

Co-occurring opioid use disorder and chronic pain

Expert perspectives to support clinical management and research

Context

Opioid use disorder (OUD) and chronic pain (CP) often co-occur (1), which can complicate treatment, worsen symptoms and hinder quality of life for patients (2,3). High quality scientific evidence for managing these co-occurring conditions is scarce (4).

Aim of the project

Develop expert consensus on clinical management and research needs for co-occurring OUD and CP.

Methods

Delphi study based on a scoping review of the literature (5). Consensus set a priori at 80%.

Sample



5 expert physicians (in Quebec)
(addiction field=2; pain field=3)



10 people with lived experience of OUD and CP (in Quebec)

Results

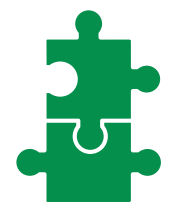
Expert physicians' consensus (29 statements out of 42)

Pharmacological approaches for OUD+CP



- Opioid agonist treatment (OAT)
- Split doses of methadone if needed
- Switch to another OAT if needed
- Increase methadone dose if needed

Combined approaches for OUD+CP



- OAT + Mindfulness
- OAT + Counseling
- Interdisciplinary and multimodal
- Pharmacological and non-pharmacological interventions to improve sleep
- Methadone + Anticonvulsant (with caution)
- OAT + Local analgesia
- OAT + Non-opioid analgesics

Service organisation for OUD+CP



- Biopsychosocial model
- Cooperation between pain and addiction specialists
- Cooperation with physiotherapists
- Global and integrated approach
- Stepped care
- Simultaneous stabilization of OUD and CP

Research needs for OUD+CP



- Buprenorphine
- Cannabinoids
- Psychotherapeutic interventions
- Alternative interventions (ex.: yoga)
- Interventions to improve sleep
- Opioid rotations and deprescribing

Patients' consensus (4 statements out of 42)

Service organisation for OUD+CP



- Cooperation between pain and addiction specialists
- Global and integrated approach

Research needs for OUD+CP



- Psychotherapeutic interventions
- Interventions to improve sleep

Discussion

- Expert physicians agreed on 69% of statements.
- Diverging perspectives appear to oppose experts depending on their field (i.e. pain or addiction).
- People with lived experience of OUD+CP agreed on 10% of statements, highlighting heterogeneity of experiences and individual needs.

Limitations and conclusions

- Clinical expert recruitment was a challenge (few clinicians identified as experts in pain and addiction)
- Only one round of Delphi was conducted because of small sample size and nature of conflicts
- Results highlight a need for interdisciplinary collaboration and training between both fields
- Future steps should mobilize an expert panel to develop recommendations

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