Best practices in treating chronic noncancer pain

Since the mid-1990s, physicians have been increasingly prescribing higher doses and stronger opioids for their patients, particularly those with chronic noncancer pain.[1,2] Opioid overprescription, improper risk assessment, and lack of monitoring opioid medication use have led to a significant health crisis in North America. Negative consequences, including opioid dependence, addiction, overdosage, intentional or unintentional death, and diversion of drugs within the community, have impacts at both individual and societal levels. The Centers for Disease Control and Prevention reports that while death rates for conditions such as heart disease and cancer have decreased substantially over the past decade, the death rate associated with opioid pain prescription has increased significantly,[3] despite the paucity of evidence to support the use of opioids to treat chronic noncancer pain.[4,5] This increase in opioid pain prescriptions has likely contributed to the opioid crisis in which we find ourselves.

WorkSafeBC's practical experience supports the research findings. We seldom see long-term improvements in pain and function with long-term use of opioids. Instead, strong evidence supports the use of nonpharmacological options as first-line treatments for patients with chronic noncancer pain,[6] which can be combined with pharmacological options or used on their own. The Centre for Effective Practice in Toronto divides nonpharmacological therapies into four categories:[7]

- Physical activity and exercise programs, including low-impact activities such as yoga, walking, and aquatic therapy.
- Physical therapies such as manual therapy.
- Psychological therapies such as cognitive behavioral therapy.

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- Self-management programs (treatment approaches that encourage individuals to be proactive in the care of their condition through lifestyle and behavioral changes and appropriate interaction with health care services).[8]

Non-opioid pharmacological treatments can also be effective, particularly when combined with some of these nonpharmacological options.

Finding the right treatment or combination of treatments requires careful trial, monitoring, and adjustment to ensure improvements in pain and function are being achieved. While time consuming, this process is valuable to the patient.

WorkSafeBC's best practices seminars

Throughout 2018, WorkSafeBC will host community seminars to equip physicians and nurse practitioners with current best practices in the appropriate evidence-informed management of chronic noncancer pain. Our goal is to reduce harm and improve functional outcomes. Our informative, interactive sessions (Not Just a Prescription Pad: A Multimodal Approach to Chronic Pain Management) will give you practical knowledge and skills to apply to your practice. This workshop aligns with the College of Physicians and Surgeons of BC's standards and guidelines for safe prescribing of opioids, and physicians who attend will receive 2.5 Mainpro+ credits.

Sessions have already been held in Richmond, Burnaby, Kelowna, and Kamloops; the next session will be in Nelson on 18 June. Tentative dates for the remaining 2018 sessions are:

- 10 September: Langley/Surrey
- 25 September: Penticton/South Okanagan
- 2 October: Abbotsford/Chilliwack/Mission
- 19 October: Victoria
- 1 November: Courtenay/Comox/Campbell River
- 20 November: Delta/White Rock/Tsawwassen

All are evening sessions. Register online at http://events.eply.com/chronicpain, or call 1 877 231-8765. Seating is limited. Sessions are tentatively planned in 2019 for Coquitlam, Cranbrook/Fernie/Kimberley, Lillooet, Nanaimo/Qualicum, Port Moody,

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Prince George, Terrace, Vancouver, Vernon, and Williams Lake.

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stool, which can be an early sign of colon cancer.

- Screening is only recommended for people who are not experiencing symptoms of colon cancer. Symptoms can include blood in the stool, abdominal pain, change in bowel habits, or unexplained weight loss. Anyone experiencing these symptoms should talk to their doctor about diagnostic testing they may need.
- Factors that put people at greater risk include having a first-degree relative (parent, sibling, or child) diagnosed under the age of 60, two or more first-degree relatives diagnosed at any age, and a personal history of adenomas.

For more information on the colon screening program, visit BC Cancer's screening website at www.screeningbc.ca.