

County Durham and Tees Valley APC Position Statement on Prescribing in Persistent Pain



County Durham & Tees Valley
Area Prescribing Committee

There is an aspiration to reduce the prescribing of Opioids and Gabapentinoids in the region

County Durham and Tees Valley APC do not routinely recommend the prescribing of long-term opioids for non-cancer, persistent pain

County Durham and Tees Valley APC do not routinely recommend the prescribing of gabapentinoids to treat persistent non-neuropathic pain

The North East has one of the highest rates of drug related deaths in the UK¹

The North East is amongst the highest in the UK for prescribing of opioids and gabapentinoids². Increased dose of opioids (especially greater than 120mg morphine equivalence daily) and concomitant medications including gabapentinoids increases risk to patients³.

County Durham and Tees Valley APC note that the WHO pain ladder is not applicable to the management of non-cancer persistent pain and that there is little evidence that opioids are helpful³. If a patient has pain that remains severe despite opioid treatment or it is not working they should be reviewed. The risks of long term opioid use should be discussed with the patient, including opioid induced hyperalgesia. The benefits of opioid reduction should also be discussed and the patient offered a personalised, flexible reduction plan. Joint decision making is essential. If the patient agrees to opioid reduction they should be provided with alternative options to help manage their pain. They should be fully supported throughout the reduction plan.

County Durham and Tees Valley APC also note that Gabapentin and pregabalin are not routinely recommended to treat chronic, nociceptive (non-neuropathic) pain. It is recommended that gabapentin and pregabalin should only be used within their licensed indications⁵.

Prescribers should be mindful of the risk of diversion of opioids and other dependence forming medication and should consider the safeguarding implications of prescribing. County Durham and Tees Valley APC fully support and encourage any decision to refuse to prescribe analgesia if drug-seeking behaviour is suspected in any setting.

All drugs prescribed for pain should undergo regular review to evaluate continued efficacy. Tapering or stopping high dose opioids and gabapentinoids requires careful planning and collaboration with the patient and all members of their healthcare team^{4, 5}. Rapid reduction with minimal support may drive patients to obtain opioids and gabapentinoids from other sources.

Useful resources:

[Royal College of Anaesthetists: Faculty of Pain Medicine. Tapering & Stopping of opioids](#)
[Royal College of General Practitioners. Top Ten Tips: Dependence Forming Medications](#)

1. Office for National Statistics. Drug-related deaths by local authority, England and Wales, August 2018

2. NHSBSA EPACT 2 data, March 2019

3. Royal College of Anaesthetists: Faculty of Pain Medicine. A Stepped Approach to Pain Prescribing. 2019

4. Royal College of Anaesthetists: Faculty of Pain Medicine. Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain

5. PHE: Advice for prescribers on the risk of the misuse of pregabalin and gabapentin December 2014
Office for National Statistics. Drug-related deaths by local authority, England and Wales, August 2018