-term pain. Strange as it might sound, we don’t think they are very good at helping pain when taken for more than a few months and high doses are no more effective that lower doses.

There are safety concerns too.  They can sometimes:

* Stop you from breathing and cause death, especially if you are taking them in combination or have variable dose medication (such as morphine syrup).
* make pain worse
* make you constipated and feel sick
* make the body feel dependent on them, so if you miss a dose you feel a bit jittery and anxious
* increase the risk of falls

We also know that there is risk of death if taken in overdose with alcohol, benzodiazepines (like diazepam) or sleeping tablets.

For these reasons we would like to work with you to consolidate your type of opioid into one form, without a variable dose.  This is the first step in how we will be looking to make your prescription safer for you.

We would really like to discuss this with you. So, we are offering you the following phone call appointment with our [INSERT ROLE OF CLINICIAN] on [INSERT DATE AND TIME]. Please let us know if you are unable to make this appointment.  In preparation, please make some notes and consider what questions or concerns you have.  If you are unable to attend, and we do not hear from you, please assume that will convert your prescription to just one form of opioid pain medicine, for your safety and prevent any harmful effects in the long term.

Yours sincerely

**Letter to patients** – **Option 2 (note this is two page letter)**

# Practice review of medication for pain relief

Dear (Insert Patient Name)

As a practice we are reviewing the medicines we prescribe to treat pain, particularly medications known as opioid analgesics.

Patients prescribed opioid medicines in the long-term must have them reviewed by their prescriber at regular intervals. It is important to consider the risks and benefits of continued therapy with your doctor on a regular basis, and to make sure it is still safe and appropriate.

You are currently prescribed a medication or medications to help manage pain called …………………………………. (*Complete as appropriate*), which contains an opioid (morphine based) medication.

After reviewing your records, it has identified that you have been prescribed this or a similar type of pain relief medication for *several months / several* *years/ you are ordering more than your prescribed dose of medicine*/*we may need to review your treatment dose of medicine* (*Adjust as applicable*).

Opioid pain relief medication can have a positive benefit for acute (short-term) pain or at the end of life but they are not very effective for long-term pain. **Only small numbers of patients get good pain relief from them in the long-term**. Some patients actually get medication over-use pain – where medications for pain make pain worse.

We also know from recent new evidence in the medical literature that taking opioids at high doses or taking opioids for a long time can **increase health risks**. If you take opioid drugs for many months or years it can affect your body in a number of ways. These problems can include:

* constipation
* drowsiness
* dependence
* itching
* weight gain
* difficulty breathing at night (sleep apnoea)
* low sex drive
* reduced fertility
* irregular periods
* erectile dysfunction
* reduced ability to fight infection
* increased levels of pain

GP practices in Somerset and the Somerset Community Pain Management Service can help people with pain to manage the impact it has on their lives by using an approach that doesn’t just focus on the prescribing of medications for pain.

We are offering all patients taking pain relief medication the chance to consider and talk over whether or not it is appropriate to continue taking pain relief medication.

If you would like to try reducing your dose of pain relief medication, you should discuss this with your doctor or *practice* *pharmacist/nurse/link worker etc (delete as necessary*) and agree a slow dose reduction over a number of weeks.

Many people find that after a few months they can reduce the dose without the pain increasing and as they have fewer side effects the quality and enjoyment of life can improve.

Please contact *XXXXXXXX* at the practice to discuss this further.

*(Practice support to confirm with Prescribing Lead and adjust accordingly)*

Yours Sincerely

You can find helpful resources and information by accessing the below website addresses

**Medicines and Healthcare products Regulatory Agency (MHRA) Opioid safety leaflet:**

<https://assets.publishing.service.gov.uk/media/5f6a078ed3bf7f7238f23100/Opioid-safety-leaflet-v1-Sep2020.pdf>

**Somerset Community Pain Management Service**

<http://www.somersetpain.co.uk/>

**Live Well with Pain**

[https://livewellwithpain.co.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flivewellwithpain.co.uk%2F&data=05%7C01%7Chelen.spry%40nhs.net%7C6c97e95fa41148d60a7e08dad6af3af0%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638058345331727852%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=mYfRqQ%2F4FBJuyTMd2Abksh60jyY%2FdwJxzNKvc%2F8qrJk%3D&reserved=0)

**Appendix 2**

**Opioid Diary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Time**  | **Medication taken**  | **Dose**  |
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