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Current Prescription Practices of Opioids for the Treatment of Non-cancer Pain in Northeast France

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Introduction: Over the past years, opioid analgesics use to treat chronic non-cancer pain (CNCP) has greatly increased.¹ Despite the existence of pain guidelines^{2,3,4} a majority of physicians still consider non chronic pain management as a challenge.⁵ This study evaluate the current prescription practices of step 2 (S2A) and 3 (S3A) analgesics in northeast France.

Method: An observational and retrospective study was conducted in a random sample of 1,000 patients using a large general health insurance reimbursement database in order to evaluate: 1) most commonly prescribed analgesics; 2) the socio-demographic data of pain patients and physicians; and 3) the adherence of physicians to French guidelines, including: i) initiate analgesic treatment with the lowest dosage, ii) do not prescribe S3A to opioid naïve patient and iii) do not associate S2A with S3A.

Results: Almost 70% percent of the patients were women aged older than 60 years. Eighty-three percent were exclusively treated with S2A, 6% exclusively received S3A and 11% received opioid S2A with S3A. Tramadol, codeine and fentanyl transdermal were the most prescribed drugs. Fifty-one percent of patients did not start the treatment at the lowest dosage and nearly 15% of the patients receiving S3A were opioid-naïve.

Conclusion: This study highlights that there is still a vast domain to improve clinical practice of physicians in order to shift to best practices in the field of prescription of opioids to treat CNCP.

References:

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