

Citation: BLAKE, H, LEIGHTON, P, VAN DER WALT, G and RAVENSCROFT, A, 2014. Prescribing opioid analgesics for chronic non-malignant pain in general practice - a survey of attitudes and practice In: Proceedings of the 10th UK Society for Behavioural Medicine Annual Scientific Meeting, 3-4 December, Nottingham. Prize-Winning Poster (Highest Scoring Abstract & Best Poster Prize).

Prescribing opioid analgesics for chronic non-malignant pain in general practice - a survey of attitudes and practice.

Holly Blake¹, Paul Leighton¹, Gerrie van der Walt², Andy Ravenscroft⁰

¹*University of Nottingham, Nottingham, UK,* ²*Nottingham University Hospitals NHS Trust, Nottingham, UK*

Background: This study replicates a previous postal survey of general practitioners to explore whether attitudes to opioid prescribing have changed at a time when the number of opioid prescriptions issued in primary care has increased.

Methods: With permission, a 57-item survey instrument previously utilised with GPs in the South-west of England was circulated to 214 general practitioners in city-centre practices in the East Midlands. Survey addressed practice context, prescribing patterns and attitudes about analgesic medication; items specifically sought data about prescribing frequency and reluctance to prescribe.

Results: Responses were received from 94 GPs (45%). 72.7% reported that they sometimes or frequently prescribe strong opioids for chronic non-cancer pain. 67.8% reported that they were sometimes or frequently reluctant to prescribe strong opioids for chronic non-cancer pain. Data displays no significant correlation between frequency of prescribing and a range of demographic factors; however, concerns -' do correlate with less frequent strong opioid prescribing. Data shows that these, and other factors, correlate with greater reluctance to prescribe opioids.

Conclusions: Opioid prescribing is more frequent than previously reported, but increased frequency does not translate into less reluctance about prescribing. GPs recognise effectiveness of opioids but raised concerns about addiction, dependence and misuse, which contribute to a reluctance to prescribe strong opioids. There is potential benefit for dedicated guidelines or specialist education to address general practitioners' uncertainties.