

Perceived Barriers to Implementation of Current Guidelines on Long-Term Opioid Therapy: Results of an Opioid Post-Course Survey

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Background:

Opioids prescribed long-term for chronic pain have met with varied success in the past two decades.¹ Opioids for long-term therapy of chronic noncancer pain (CNMP) have seen recent guidelines that recommend reduced opioid doses, risk stratification, patient monitoring and caution for prescribing.^{2,3} These guidelines strongly endorse physician opioid education to change provider practice.⁴

Objective:

The **aim** of this study was to evaluate changes to practice that physicians plan to implement following a 3-day opioid education course, and any perceived barriers to implementation of current opioid guidelines for CNMP.

Methods:

A 3-day opioid education course on prescribing long-term opioids for CNMP was attended by 220 health professionals. The topics included opioid pharmacology; opioid prescribing techniques; risks and side effects of opioid therapy; patient monitoring and compliance; and current recommendations of recent opioid guidelines. A post-course survey was given to attendees to evaluate any perceived increase in competence, specific plans which would change clinical practice, and any perceived barriers to future changes in practice.

Results:

147 attendees (Fig 1) completed the course evaluation, including 55% practicing physicians and 16% nurse practitioners. 88% believed the opioid course increased their clinical competence and 89% believed they were better able to use best practices for long-term opioid therapy. 81% planned to change (Fig 2) their current practice, with 44% as revising protocols and policies, and 35% changing patient medication management. However, most (92%) attendees perceived significant barriers to implementation of current opioid guidelines, including patient compliance (33%), lack of time (26%), and lack of resources (27%).

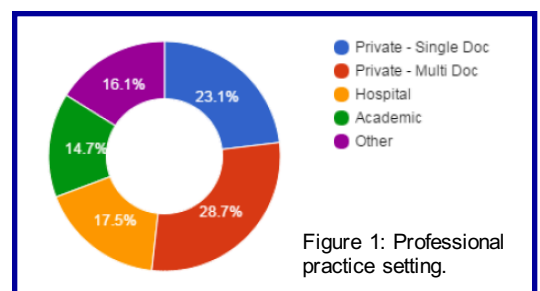


Figure 1: Professional practice setting.

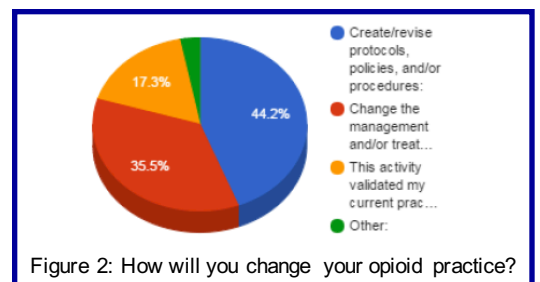


Figure 2: How will you change your opioid practice?

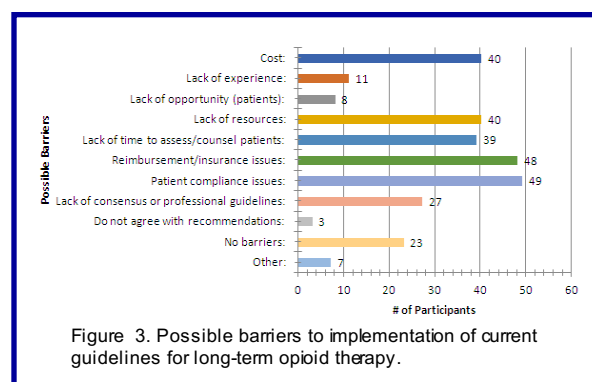


Figure 3: Possible barriers to implementation of current guidelines for long-term opioid therapy.

Conclusions:

- 1) Most (81%) health professionals, following an opioid education course, planned to change their clinical management of opioid therapy.
- 2) Most (92%) attendees, however, perceived significant barriers to implementation of current opioid guidelines on long-term opioid therapy.
- 3) Most attendees (66%) do plan to address the perceived barriers to opioid therapy.
- 4) The most common barriers to implementing opioid guidelines for chronic pain were patient noncompliance, reimbursement issues, and lack of resources.

References:

- 1) Harned ME, Sloan PA. *Exp Opin Drug Safety* 2016;15:955-62
- 2) Sloan PA., Davis MP. *J Opioid Management* 2014;10:S11-20.
- 3) Sloan PA. *Exp Opin Drug Deliv* 2014; 11:155-158.
- 4) Pergolizzi JV Jr. *J Clin Pharm Ther* 2016; 41:592-593.