

# Program to address opioid prescribing for lung, head and neck cancer patients

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The University of Illinois at Chicago has received a grant from the Coleman Foundation to develop a screening process for prescribing opioids and managing opioid use disorders in cancer patients who receive care at UI Health, UIC's clinical health enterprise.

More than 70% of [cancer patients](#) use opiates following [radiation treatment](#), said Dr. Lawrence Feldman, UIC professor of hematology/oncology at College of Medicine and principal investigator.

A significantly higher rate of opiate use is seen in patients receiving chemotherapy, who actively smoke, use alcohol, or have head and [neck cancer](#), he said.

"Patients treated with radiation for more than four weeks have high rates of opiate use a year after completing treatment," said Feldman, who is also a member of the University of Illinois Cancer Center. "About 39% of cancer survivors experience [chronic pain](#) once their treatment is finished, and up to 10% of survivors have [severe pain](#) that interferes with their lives years after their care has ended.

"Pharmacotherapy, which is often opioid-based, is the primary method used to treat chronic oncologic pain and is often associated with significant adverse effects such as sedation, constipation, tolerance and risk for addiction."

The \$300,000 grant-funded program will be initiated in UI Health's lung,

head and neck oncology clinic, as those patients have a higher rate of previous or current substance use disorders. Feldman and his colleagues will develop a process to screen patients for opioid use disorder in partnership with addiction experts at UI Health Mile Square Health Center, a network of federally funded community health centers.

Patients who are at risk or currently using opioids will be connected with trained [health care professionals](#) at Mile Square who can provide addiction services alongside [primary care](#).

"Cancer and addiction are both complex health care issues that require multidisciplinary care," said Dr. Nicole Gastala, assistant professor of clinical medicine and co-investigator. "We know that patients who experience these diseases simultaneously are particularly vulnerable, and by bridging the gap between oncology services and other primary care services like addiction treatment, we can give our patients their best chance at health and well-being."

More than 15.5 million cancer survivors live in the United States, with many continuing to suffer from the effects of cancer, long after completing treatment. While opioids are the most favored treatment for managing cancer-related pain, patients are rarely screened for overuse of the medication, and there are limited studies evaluating the abuse, Feldman said.

The lack of training in screening and treatment of opioid use disorder in medical school and residency has resulted in underdiagnosis and inadequate access to care for patients who suffer from addictive disorders, Feldman said. Barriers to treatment of opioid abuse disorder include a lack of awareness of effective screening tools and medications for treatment, low clinician confidence in addressing and managing opioid use disorder, lack of availability of addiction services, time constraints, resistance from practice partners, and a lack of institutional

support.

The U.S. Centers for Disease Control and Prevention created guidelines for opioid prescribing but they are for primary care clinicians prescribing the drugs for chronic pain outside of active cancer treatment and palliative care, Feldman said.

"With the recent improvements of [cancer](#) treatments, patients are living longer and oncologists need to understand how best to screen for current opioid use/abuse, prevent opioid abuse in the future, and co-manage these high-risk patients with primary care physicians who are knowledgeable with [opioid](#) use disorder and chronic pain management," he said.

Provided by University of Illinois at Chicago

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