

Priority Topic: CHRONIC PAIN

Key Features:

Non à la douleur chronique! Comment la prévenir dès la première visite? – Le Médecin du Québec 2020

La douleur musculosquelettique chronique en gériatrie : Soulager sans nuire! – Le Médecin du Québec 2019

Key website: [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)

1. In a patient with [chronic pain](#):
 - a) Establish the [etiology](#).
 - b) [Reassess](#) and [periodically review](#) the etiology (e.g. previously undisclosed abuse, evolution of the underlying cause).
 - c) [Periodically look](#) for potential [comorbidities](#) or [complications](#), particularly [mental illness](#), and [addictions](#).

What you should study:

- ✓ [Practical approach to a patient with chronic pain of uncertain etiology in primary care – Journal of Pain Research 2019](#)
- ✓ [Chronic Nonmalignant Pain in Primary Care AAFP 2008](#)

2. In a patient with **chronic pain** who complains of **significantly increased pain**, search for an **alternative etiology** (e.g. malignancy, addiction, diversion) as **you cannot assume** that the **original cause** of the pain **is the reason for the exacerbation**.

What you should study:

See documents in key feature 1 and:

✓ [CMPA Good Practices Guide – Common Cognitive Biases](#)

3. In a patient in whom **you did not make the initial diagnosis of chronic pain** :

a) Establish an **effective relationship**.

b) Verify the **diagnosis**.

c) Clarify **goals of treatment and plans for management** .

4. In **managing** a patient with **chronic pain**:

a) Use **shared decision-making**.

✓ [Patient-Centered Communication - Basic Skills AAFP 2017](#)

✓ [Teaching Shared Decision Making CFP 2019](#)

b) **Engage other professionals** in this care **when appropriate**.

5. In a patient with **chronic pain**:

- a) **Comprehensively** document the **assessment, plan, goals, and prescription** details.
- b) Make the treatment plan **appropriately accessible** (e.g. to the patient, team members, emergency department, on-call doctors, pharmacy).

What you should study:

- ✓ [Chronic Pain HQ Ontario](#)

6. When **prescribing medications with abuse potential** in a patient with **chronic pain** where you have **no established relationship or insufficient records**, be **prudent** in your **prescribing** (e.g. limit doses, document reasons, check for double doctoring). **Do not simply provide or refuse to prescribe**.

What you should study:

- ✓ [Guideline for opioid therapy and chronic noncancer pain CMAJ 2017](#)
- ✓ [Simplified guideline for prescribing medical cannabinoids CFP 2018](#)
- ✓ [Guideline for Prescribing Opioids for Chronic Pain CDC](#)
- ✓ [Preventing the Misuse of Opioids CMPA 2015](#)
- ✓ [Canadian Guideline for Opioid Use for Pain - Appendix B-2: Opioid Risk Tool](#)
- ✓ [Cluster 5: Managing Opioid Misuse and Addiction in CNCP Patients – Prescription Fraud](#)

7. Use a [written treatment contract with realistic consequences](#) (e.g. limiting prescribed quantities/carries) [when prescribing medications with abuse potential](#) to a patient with chronic pain.

What you should study:

- ✓ [Canadian Guideline for Opioid use for Pain - Appendix B-5: Sample Opioid Medication Treatment Agreement](#)
- ✓ [Canadian Guideline for Opioid use for Pain – Managing Opioid Misuse and Addiction in CNCP Patients – Patient Unacceptable Behaviour](#)
- ✓ [Demonstration Video – Administering a Narcotic Contract \(Drexel Med\)](#)

8. When a [patient](#) with chronic pain [has breached a contract](#) :

- a) Manage your [own emotions](#).
- b) Address the [possible impact](#) on your staff and team.
- c) [Apply or judiciously amend the contract](#) (e.g. not putting a patient into immediate withdrawal).

What you should study:

- ✓ [The medical-legal risks of opioid therapy CMPA 2018](#)
- ✓ [Suspect unlawful activity with prescriptions or medications? Here's how to respond CMPA 2018](#)

9. In a patient with [chronic pain and addiction](#) who presents with a [destabilization of behaviour](#), carefully identify the [etiology](#) and [contributing factors](#) to [adapt your management plan](#).

What you should study:

- ✓ [Canadian Guideline for Opioid Use for Pain – Appendix B-10: Aberrant Drug-Related Behaviours Resources](#)