Opioid Wisely & Using Antibiotics Wisely Campaigns: A national collaboration between CWC & The CFPC
CADTH Symposium
Tuesday, April 16, 2019; 10:45-12:00; Concurrent Session E6

Allan Grill MD CCFP (COE) FCFP MPH CCPE
Physician Advisor, The College of Family Physicians of Canada
Assistant Professor, Dept. of Family & Community Medicine, UofT
Faculty/Presenter Disclosure

Faculty: Dr. Allan Grill

I have the following relevant financial relationships to disclose:

• Physician Advisor, The College of Family Physicians of Canada

Relationships with commercial interests:
• Not Applicable
Disclosure of Commercial Support

• This program has received NO Commercial support
• This program has received NO in-kind support

• Potential for conflict(s) of interest:
  • Not Applicable
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• @allan_k_grillMD
• #CADTHsymp
Presentation Outline

• Background
  • opioid epidemic; antibiotic overuse
  • barriers to practice change

• Goals/Priorities

• Tools for Practitioners & Patients
Choosing Wisely Canada

• Launched April 2014
• A national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments
• 70 societies; 300+ recommendations (low value care)
• Organized by the University of Toronto, Canadian Medical Association and Sr. Michael’s Hospital
Opioid Crisis
Figure 1: Annual number of opioid analgesics prescribed on an outpatient basis in Ontario from 1991 to 2007.

Irfan A. Dhalla et al. CMAJ 2009;181:891-896
Mortality Data – U.S. Centers for Disease Control

National Overdose Deaths
Number of Deaths Involving Opioid Drugs

Source: National Center for Health Statistics, CDC Wonder
Mortality Data - Public Health Agency of Canada

*Includes data from July to September only. For 2017 data, Quebec reports deaths related to all illicit drugs including, but not limited to, opioids. This number is expected to rise.

*British Columbia reports deaths related to all illicit drugs including, but not limited to, opioids.

*The estimated annual rates for 2017 are based on available data from January to September.
Other Opioid Related Consequences

• Constipation
• Delirium
• Falls/Fractures/Head Injuries
• Sleep Disordered Breathing (e.g. OSA)
• Motor Vehicle Collisions
• Depression
• Physical Dependence (1 in 20; duration of exposure can be short)

David Juurlink, MD pHD: Treating pain with opioids: looking back, looking forward
Barriers to More Rational Prescribing of Opioids

- Few effective drug options
- Non-pharmacotheraphy options not covered (e.g. PT)
- Ingrained practice
- Patient expectations
- Commercial influence

David Juurlink, MD PhD: Treating pain with opioids: looking back, looking forward
Opioid Wisely
Opioid Wisely Campaign - Goals

A campaign that encourages thoughtful conversation between clinicians and patients to **reduce harms** associated with opioid prescribing.

- Supported by over 30 organizations representing doctors, dentists, pharmacists, nurse practitioners, other health professionals, as well as patients and their families

- Specialty-specific recommendations for when opioids should not be first line therapy

- Information resources to help patients have informed conversations with their clinicians about **safe options for managing pain**
## New Opioid Recs: Release Date March 1/18

<table>
<thead>
<tr>
<th>Specialty Society</th>
<th>Recommendation</th>
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<tr>
<td>College of Family Physicians of Canada</td>
<td>Don’t continue opioid analgesia beyond the immediate postoperative period or other episode of acute, severe pain.</td>
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<td></td>
<td>Don’t initiate opioids long-term for chronic pain until there has been a trial of available non-pharmacological treatments and adequate trials of non-opioid medications.</td>
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<tr>
<td>Canadian Spine Society</td>
<td>Don’t use an opioid analgesic medication as first-line treatment for acute, uncomplicated, mechanical, back-dominant pain.</td>
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<td></td>
<td>Don’t treat post-operative back pain with opioid analgesic medication unless it is functionally directed and strictly time limited.</td>
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<tr>
<td></td>
<td>Don’t use opioid analgesic medication in the ongoing treatment of chronic, non-malignant back pain.</td>
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<tr>
<td>Canadian Society of Internal Medicine</td>
<td>Don’t initiate therapy with opioids for patients with chronic non-cancer pain unless non-opioid pharmacotherapy and other non-pharmacological therapy options have been optimized</td>
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<tr>
<td>Canadian Association of Hospital Dentists</td>
<td>Don't use opioids for post-operative dental pain until optimized dose of NSAID/Acetaminophen has been used</td>
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Opioids for pain after surgery: Your questions answered

1. Changes?
You have been prescribed an opioid. Opioids reduce pain but will not take away all your pain. Ask your prescriber about other methods of reducing pain including using ice, stretching, physiotherapy, or non-opioid drugs like acetaminophen or ibuprofen. Know your pain control plan and work closely with your prescriber if your pain does not improve.

2. Continue?
Opioids are usually required for less than 1 week after surgery. As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioids. Consult your healthcare provider about how and when to reduce your dose.

3. Proper Use?
Use the lowest possible dose for the shortest possible time. Overdose and addiction can occur with opioids. Avoid alcohol and sleeping pills (e.g. benzodiazepines like lorazepam) while taking opioids. Do not drive while taking opioids.

4. Monitor?
Side effects include: sedation, constipation, nausea and dizziness. Contact your healthcare provider if you have severe dizziness or inability to stay awake.

5. Follow-Up?
Ask your prescriber when your pain should get better. If your pain is not improving as expected, talk to your healthcare provider.

To find out more, visit: OpioidStewardship.ca and DeprescribingNetwork.ca

It is important to:

Never share your opioid medication with anyone else.

Store your opioid medication in a secure place out of reach and out of sight of children, teens and pets.

Ask about other options available to treat pain.

Take unused medications back to a pharmacy for safe disposal. Talk with your pharmacist if you have questions. For locations that accept returns: 1-844-515-8889 healthsteward.ca

Did you know?

About 16 Canadians are hospitalized each day with opioid poisoning. — Canadian Institutes for Health Information, 2017

Examples of opioids used for pain after surgery:

- hydromorphone
- morphine
- codeine
- oxycodone
- tramadol

Notes:

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Opioids: When you need them - and when you don’t.

If you just had surgery or are experiencing a health problem, pain is a natural and expected part of the process. Pain medicine may help you function better and cope with the amount of pain you are experiencing, but will not eliminate it entirely.

Opioids are common pain medicines. They can help if you have bad short-term pain — like pain after surgery for a broken bone. They can also help you manage pain if you have an illness like cancer.

But opioids are strong drugs. And usually they are not the best way to treat long-term pain, such as arthritis, low back pain, or frequent headaches. This kind of pain is called “chronic” pain. Before getting opioids for these problems, you should discuss other options with your health care provider. Here’s why:

Opioids are prescribed too often.

Chronic pain is one of the most common reasons people see their health care provider. However, for most types of chronic pain, opioids should only be used as a last resort.

Common opioids include:
- Hydrocodone (Dilaudid®)
- Mephine (Kadian®, MSContin®, MDContin®, Stateks®)
- Codeine (Tylenol No. 3®)
- Oxycodone (OxyContin®, Percocet®)
- Tramadol (Rivoxa®, Trudural®, Xyram®)

Short-term use of these medicines may help. But there is no proof that they work well over time.

Opioids have serious side effects and risks.

Over time, the body gets used to opioids and they stop working as well. To get the same relief, you need to take more and more. This is called “tolerance.” Higher doses can cause serious side effects:
- Nausea
- Vomiting
- Itching
- Constipation
- Not being able to urinate (empty your bladder)
- Slurred breathing, which can be deadly
- Confusion and mental disturbance

Opioids can be addictive. Long-term use of opioids can lead to “physical dependence” — if you stop using them abruptly, you will experience withdrawal symptoms, such as strong cravings, sweating, muscle aches and diarrhea. People who take opioids long-term can become addicted, sometimes with dangerous results. In 2017, 4000 Canadians died from an opioid overdose.

Other pain treatments may work better and have fewer risks.

Pain medicine specialists say that usually you should try other treatments first:
- Over-the-counter medicines:
  - Acetaminophen (Tylenol® and generic)
  - Ibuprofen (Advil®, Motrin IB®, and generic)
  - Naproxen (Aleve® and generic)
- Topical non-steroidal anti-inflammatory drugs (NSAIDs):
  - Heat rubs
  - Non-drug treatments:
    - Exercise
    - Physical therapy
    - Spinal manipulation
    - Massage therapy
    - Acupuncture
    - Cognitive-behavioral therapy
- Injections (such as steroids)
- Other prescription drugs (ask about risks and side effects):
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
  - Anti-seizure drugs
  - Gabapentinoids
  - Antidepressants
  - Cannabinoids

When Might Opioids be Appropriate.

You have cancer with severe pain:
Opioids may be the right choice if pain is a bigger concern than the possibility of addiction and the need to keep increasing the dose.

You just had surgery:
If needed, you might be prescribed opioids, but they should not be used beyond the immediate period after surgery. The period is typically three days or less, and rarely more than seven days.

You have chronic pain:
Ask your health care provider about different options for managing pain, including non-opioid and non-drug alternatives before considering an opioid prescription. And ask about the risks and benefits among the options.

About Choosing Wisely Canada
Choosing Wisely Canada is a national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices. Choosing Wisely Canada is organized by the University of Toronto, Canadian Medical Association and St. Michael’s Hospital.

How this pamphlet was created:
This pamphlet was adapted with permission from a similar pamphlet used in the US Choosing Wisely campaign, organized by the ABIM Foundation. Material was used to ensure relevance for a Canadian audience. Canadian reviewers of this pamphlet were Dr. Tanya Di Renna, Women’s College Hospital, Toronto, ON, Canada, and the Choosing Wisely Canada’s Opioid Wisely Working Group.

This pamphlet is for you to use when talking with your health care provider. It is not a substitute for medical advice and treatment. Use of this pamphlet is at your own risk.
Opioid Wisely

There are many ways to manage pain.

Talk to your doctor about safer options.

To learn more, visit: www.choosingwiselycanada.org/opioid-wisely
Opioid Wisely | CAMPAIGN HIGHLIGHTS

March 1, 2018 - May 1, 2018

15 RECOMMENDATIONS
12 SPECIALTY SOCIETIES
30+ PARTICIPATING ORGANIZATIONS

300+ WEBINAR ATTENDEES
30,000 FAMILY PHYSICIANS SENT OPIOID ASSETS
7,500 WEBSITE PAGE VIEWS
1,000 PATIENT PAMPHLET DOWNLOADS

Opioid Wisely launch engagement based on @ChooseWiselyCA account:
150K+ TWEET IMPRESSIONS
460+ RETWEETS
400+ LIKES
Choosing Wisely Canada - Using Antibiotics Wisely Campaign

USING ANTIBIOTICS WISELY.

UTILISATION JUDICIEUSE DES ANTIBIOTIQUES.
Should we care about Antibiotic Overuse?
Should we care about Antibiotic Overuse?

• Drug resistant infections
  • MRSA
  • VRE
  • Gonorrhea
  • C. diff

• Cost
  • Adverse Drug Reactions – diarrhea, vomiting, candida infection, AKI, allergic reaction
  • Continued loss of effectiveness → new drug development cannot keep up -> less effective/more toxic alternatives being used -> worse patient outcomes
Who are the prescribers of antibiotics in Canada?

- Physicians prescribe 90% of the antibiotics among health care providers.

- 92% of antibiotics are prescribed/dispensed in the community (2016)

- Family physicians account for 65% of all antibiotic prescriptions dispensed by community pharmacies in Canada (2016)
  - Respiratory infections > genito-urinary infections > skin & soft tissue infections

Courtesy of Public Health Agency of Canada
What are the barriers to not prescribing **Antibiotics** for viral URTIs in your practice?
Better to do something than do nothing.

I’ve always done this.

The patient wants it.

Time constraints.
Using Antibiotics Wisely: a ‘mini’ campaign

Duration January 31, 2018 – March 31, 2019

Priorities:
1. Acute respiratory infection in primary care
2. Urinary tract infection in long-term care
The work done to date...

✓ Input from broad group of stakeholders in primary care across Canada

✓ Review by professional societies including Canadian Thoracic Society and Canadian Society of Otolaryngology - Head and Neck Surgery

✓ Review and endorsement by the College of Family Physicians of Canada
Don’t routinely prescribe antibiotics for acute respiratory infection in primary care settings

- Otitis Media
- Pharyngitis
- Sinusitis
- Pneumonia
- AECOPD
- Bronchitis/Asthma
- URTI - “common cold”
- ILI – Influenza-Like Illness
Don’t routinely prescribe antibiotics for acute respiratory infection in primary care settings

MYTH: All patients coming to clinic with an URTI want antibiotics

FACT: Most patients want a diagnosis and a way to relieve their symptoms

- URTI - “common cold”
- ILI – Influenza-Like Illness
AECOPD – Practice Statement

• Do not prescribe unless:

• Clear increase in sputum purulence AND

• Increase in sputum volume AND/OR increased dyspnea

• Consider steroids and SABD

“I’m prescribing a patch to help you quit smoking. Wear it over your mouth.”
ANTIBIOTICS: THREE QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

1) Do I really need antibiotics?
Antibiotics fight bacterial infections, like strep throat, whooping cough and bladder infections. But they don’t fight viruses — like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.

2) What are the risks?
Antibiotics can cause unwanted side effects such as diarrhea and vomiting. They can also lead to “antibiotic resistance” — if you use antibiotics when you don’t need them, they may not work when you do need them in the future.

3) Are there simpler, safer options?
The best way to treat most colds, coughs or sore throats is with plenty of fluids and rest. Talk to your health care provider about the options.

Talk about what you need, and what you don’t.
To learn more, visit www.choosingwiselycanada.org/antibiotics
VIRAL PRESCRIPTION

Myth: patients want antibiotics

Satisfaction linked to reassurance, info, and symptom relief
• Decreases antibiotic use
• No difference in satisfaction
ABX Use & Patient Satisfaction

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<tr>
<th>Condition</th>
<th>% ABX Use</th>
<th>% Pt. Satisfaction</th>
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<tbody>
<tr>
<td>No Prescription Use</td>
<td>83</td>
<td>90</td>
</tr>
<tr>
<td>Delayed Prescription</td>
<td>35</td>
<td>92</td>
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<tr>
<td>Immediate Prescription</td>
<td>90</td>
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# Acknowledgements

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<tr>
<td>Dr. Jerome Leis</td>
<td>Infectious Disease Physician, Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td>Dr. Guylene Theriault</td>
<td>Primary Care Co-Lead, Choosing Wisely Canada</td>
</tr>
<tr>
<td>Tanya Agnihotri</td>
<td>Project Manager, Choosing Wisely Canada</td>
</tr>
<tr>
<td>Dr. Wendy Levinson</td>
<td>Chair, Choosing Wisely Canada</td>
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<tr>
<td>Dr. Olivia Ostrow</td>
<td>Paediatric Lead, Choosing Wisely Canada</td>
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[www.choosingwiselycanada.org/antibiotics (EN)](www.choosingwiselycanada.org/antibiotics (EN))
Questions?

agrill@cfpc.ca