

# OTAC Clinical Case Webinars

## Acute pain in people on OAT

Tuesday 18<sup>th</sup> July 2023, 6-7pm

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Drug Health Services, Sydney Local Health District



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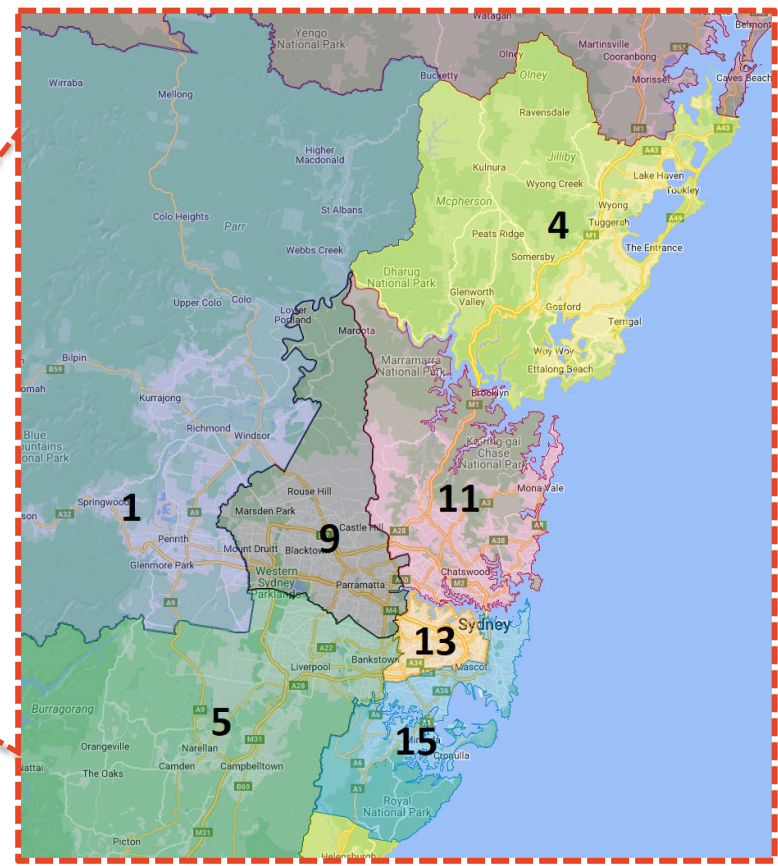
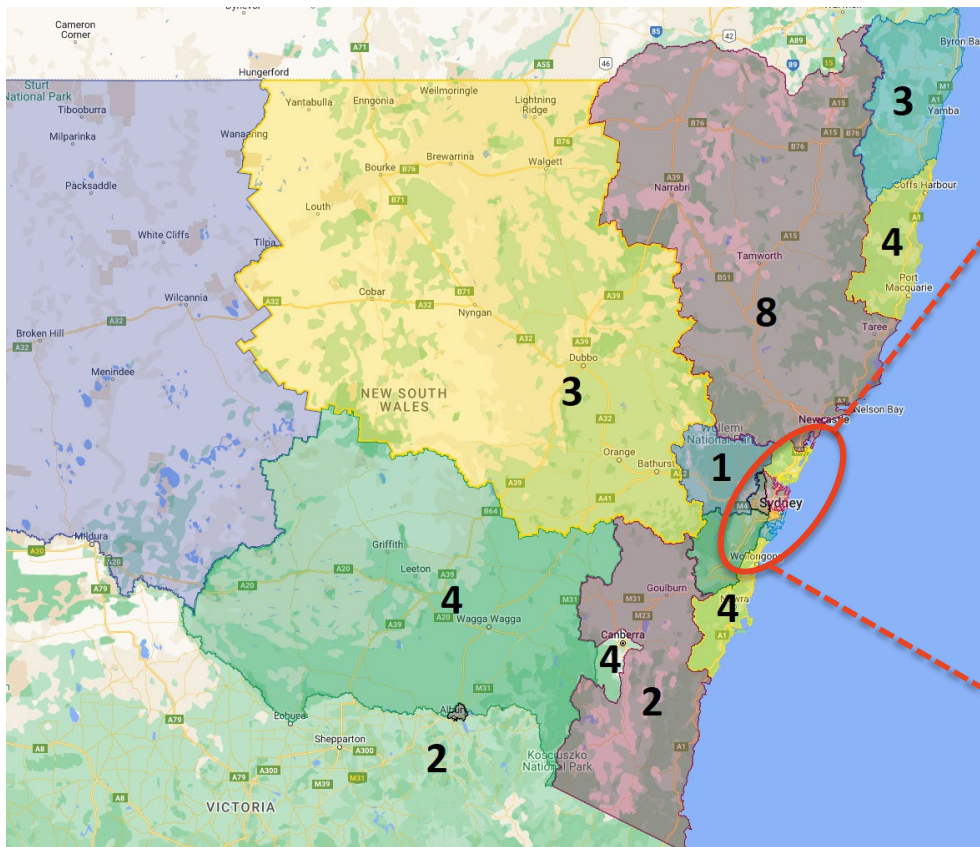
We acknowledge the traditional custodians of country on  
the lands on which we meet and recognise their continuing  
connection to land, waters and culture

We pay our respects to their Elders past, present and  
emerging



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# Who has registered for tonight?



**Regional 34.8%**

**Metropolitan 58.7%**

**Interstate 6.5%**

# Aims & format of case-based webinars:

- **Overall aim:** To provide a comfortable, beneficial & continuing learning environment for OAT prescribers and other health professionals involved with OAT in NSW
- **Format:** Online (via Zoom) clinical case-based discussion and the provision of webinar learning resources
- **When:** Webinars run 6-7pm on a Tuesday, monthly
- Learning resources & certificate of participation that can be used for CPD will be emailed to all participants at the end of each webinar
- **Information** about upcoming and previous webinars, including recordings, slides & resources, will be available on the OTAC website: [www.otac.org.au/webinars](http://www.otac.org.au/webinars)
- Webinars will involve experienced facilitators from around NSW

**Have case patient case you would like to present, or suggested webinar clinical topic?**

**Submit at:** [www.otac.org.au/webinars](http://www.otac.org.au/webinars)

# Some housekeeping

- Keep on 'mute' unless speaking or asking questions. Put video on (if possible)
- To prepare for case discussions have a pen & paper or an online 'notepad' to jot down points to discuss
- Ask questions via chat or raise your hand in Zoom for the facilitator invite you to speak; When you first speak, introduce yourself
- Webinar is recorded for those who can't attend, so be careful not to reveal any identifying information about clinical cases or other confidential information
- Always be considerate and polite to your online colleagues
- Please declare to the organiser if you think you may any conflict of interest prohibiting your attendance at the webinars

# Preparing for the cases

- We allow about 10-15 mins per case including your thinking time, jotting down notes, discussion & completing online discussions or polls, such as:

*“Case X: Would you prescribe takeaways? Yes or No”*

## NOW:

1. Have your pen/paper or electronic notepad ready.
2. Be prepared to complete the before and after ‘pop-up’ poll.
3. For each case think: **What case details are important? What else would you like to know? What would you say to the patient?**

# Learning Objectives

*By the end of this webinar participants will have considered...*

- Challenges facing people on OAT who have acute-onset pain;
- Stigmatisation of people on OAT and its impact on healthcare;
- Decision making when prescribing for people on OAT with acute-onset pain;
- Key aspects of the clinical assessment and management of people on OAT who have acute-onset pain including:
  - Risk assessment (history, physical exam, eHealth and SafeScript NSW review);
  - Setting patient expectations
  - Discussing and documenting a clear plan
  - The role of OAT in acute pain management (the myths of OAT and pain management)
  - Limited duration of exposure to opioids
  - Non-opioid approaches to pain management

## Case Scenario 1 – Sprained ankle

- A 39-year-old female on methadone 45mg/day presents to your practice worried she may have an ankle fracture (rolled it getting out of car)
- Her ankle is mildly swollen, but she is able to weight bear
- There is no bony tenderness
- You suspect a lateral ligament complex sprain

**Questions: *What analgesic approach is indicated? Should we increase her methadone?***



# Poll (before) Case 1 – Sprained ankle

**1. Should we increase their methadone?**

i. Yes

ii. No

## Case Scenario 1 – Sprained ankle

- First line: simple analgesics (paracetamol +/- NSAID)
- Non-pharmacological management – RICE, serial review + return to early mobilisation

**Questions: *Could we increase the methadone? Are stronger opioids required?***

# Poll (after) Case 1 – Sprained ankle

**1. Should we increase their methadone?**

i. Yes

ii. No

## Case Scenario 2 – Clavicle fracture

- A 35-year-old male on sublingual buprenorphine-naloxone (Suboxone<sup>®</sup>) 6mg (6 TA's/week) fractures his clavicle playing soccer
- Seen in ED: had X-ray and DC with Fracture clinic F/U
- Given paracetamol and ibuprofen in ED
- Presents with ongoing pain

**Questions: *What analgesics approach is indicated? Should we increase the Suboxone<sup>®</sup>?***

# Poll (before) Case 2 – Clavicle fracture

**1. Should we increase their Suboxone<sup>®</sup>?**

i. Yes

ii. No

## Case Scenario 2 – Clavicle fracture

- You prescribe regular simple analgesics + immobilisation therapy
- You increase his Suboxone<sup>®</sup> dose (increased by 4-8mg) and encourage him to split the dose TDS


**Questions: *What if the dose increase didn't work? Are stronger opioids required?***

# Application for Authority to Prescribe or Supply a Schedule 8 Drug-Pain Management

Available on NSW Health website at:  
<https://www.health.nsw.gov.au/pharmaceutical/Documents/s8pain-appln.pdf>

NSW Health

Application for Authority to Prescribe or Supply a Schedule 8 Drug-Pain Management  
as required under the *NSW Poisons and Therapeutic Goods Act 1966*



**Before starting the application, please make sure that you have:**

- Contacted the authorised Opioid Treatment Program prescriber if the patient is currently enrolled in the Opioid Treatment Program (OTP) and have a letter from the OTP prescriber supporting treatment
- Sought a review and obtained a second opinion from a:
  - Pain specialist if:
    - the patient is on OTP (and requires long term pain management)
  - Pain or palliative medicine specialist if:
    - applying for authority to prescribe or supply injectable opioids
  - Pain, palliative, or rehabilitation medicine specialist if:
    - oral Morphine Equivalent Daily Dose (oMEDD) is  $\geq 100\text{mg}$  for an opioid drug
    - applying for authority to prescribe or supply a non-opioid S8 drug

Where possible the second opinion should be in writing from an appropriate medical specialist independent of the prescriber. Where multiple concerns exist one letter addressing all issues will be accepted.

- Any application to prescribe or supply an injectable formulation or an oMEDD  $\geq 100\text{mg}$  may require supporting documentation. Please allow additional processing time.

# Poll (after) Case 2 – Clavicle fracture

**1. Should we increase their Suboxone<sup>®</sup>?**

i. Yes

ii. No



## Case Scenario 3 – Severe LBP

- A 44-year-old male on depot buprenorphine (Buvidal<sup>®</sup>) 128mg presents with recent onset severe lower back pain
- Temperature is 38.5, HR 105 with otherwise normal observations
- He reports injecting heroin recently

**Questions: *What is your approach? How do we manage his acute pain?***

# Poll (Before) Case 3 – Severe lower back pain

**1. Should we increase their Buvidal<sup>®</sup> dose?**

i. Yes

ii. No

## Case Scenario 3 – Severe LBP

- You refer the patient to ED
- A diagnosis of epidural abscess/discitis is made
- The admitting team call for you for advice on pain management

**Questions: *Can we increase the Buvidal<sup>®</sup>? What additional pain management strategies might be useful? What other resources might be helpful***

# Poll (After) Case 3 – Severe lower back pain

**1. Should we increase their Buvidal<sup>®</sup> dose?**

i. Yes

ii. No

# Pain Management

- Simple analgesics (paracetamol +/- NSAIDs)
- Non-pharm strategies (heat, cold, movement, distraction)
- OAT dose increase
- Additional opioids (may require higher doses)
- Non-opioid adjuncts (e.g., clonidine, gabapentinoids, ketamine)
- Neuraxial/regional anaesthesia

# Supports & Other Services

- **Contact your local acute pain service**
- **Contact your local AOD service**
- **DASAS (Drug & Alcohol Specialist Advisory Service)**  
DASAS operates 24 hours a day, 7 days a week and is funded by NSW Health & managed by St Vincent's Hospital AOD in Sydney

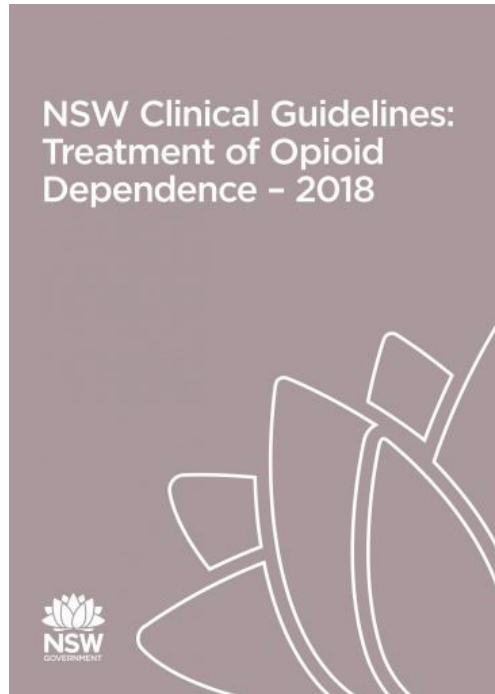
## How to contact DASAS?

Call within Sydney Metropolitan Area: 02 8382 1006

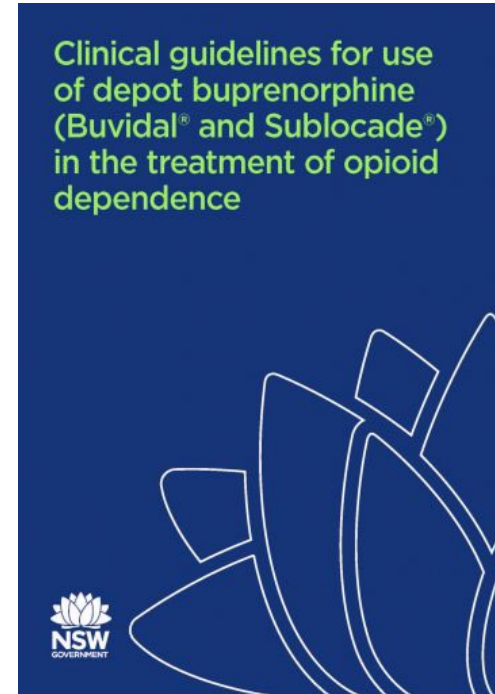
Call within Regional, Rural & Remote NSW: 1800 023 687

More Information: <https://www.svhs.org.au/our-services/list-of-services/alcohol-drug-service/drug-alcohol-specialist-advisory-service>

# NSW Opioid Treatment Guidelines



*Section 2.6.6 Management of pain:  
Acute pain (Page 65)*



*Section 6.C. Acute pain management in  
patients in depot BPN treatment (Page 37)*

# Thank you for your contribution

## See you next time

The Role of SafeScript NSW with  
OAT (6pm, Tuesday 15<sup>th</sup> August)



**SCAN ME**

## Other Upcoming Sessions

OAT & Chronic pain management, QT  
Prolongation, Mental Health  
Considerations, and more

*Have any clinical questions, patient cases  
you would like to discuss,  
or suggested OAT clinical topics?*

Email: [daniel.winter@sydney.edu.au](mailto:daniel.winter@sydney.edu.au)