

# New Australian back pain trial reduces use of addictive opioid painkillers

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A new trial in NSW has resulted in an up to 24 percent reduction in the number of prescriptions issued for opioids to patients with acute back pain in emergency departments.

The results, published in *BMJ Quality and Safety*, could transform the way patients with back pain are treated at hospitals across Australia and help tackle the growing [opioid](#) crisis.

The randomized trial was conducted across four NSW emergency departments and was led by researchers and clinicians from the Institute for Musculoskeletal Health, University of Sydney and Sydney Local Health District. The trial, which included almost 4500 patients from Royal Prince Alfred, Canterbury, Concord and Dubbo hospitals, involved training about 300 clinicians in assessing, managing and referring patients with acute back pain without necessarily prescribing opioids, and providing alternatives including other medicines and heat wraps.

Real time feedback of prescription use was also provided to clinicians using Qlik Sense technology.

At Canterbury Hospital, opioid use fell dramatically from 61 percent of patients being given prescriptions to 37 percent over the four-month trial.

Importantly, there was no increase in pain levels for patients, or any drop in satisfaction with care from patients despite clinicians giving out fewer opioid painkillers.

"Every year thousands of Australians are unnecessarily being prescribed opioid painkillers which can cause addiction, overdose and in some cases even death," said lead author Dr. Gustavo Machado.

"Patients turn up at emergency departments often in incredible pain and discomfort and receive a highly addictive painkiller. It's meant to be just a short-term fix but in reality, a month later a third of patients are still taking these pills.

"Emergency departments are incredibly busy places and there is a huge pressure on clinicians to treat people as quickly as possible. Unfortunately, there is no easy fix for acute back pain but providing opioids has a lot of downsides.

"Our trial has demonstrated that there is a safer way to treat acute back pain that can easily be adopted by hospitals across the country. With back pain often being a leading reason people visit emergency departments, this new strategy could result in millions of scripts being handed out each year and help tackle the global opioid epidemic.

## Key Results

- Across the four hospitals there was a 12 percent decrease with opioid use—from 63 percent to 51 percent. Canterbury Hospital recorded the largest drop of 24 percent.
- There was no increase in pain levels for patients, or any drop in satisfaction with care from patients despite clinicians giving out fewer opioid painkillers.

Dr. Eileen Rogan, senior emergency physician and the Director of Medical Services at Canterbury Hospital, said: "It's clear there is a better model of care to help people with back pain, and one that does not rely so heavily on opioid painkillers. Our main aim is to make people better, and alleviate their [pain](#), not unwittingly place them on a path to addiction.

"Our physicians and nurses embraced this trial because they could see the positive results almost immediately. Patients were happy; they were receiving better care in the [emergency department](#); getting follow-up care if needed and there was an important drop in the amount of opioid painkillers used."

Dr. Bethan Richards, Head of Rheumatology at Royal Prince Alfred Hospital, added: "A key aspect of the trial was ensuring clear communication and education of [patients](#) as well as fast track referrals to outpatient services including physiotherapy, primary care, and specialist back clinics when required.

"This trial has significantly changed the way our staff both approach and manage people with [back pain](#). Clinicians have a greater understanding of the unseen harms that can come from prescribing opioids in emergency departments and a new confidence that using alternatives can deliver just as effective and much safer care."

**More information:** *BMJ Quality and Safety* (2021). [DOI: 10.1136/bmjqs-2020-012337](#)

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