Health service and medicine utilisation by people living with chronic non-cancer pain whilst using opioids: A 5-year prospective observational study

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The Difference is Research

Background

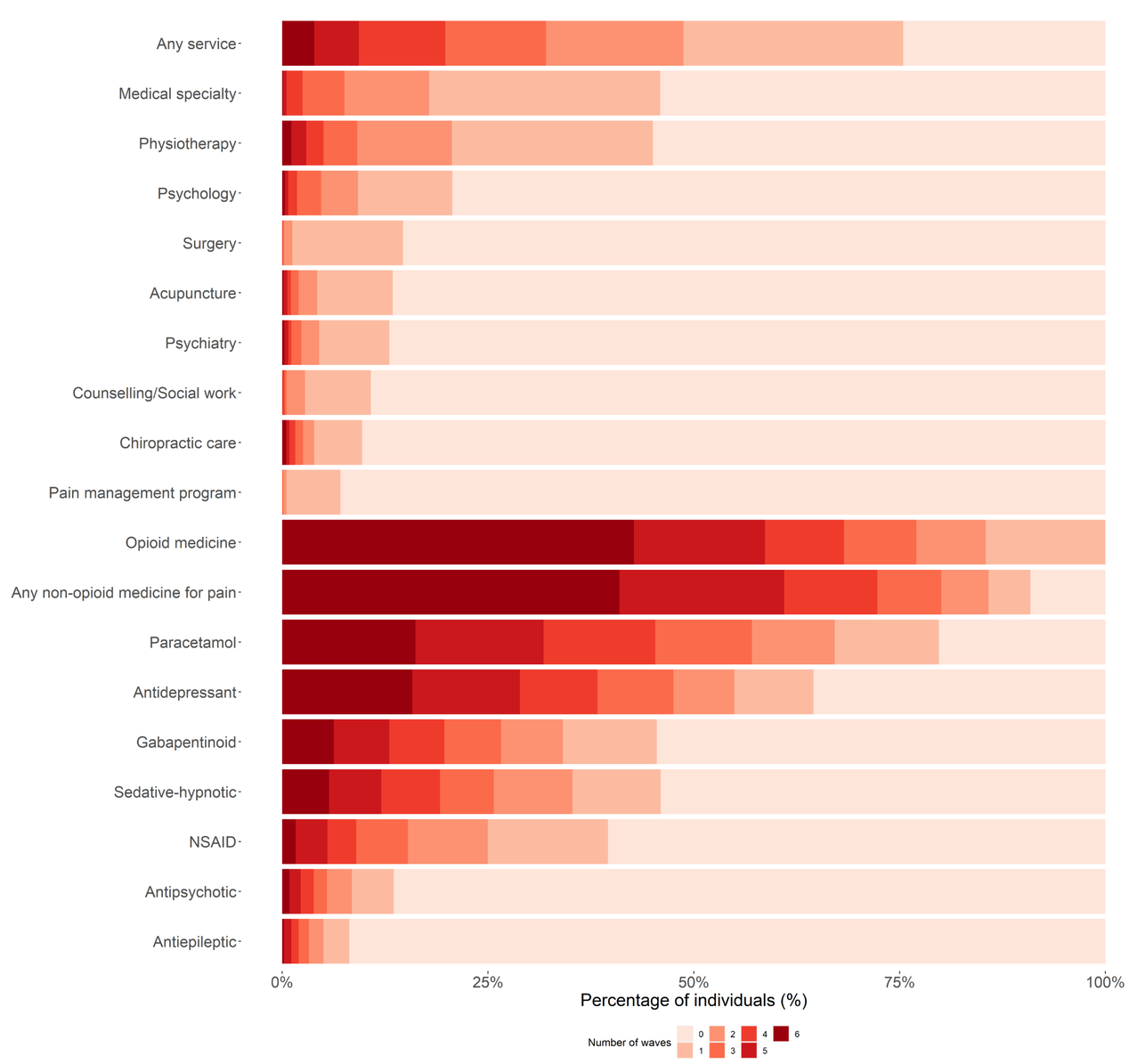
- Guidelines recommend multimodal management for chronic non-cancer pain (CNCP) including use of non-pharmacological health services.
- Understanding health service and medicine use among people using opioids for CNCP is essential to inform service planning.

Aims

- To describe health service and medicine utilisation by people using opioids for CNCP over five years.
- To determine factors associated with health service use.

Despite evidence demonstrating the effectiveness of **non-pharmacological services** for pain, they **are not accessed as frequently and consistently as medicines** for chronic non-cancer pain

Figure 1: Health service and medicine use by people taking opioids for CNCP, by waves accessed



NSAID: non-steroidal anti-inflammatory drug; Antiepileptics exclude gabapentinoids

Methods

- The **Pain and Opioids IN Treatment (POINT)** cohort study included 1514 Australian adults using opioids >6 weeks for CNCP.
- Participants were recruited from community pharmacies.
- Participants were interviewed at baseline and annually for 5 years (6 waves).
- Past 30-day health service use for pain was collected at each wave.
- Past seven-day medicine use was collected at each wave including analgesics and adjunctive medicines for pain.
- Associations were explored between service use and sociodemographic characteristics, and pain measures

Results

- Overall, 75% of participants reported attending a service.
- Non-opioid medicines were used by 91% of participants.
- Most services were used at one or two waves, 4% of participants used a service at six waves.
- Medicines were used at six waves by 41% of participants.
- The odds of health service use decreased with age (years, adjusted odds ratio (aOR) 0.99, 99.5%CI 0.98-0.99).
- Private health insurance was associated with increased service use (aOR 1.70, 99.5%CI 1.37-2.11).
- Service use increased with pain interference (Moderate interference: aOR 1.71, 99.5%CI 1.23-2.38; Severe interference: aOR 2.15, 99.5%CI 1.49-3.09).

Implications

- Lower use of services may reflect barriers to service access and multidisciplinary care for pain in Australia such as cost.
- Access to services must be prioritised for older people and those without private health insurance.
- The extent to which pain interferes with activities should be considered when planning care for people with CNCP.

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