

## Q & A for Reduction of Co-prescribing of Dependence Forming Medicines with Opioids

### Medicines Optimisation ECF 2023/24 quality indicator

- **What does the 2023/24 Opioid based ECF quality indicator include?**

The new 2023/24 quality indicator requires practices, where clinically indicated, to reduce the number of patients on a combination of an opioid and either a z drug, a benzodiazepine or a gabapentinoid. This indicator has been designed to expand on the work that has been done in the three ICB places to reduce inappropriate opioid prescribing in 2022/23.

- **Why is this work being done? What is the evidence to support this work?**

Prescribers have a responsibility to prescribe in the patient's best interests and prescribe safely.

The [NICE chronic pain guidance NG193](#) published in 2021 states that opioid analgesics should not be prescribed for the management of chronic primary pain and that alternative non-pharmacological options for treatment should be considered. Other NICE guidance documents available describe a limited use for opioids in the management of specific chronic pain conditions and provide guidance for the place in therapy of non-opioid dependence forming medicines.

#### **Neuropathic pain in adults**

[Overview](#) | [Neuropathic pain in adults: pharmacological management in non-specialist settings](#)  
| [Guidance](#) | [NICE](#)

#### **Lower back pain & sciatica**

[Overview](#) | [Low back pain and sciatica in over 16s: assessment and management](#) | [Guidance](#) | [NICE](#)

#### **Rheumatoid Arthritis in adults**

[Overview](#) | [Rheumatoid arthritis in adults: management](#) | [Guidance](#) | [NICE](#)

NICE has recently published guidance covering the general principles for prescribing and managing withdrawal from dependence forming medicines in primary and secondary care.

[Overview](#) | [Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#) | [Guidance](#) | [NICE](#)

MHRA alerts have been published describing the increased risks of prescribing gabapentinoids in combination with an opioid analgesic and the increased risk of severe respiratory depression. The MHRA also warns of the risk of fatalities when prescribing benzodiazepines and opioids together: combinations should only be prescribed if there is no alternative and patients should be closely monitored for signs of respiratory depression.

<https://www.gov.uk/drug-safety-update/gabapentin-neurontin-risk-of-severe-respiratory-depression>

<https://www.gov.uk/drug-safety-update/pregabalin-lyrica-reports-of-severe-respiratory-depression>

<https://www.gov.uk/drug-safety-update/opioids-risk-of-dependence-and-addiction>

<https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression>

- **What can clinicians do to reduce the combination of medications?**

- a. Ensure that clinicians are up to date with the latest NICE guidance for treating chronic pain, neuropathic pain, fibromyalgia, and rheumatoid arthritis.
- b. Increase awareness within your practice of the risks of using opioid medications on their own and in combination with other dependence forming medicines and ensure appropriate short-term use, with plans for clinical review and patient expectation management if no other alternative is appropriate.
- c. Have clear time frames for prescribing of these medications and review & stop.
- d. Identify current patients on the combination of medication, arrange a review date and agree treatment plans with the patient.
- e. Ensure treatment plans are documented to prevent inadvertent deviation by another clinician.
- f. Agree practice guidance re prescribing of these medications, provide locums and registrars with this information and audit regularly to review compliance with this guidance.

- **Are there any ICB tools to support this piece of work?**

Yes, a group of ICS clinicians have produced a pathway for opioid reduction with links to support materials and relevant guidance. This pathway includes a letter that can be sent to patients to initiate a conversation about opioid reduction and an optional patient agreement that can be used to engage the patient with a plan to wean off treatment. [ICS Managed Opioid Reduction Tool](#)

- **What else is the ICB doing to support this work**

An ICB publicity campaign is planned for 23/24 to raise awareness of patients and health care professionals relating to the risks of long-term opioid use for non-malignant chronic pain.

HWE ICB primary care clinicians are able to access a PrescQIPP e-learning training package to raise their awareness relating to reducing and weaning off dependence forming medicines. For more information and information on free access to this course please email [hweicbhv.medicinesoptimisationteam@nhs.net](mailto:hweicbhv.medicinesoptimisationteam@nhs.net)

A task and finish group is working with a group of clinicians from across the ICS to review the services and resources that are provided to support opioid reduction and appropriate prescribing in this group of patients.

- **If a patient is on a combination of an opioid and a benzodiazepine, gabapentinoids or z drug which medication should be stopped?**

During the consultation with the patient, discuss which medication is the most effective and put a plan in place to reduce and stop the least effective medication.

[NICE have produced a patient decision aid to support patients to consider stopping benzodiazepines or z-drugs. This is also available as a summary document.](#)

- **What would the recommended reduction be for opioids, benzodiazepines and z drugs?**

Reduce the dose of long-term benzodiazepines, z-drugs and opioids by 10% weekly or two weekly, be guided by the patient and slow down if any withdrawal symptoms.

For further support with stopping or tapering opioids refer to [The Faculty of Pain Medicines guidance](#).

The [Benzo.org.uk](#) manual offers lots of useful supporting materials including reasons to stop benzodiazepines together with guidance to tapering the dose.

PrescQIPP also provide an algorithm to support the deprescribing and tapering of benzodiazepines and z-drugs.



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The BNF also provides information on managing withdrawal of benzodiazepines and dose equivalences. <https://bnf.nice.org.uk/treatment-summaries/hypnotics-and-anxiolytics/>

- **If the patient is struggling with the reduction, is it appropriate to increase the dose?**

No remain at the current dose for a longer period of time, do not escalate the dose.

- **How should doses of gabapentin or pregabalin be reduced?**

The reduction should be gradual and prescribing of the medication in the lower strength will be required to allow the reduction.

<https://www.somersetccg.nhs.uk/wp-content/uploads/2021/05/Tapering-gabapentinoid-1.pdf>

- **Patient & Clinician support - consider referral to:**

The local IAPT services (Improving access to psychological care)

- a. [Hertfordshire referral link](#);
- b. [West Essex Service link](#).

Local weight management programme

Social prescribers in Primary Care Networks OR [HertsHelp](#)

South and West Herts [Connect health chronic pain service](#)

[New Leaf College](#) – recovery college offering education and training to patients about mental wellbeing supporting personal recovery. The site includes resources for patients on pain management

East & North Herts Trust spinal & orthopaedic chronic pain service

East & North Herts HCT Activate service

West Essex [pain management services](#)

- **Supporting Web pages**

[Home - Live Well with Pain](#) provides tools for both healthcare professionals and patients to manage pain in a non-medicalised way. There are inspirational videos of patients who have reduced or stopped medication, manage their pain and have a better quality of life

[Information for patients | Faculty of Pain Medicine \(fpm.ac.uk\)](#) provides patient leaflets covering pain and the factors to consider when taking opioids to treat pain

[FPM-Driving-and-Pain-patient-information.pdf](#) Provides the patient leaflet for prescribers to hand out to patients to support the consultation and the risks of driving on opioids

[Home - Flippin' Pain \(flippinpain.co.uk\)](#) A patient support website

[Pain Self Management by Pete Moore | The Pain Toolkit](#) A patient support website

[PrescQIPP](#) Clinical support tools for pharmacists

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