

Perception Of Take-Home Naloxone Among Caregivers of Patients with Cancer Pain at Elevated Risk for Opioid Overdose; A Prospective Survey Study

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INTRODUCTION

Take-home naloxone (THN) reverses opioid-related overdoses (OODs), but a knowledge gap persists regarding how patients and their caregivers perceive a co-prescription of THN.

OBJECTIVES

This study aims to understand caregivers' perceptions, beliefs, knowledge, and confidence regarding THN.

METHODS

- Prospective cross-sectional survey conducted at outpatient supportive care clinic in a tertiary cancer center in the US between May 2020 and April 2022.
- Survey questions based on in-depth review of previous literature and opioid studies.
- Survey conducted via telephone interview based on caregivers' availability.
- High-risk patients receiving opioids defined as having other conditions that would place them at risk for accidental OODs. They all received THN co-prescriptions.
- Survey study examined:
 - Proportion of caregivers who prescription of THN to benefit the patient.
 - Assessed the association between the patients' and caregivers' perceptions.
- Collected patient demographics and clinical information data, including universal screening tools the Cut, Annoyed, Guilty, and Eye-opener, and the Screener and Opioid Assessment for Patients with pain scores.

RESULTS

- 150 patients and 29 caregivers were included in the analysis.
- 67% of patients and 79% of caregivers perceived THN as beneficial.
- Table 1 shows the perception and beliefs regarding the co-prescription of Naloxone Nasal Spray (NSS) among caregivers' of patients receiving opioids.
- Significantly, the caregivers of the patients with concurrent use of high-dose gabapentinoids found a THN co-prescription more beneficial (p = 0.018).
- Cohen's κ showed fair agreement between the patients and their caregivers (p = 0.034).
- Caregiver enrollment was negatively impacted by changes in COVID-19 related visitation policies.

RESULTS (CONTINUED)

Table One

Table 1: Perceptions and Beliefs Regarding the Co-Prescription of Naloxone Nasal Spray (NNS) among Caregivers of Patient's receiving Opioids			
Caregiver's Perception of NNS, Total, N = 29 (%)			
Survey Statements	Agree/ Strongly Agree, n (%)	Disagree/ Neutral, n (%)	<i>P</i> value
From my perspective, I feel that Narcan prescription is beneficial for my loved one	23 (79)	6 (21)	0.003
I believe my loved one needs to have Narcan spray prescribed to him/her	13 (45)	16 (55)	0.710
Pain medications, when taken with other sedating substances/drugs ^{a,} can put my loved one at risk for accidental overdose, resulting in harm or death	28 (97)	1 (3)	<0.001
Pain medication, when taken more than prescribed, can put my loved one at risk for accidental overdose, resulting in harm or death	28 (97)	1 (3)	<0.001
Alcohol and pain medication taken together put people at risk for overdose, resulting in harm or death	29 (100)	0	
One of my love one's current painkillers can be fatal if taken by someone else other than myself	24 (83)	5 (17)	0.001
Possible dangers of pain medications for others for whom the pain medications were not prescribed include trouble with excessive sleepiness, confusion, trouble breathing, seizures, and even death	28 (97)	(3)	<0.001
I feel safe having the naloxone spray at home to reverse the effects of overdose from pain medication	28 (97)	1 (3)	<0.001
The prescription of naloxone made me feel worried about my loved one having to take pain medications for my pain due to the potential risk of accidental overdose	13 (45)	16 (55)	<0.001
Receiving a naloxone prescription made me feel that my loved one was being suspected of using pain medications inappropriately	0 (0)	29 (100)	
Having naloxone is making my loved one less careful and causing me to ingest pain medications with drugs or alcohol more readily	1 (3)	28 (97)	<0.001
I feel my loved one is at risk for pain medication overdose resulting in harm or death	(7)	27 (93)	<0.001
Were you present with your loved one at the time of initial prescribing of naloxone spray	22 (76)	7 (24)	0.009
I received appropriate education regarding the naloxone spray (n = 23)	20 (87)	3 (13)	<0.001
I feel confident I can respond appropriately by administering naloxone spray and calling for help in case of an accidental overdose by my loved one	26 (90)	3 (10)	<0.001
I am not experiencing any additional distress related to my loved one's prescription for naloxone spray	17 (59)	12 (41)	0.458
^a Carisoprodol, zolpidem, barbiturates, etc.			

CONCLUSION

Patients and caregivers perceived THN as beneficial and not likely to cause harm. Agreement between patients and caregivers was only fair, suggesting that better communication regarding THN is needed. More research is needed to identify caregiver barriers and safer ways of prescribing opioids among patients lacking caregiver support.