Title: Are we prescribing fentanyl patches safely?

Problem: The aim of this study is to assess the current practice of prescribing fentanyl patches on repeat prescription. This will look at the indications for prescription and the length of time for which the patches have been issued on repeat. We also aim to review the frequency of monitoring of this subset of patients as well as the quality of the medication review, in terms of discussing pain control. Given the increasing use of opioid medication and associated negative effects, studying their use in the community is a logical first step.

Approach: A database search of SystmOne was carried out to identify all patients registered with Lakeside healthcare group who had fentanyl transdermal patches issued as repeat prescriptions (n=35). The relevant data was gathered from the journal of electronic patient notes. Parameters included: age, indication for fentanyl patches; first issue date; other pain medications issued on repeat prescription; date of last medication review, and its adequacy. The latter was assessed in terms of whether opioid use and pain control was discussed and documented. The Royal College of Anaesthetists (RCOA) opioid prescribing guidelines were used as standards.

Findings: Almost half of patients (49%) had not had a medication review documented within the previous 6 months. Only 26% of patients had a documented discussion of pain symptoms at their most recent medication review. This indicates that our monitoring of these patients is well below standard. Only one patient was using patches in a palliative setting, with a significant number of patients prescribed fentanyl patches for indications in which their use is supported by little evidence, including fibromyalgia (26%) and osteoarthritis (28%). 91% of patients had additional analgesic medication on repeat prescription, with 31% using 3 or more other painkillers on a regular basis suggesting pain is not well controlled. 86% of patients had been using fentanyl patches for over 5 years.

The main limitation of these findings are the assumptions that have been made based on SystemOne notes, in that only events or conversations that have been documented can be reported. Given the importance of documentation with the growing litigation culture, I am fairly confident that this does not majorly impact the findings.

Implications: The major issue arising is the infrequent and nonspecific medication reviews in these patients. Given that the majority of patients were also using patches for indications other than their primary use and requiring additional analgesia, the importance of this is even greater. Primary care has the greatest scope for ongoing contact with these patients and so is a key setting to implement positive changes with high benefit:cost ratio.

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