

**GUIDELINES FOR THE MANAGEMENT OF PATIENTS WITH  
CHRONIC NON-CANCER PAIN**

The NSW Health Department is responsible for issuing authorities to practitioners who wish to prescribe specified drugs for patients on an ongoing basis. There is growing concern about the number of applications which are received for short-acting injectable opioids such as pethidine for certain musculoskeletal conditions, commonly described by applicants as “chronic back pain”, or for recurrent migraine and other forms of headache.

Both the Department and the Medical Committee, which is a group of independent specialists in pain management established under legislation to advise the Department, are concerned about the use of injectable opioids, particularly short-acting drugs such as pethidine, for patients with chronic pain. **Pethidine is an inappropriate choice of analgesic for most patients** because adequate problem-free pain control is difficult to achieve and the risk of escalating doses and dependence is high. When used in high dosage there is also the risk of serious side effects caused by accumulation of the metabolite norpethidine.

Although oral and other non-parenteral forms of opioid analgesia are always preferred for chronic non-malignant pain states rather than short-acting injectable drugs, they should not be prescribed routinely for these conditions. Early assessment by a multidisciplinary pain service is desirable in the treatment of chronic and recurrent pain so that all treatment options, including non-drug therapies, can be assessed. Ideally, patients should be referred to such a service prior to prescribing any opioid on an ongoing basis. Reference may be made to the general principles and resources listed below for more information.

It is also important in all cases that the patient understands the implications of opioid therapy. Obtaining written informed consent from the patient may need to be considered. Patient information brochures developed for use in conjunction with the NSW TAG guidelines, for migraine, low back pain and general principles are available on the Internet (refer Resources listed below).

Appropriate management of patients in the early stages of treatment and a realistic expectation by patients regarding the outcome of treatment will help to reduce the risk of dependence on opioids and progression to a chronic pain condition.

**GENERAL PRINCIPLES**

In considering the prescription of opioid drugs for non-cancer pain, practitioners should be guided by the following general principles:

- The diagnosis is established and patient records contain a clinical history that notes investigations carried out and specialist recommendations on treatment.
- There is an overall management plan with treatment goals that may include referral to a multi-disciplinary pain service.

- A reasonable trial of non-drug treatments such as those recommended by pain management services has been or is being carried out, eg. exercise programs, physiotherapy, hydrotherapy, TENS trial and psychological therapy, including relaxation, cognitive behavioural therapy and other coping strategies.
- A reasonable trial of medication other than opioids has been carried out eg. simple analgesics, NSAIDS and, in the case of neuropathic pain because it is not particularly responsive to opioid analgesia, standard adjuncts such as tricyclics, anticonvulsants or membrane stabilisers.
- Short-acting injectable opioids such as pethidine are considered an inappropriate choice of analgesic for chronic conditions. In exceptional cases where it is considered there is no alternative to injectable opioids, their use should be strictly controlled and self-administration or administration by a close relative avoided wherever possible.
- The patient understands the implications of long term opioid therapy. Obtaining written informed patient consent might help to confirm a general understanding.
- The practitioner is conversant, as a minimum, with the resources listed below.

## RESOURCES

1. NSW Therapeutic Assessment Group (TAG), 2002  
Guidelines for General Practitioners, Evidence based prescribing and rational use of opioids: (1) Migraine (2) Low Back Pain. (3) Chronic or Recurrent Pain  
Patient information brochures: (1) Migraine, what *you* can do (2) Low Back Pain, what *you* can do. (3) Pain Management, what *you* can do.  
These publications are available from Pharmaceutical Services Branch, NSW Department of Health, on (02) 9879 5239, or they may be accessed via the Internet at <http://www.clininfo.health.nsw.gov.au/nswtag/index.htm> (click on "Reviews" then "guidelines") or <http://www.health.nsw.gov.au/public-health/psb/pubs.html>
2. National Health and Medical Research Council (NHMRC), 1999  
Acute pain management: scientific evidence (CP 57) Cat. No. 9810211  
Acute pain management: information for general practitioners (CP59) Cat. No. 9816839  
Acute pain management: information for consumers (CP 58) Cat. No. 981689X  
These publications are available from NHMRC. Tel: (02) 62691000; Free call 1800 020 103 ext 9520. Also available on the Internet at <http://www.nhmrc.gov.au/publications/index.htm>
3. Victorian Drug Usage Advisory Committee  
Therapeutic Guidelines: Analgesic  
Current edition available from Therapeutic Guidelines Limited, telephone (03) 9329 1566, facsimile (03) 9326 5632, or freecall 1800 061 260 or may be accessed via the Internet at [www.etg.hcn.net.au](http://www.etg.hcn.net.au)
4. TG 212 - Requirements for an authority under Section 28 of the Poisons and Therapeutic Goods Act.  
This and other information prepared by the Pharmaceutical Services Branch is available at <http://www.health.nsw.gov.au/public-health/psb/pubs.html> (and click on "Pharmaceutical Services Publications")

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