



THE QUINTIN MEDICAL CENTRE

Practice policy for long-term & high-dose opioid prescribing

Over the past two decades, it has become evident that opioids are not the safe and effective treatment for chronic non-cancer pain they were once believed to be. In the 1990s, based on experiences in palliative care, the prevailing belief was that any pain could be managed with sufficiently high doses of opioids and that addiction was unlikely in the presence of pain. This led to a significant increase in opioid prescribing, a trend that continues today.

However, it is now clear that while opioids are effective for acute pain and palliative care, there is minimal evidence supporting their long-term use for persistent non-cancer pain in terms of pain relief, quality of life, or functional improvement. Additionally, the risks associated with opioid use, including dependence and opioid-related mortality, are now better understood.

The British Pain Society recommends a maximum daily morphine equivalent dose (MED) of 120mg for patients with chronic pain. Beyond this threshold, there is no evidence of improved pain management, but there is a clear increase in risk. If a patient continues to experience significant pain at this dosage, it should be assumed that the pain is not responsive to opioids, and the medication should be gradually reduced and discontinued.

Consequently, Quintin Medical Centre will not prescribe high-dose opioids for chronic non-cancer pain. This policy also applies to patients who have been prescribed high-dose opioids following hospital discharge. Such patients will need to undergo a review with their GP to discuss potential weaning, alternative treatments, or appropriate referrals.

Transferring from your previous GP surgery to Quintin Medical Centre

Patients transferring to our care who have been prescribed high-dose opioids for non-cancer pain by their previous GP will be reviewed with the aim of reducing or discontinuing the medication where appropriate. Additionally, any patient prescribed doses exceeding the maximum recommended morphine equivalent will undergo a GP review with the same objective. These decisions will be made collaboratively, taking into account goals, strategies, risks, and benefits, and the GP will provide full support throughout the process.

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