

What is happening on Gabapentinoids and controlled drugs options?

Update from **Emma Davies**

You'll be aware that the UK Government has recently consulted on making gabapentinoid medicines (gabapentin and pregabalin) subject to scheduling under controlled drugs legislation. The outcome of the consultation is due in the next couple of months.

There were three proposals put forward with the Government suggesting that the preferred option was to make gabapentin and pregabalin schedule 3 medicines and to attach safe custody requirements (where the drugs need to be stored in a secure, controlled drug cabinet) to them. Through numerous discussion boards and, to some degree, common sense the second option of making the medicines schedule 3 but without safe custody requirements would appear to be the option preferred by prescribers and pharmacists in all sectors.

What does that mean for you as a prescriber and importantly, for the people you prescribe for? Here is a simple explanation:

The legislation

- The Misuse of Drugs Act 1971 prohibits the manufacture, supply and possession of 'controlled drugs' except under certain circumstances – which includes prescription for the majority of them. Under this Act, the drugs are classified A, B and C depending on their 'harmfulness when misused'. Examples include Class A – cocaine, morphine and MDMA; Class B – oral

amphetamines, codeine and ketamine and Class C – buprenorphine, tramadol and zopiclone.

- The Misuse of Drugs (Safe Custody) Regulations 1973 covers safe storage. This refers to how the medicines are stored from manufacturer to dispensing in community pharmacies or administration in hospitals where often, additional safeguards are put in place to maintain the security of the medicines.
- The Misuse of Drugs Regulations 2001 sets out who can possess and supply controlled drugs e.g. doctors, pharmacists acting in their professional capacities. The drugs are put into five schedules, each one specifies the 'rules' for importing, exporting, producing, supplying, possessing, prescribing and record keeping that is required for the drugs in those schedules.

The implications for prescriptions

Gabapentinoids have been proposed and are likely to be included in Schedule 3. This is the same as tramadol, which was reclassified in 2014. Schedule 3

medicines are subject to prescription requirements which must be written indelibly and include the:

- prescriber's handwritten signature (except for some electronic prescribing systems)
- prescriber's address and the date the prescription is written
- name and address of the patient
- dosage form (e.g. capsules, tablets) even if it seems 'obvious' e.g. if the preparation is only available as tablets
- strength e.g. 300mg (this is not the same as dose which could be e.g. 600mg by taking 2x300mg)
- clearly defined dose e.g. 2 capsules three times a day – 'as directed' is not sufficient
- the total number of dosage units to be dispensed in word and figures. Note - this is the only bit that needs to be in words and figures, eg:

*Gabapentin capsules 300mg
600mg tds
Supply 168 (one hundred and sixty-eight) x 300mg capsules*

In truth, prescribing software takes the hard work out of the prescription requirements for most people. However, it is worth knowing what they are.

The main change

If or when schedule 3 requirements are implemented, prescriptions will only be valid for 28 days from the date on the prescription form. It is also strongly advised not to provide more than 30 days maximum supply per prescription without clear documented reasons in the patient's notes.

Changes other than prescribing

For pharmacists and those who dispense or administer the prescriptions, the Government decides to insist on safe custody requirements. If they do, then pharmacies, hospitals, nursing homes and

places where medicines are administered to people will need to keep gabapentin and pregabalin in controlled drug cupboards. Although a record of what is dispensed or administered is not legally required, many are more comfortable with keeping records as an additional safety check. Receipts for purchases from wholesalers and suppliers need to be kept for two years. Safe custody could have significant implications to pharmacies – the average price of a controlled drug cabinet is around £1000.

The important bit

For most people receiving gabapentinoids for legitimate medical reasons; introducing scheduling should

make little or no difference to their use of prescriptions.

The hope with this kind of change is normally to make prescribers think twice before putting pen to paper or fingers to keyboard. For people who have been on the medicines for more than six months, the change in legislation may encourage review of their use. Where possible, small reductions should be encouraged in order to see if people can achieve similar outcomes with less medicine.

Positive note: Deaths due to Tramadol have fallen from 2014 after change to classified Class C drug

Sleep and pain

For people with pain, sleep is very high on their list of priorities. Yet this is a much neglected area by most clinicians when looking to support people with persistent pain, writes Frances Cole

We found from Health Needs Assessment questionnaire* (HNA) used with over a 1000 people with pain that sleep is their third most important priority to change. The HNA questionnaire has 18 items of the impact of chronic pain for self assessment by the person of their current needs and priorities due to pain.

Yet most of us – including myself – just did not ask about it! And we omitted to ask about their 24/7 experience with pain too.

Below is a checklist of key tips for you to use when working with people with persistent pain:

Key tips on ways to support better sleep

1. Explore the person's sleep problems, both pain and not pain-related.
2. Check with the person which issues contribute now to their sleep difficulties and the **most important to change now**. Focus on other more changeable issues, rather than the pain itself.

Focussing on more changeable factors linked to sleep difficulties at this point often leads to positive health outcomes.

3. Useful sleep resource from www.ntw.nhs.uk/selfhelp enables the person to explore for themselves between one consultation and another.
4. Ask them to circle or write down three things from their exploration of resources, they are planning to do or have done.

Coming soon to the *Live Well with Pain* website



A new Sleep and Pain leaflet is in the planning stage. This is being designed to be used by people with pain to help them learn new ways to get a good night's sleep.

This resource will be published on the *Live Well with Pain* website, where it will be freely available to download, print and give to your patients.

We hope this will be available by mid April.

* You can download the HNA at livewellwithpain.co.uk/resources-for-clinicians/supporting-self-management/health-needs-assessment/

Statement on Opioid prescribing

Reason for concern

The number of people attending hospital with poisoning from opioids almost doubled to 11,000 between 2005-06 and 2015-16. Data from NHS Digital shows an increase in people attending hospital with poisoning from prescription opioids such as codeine, morphine, oxycodone and fentanyl, rising from 4,891 in 2005-06 to 11,660 last year in England (source: Hospital Episode Statistics (HES), NHS Digital. Note: 2016-17 data provisional).

The recent release of the death rate in the United States due to opioid use, prescribed or not, was 42,249 in 2016 (a 28% increase on 2015). It means that opioid overdose has contributed to a 0.1 year drop in life expectancy in men.

Note that here in the UK although the annual death rate for Tramadol overdose slowed between 2014 and 2015, that of fentanyl is increasing.

A timely statement

In light of these statistics, a recently released statement from the International Association for the Study of Pain (IASP) on the use of opioids is therefore very timely.

IASP's position statement makes clear that although opioids are indispensable for the treatment of severe

short-lived pain, recent prescribing patterns in the United States and Canada mean "the role of opioids in the treatment of chronic pain has come into question."

IASP's statement covers a number of aspects of opioid prescribing, and "recommends caution when prescribing opioids for chronic pain", especially in situations of continuous longer-term use, instead advocating "treatment strategies that focus on improving the quality of life, especially those integrating behavioural and physical treatments."

IASP's statement means that you can confidently share with patients that:

- **strong opioids are best in acute pain conditions e.g. post trauma etc, or in end of life care management**
- **their role in chronic pain is unhelpful in changing pain intensity and experience itself for most people. It is causing many problems, both side effects and long term harm, hence the need to reduce and where possible stop strong opioids.**

You can read the full IASP position statement on opioids at:

www.iasp-pain.org/Advocacy/OpioidPositionStatement

Pain Management Programme workbook new on the scene

There is a new handbook for Pain Management Programme (PMP) participants, co-produced by Patrick Hill a psychologist with 30 years' experience of self-management support programmes, Bethan Pitt a programme participant and graphic designer and Ricky Newman, an artist.

Designed to accompany a programme, this is not a standalone self-help book so the information has been kept to a minimum, as it is assumed that the background to areas



such as goal setting, activity or sleep management would be presented and discussed by the group facilitators.

The content and handbook format is being trialled in NHS Pain services in Bath and Bristol and programme participants have been described it as a positive development, particularly over loose-leaf handouts.

Samples, accompanying training materials and support available from:
patrick.hill@metronet.co.uk

Key features of the workbook:

- Portability – soft bound in A5 rather than A4
- Plain notebook style cover to encourage use in public
- Graphical presentation including a simple 'explain pain' – encourages interactivity
- Guides people straight to key actions for self-management
- Relaxation training CD
- Low cost (£4.99 or less for multiple copies)

Illustration: Ricky Newman



New member of the *Live Well with Pain* team – Eve Jenner

Live Well with Pain is a valued online source of tools and information to support clinicians in their work with people with pain. It is maintained and developed on a voluntary basis by experts in the field of pain self management.

This spring we are pleased to welcome Eve Jenner who brings her invaluable expertise to the *Live Well with Pain* team.

Eve is a Physiotherapist specialising in the management of chronic musculoskeletal pain. She has worked in Primary Care for over 25 years specialising in pain management since 2004 and appointed Consultant Physiotherapist in 2009. She worked as part of a community based multidisciplinary team delivering an assessment, treatment and self-management service for patients with chronic musculoskeletal pain to the ethnically and economically diverse population of East and North Birmingham.

Eve runs courses for health professionals to enable them to train and support people with chronic pain and other long-term health conditions to confidently self manage their problem and improve their quality of life.

She contributed to the DWP expert review panels on the work capability assessment and from July 2013 to March 2015 worked part time at the Chartered Society of Physiotherapy as a Professional Adviser.

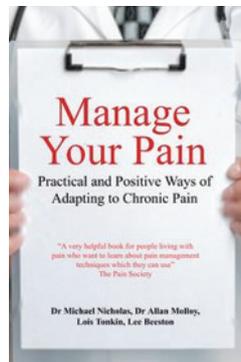
Eve was the Physiotherapy representative on the British Pain Society Pain Management Programme (PMP) Special Interest group from 2010-2011 and is a member of the BPS working group reviewing the guidelines for PMP for Adults.

Reading Well for pain

The Reading Agency has worked with the Society of Chief Librarians, with funding from Arts Council England and The Wellcome Trust, to develop a new Reading Well scheme for people with long term conditions and their carers.

The list covers conditions including diabetes, stroke and asthma, as well as common symptoms including pain and fatigue. As with the existing Reading Well schemes, health professionals can recommend titles on the list to their patients. The titles are also available for anyone to borrow – for free – from their local public library.

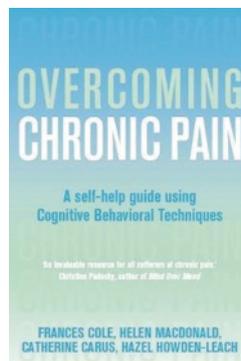
The Reading Well for Long Term Conditions list has a section dealing specifically with pain. This features the following titles:



Manage Your Pain: Practical and Positive Ways of Adapting to Chronic Pain

Nicholas Michael, Allan Molloy, Lee Beeston

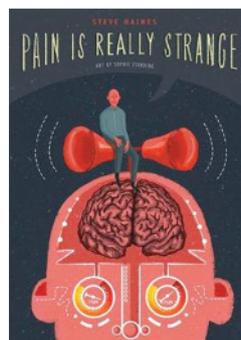
Manage Your Pain is recommended by IAPT (Improving Access to Psychological Therapies) and the British Pain Society. The book is written for patients and uses straightforward language to explain pain management tips in a clear way that is suitable for all reading levels.



Overcoming Chronic Pain: A Self-Help Guide Using Cognitive Behavioral Techniques

Frances Cole, Hazel Howden-Leach, Helen Macdonald, Catherine Carus

This CBT-based self-help book builds on highly effective methods developed by specialists and used in community and hospital pain-management programmes. With clear aims set out in each chapter and easy to follow diagrams, this book is suitable for all reading levels.



Pain is Really Strange

Steve Haines, Sophie Standing

Answering questions like 'how can I change my pain experience?', 'what is pain?', and 'how do nerves work?', this scientifically-based, detailed, and gently humorous graphic book reveals just how strange pain is and explains how understanding it is often the key to relieving its effects.

Find out more about the Reading Well scheme at reading-well.org.uk/books/books-on-prescription/long-term-conditions/pain

Self managing pain – one footstep at a time

10 Footsteps to Live Well with Pain is a brand new resource on the **Live Well with Pain** website.

It is designed to print out and give to your patient along with a patient-focused task to explore it between consultations. They can then share with you which steps they chose to help manage their pain.

Remember: all patient behavioural change happens between one consultation and the next, so set them up well with statements like “I will be really curious to see what you discover from this tool.”

Download *10 Footsteps* at:

livewellwithpain.co.uk/resources-for-your-patients/information-and-worksheets/ten-footsteps/

Useful course on gaining skills to support self care

Enabling Self Care runs very useful one or two day courses on acquisition of key knowledge, skills and resources to support people self management pain and long term conditions.

Please explore their site for the next course in April 2018:

www.enablingselfcare.com

Book review

The 10-minute consultation: persistent pain

Eds. Martin Johnson, Ann Taylor
Cedilla Publishing Ltd, 2015

The book, written mainly for GP consultations, contains a wealth of information on a practical biopsychosocial approach to managing persistent pain.

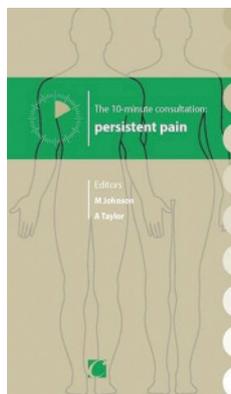
Dr Martin

Johnson RCGP

Clinical Lead for Pain and Ann Taylor, Reader at Cardiff School of Medicine edited many contributions from pain management practitioners, GPs and people with pain to compile a valuable resource.

The focus of the book is a pragmatic approach to better and earlier management of persistent pain within a biopsychosocial model and linked into national guidelines including the British Pain Society Map of Medicine Pathways.

A useful book for all clinicians and self management support practitioners.



Live Well with pain

About *Live Well with Pain*

Live Well with Pain is a collaborative project, led by Dr Frances Cole, Emma Davies and Eve Jenner, with support from other clinicians.

Live Well with Pain is for clinicians who want to develop their patients' self confidence to live well with pain through better knowledge, skills and resources to guide them.

Developed and maintained by clinicians, for clinicians, *Live Well with Pain* has an online presence at livewellwithpain.co.uk where clinicians can access a wealth of resources for free, to use with their patients who are experiencing persistent pain.

Support *Live Well with Pain*

Live Well with Pain is a completely free resource, developed by clinicians who have given their time and expertise freely to support best practice in pain self management.

Maintaining and developing the website takes time and money. If everyone who finds it useful helps to support it, the future for *Live Well with Pain* will be secure.

Donating only takes a moment, and even a small amount will help ensure *Live Well with Pain* continues to develop as a valued, free source of knowledge, skills and tools by and for clinicians working with persistent pain.

To make a donation, go to:

livewellwithpain.charitycheckout.co.uk

www.livewellwithpain.co.uk

... and coming up next on the *Live Well with Pain* website

Over the forthcoming three months we will be adding exciting new functionality and resources to the site:

- new resources for patients and clinicians
- a 'Trip Advisor' type function which will allow you to rate how useful you have found the site's resources in supporting your work with people with pain
- managing medication reviews with patient's use of a self completion tool. This tool guides their discovery of the effects of their medicines for pain symptoms, including benefits and harms.

Your input to guide the content of the site is crucial. As always, 'you suggest and we do!' So please keep sharing with us your ideas for knowledge, skills, resources and tools to support self management.

Get in touch with your feedback and suggestions: info@livewellwithpain.co.uk