

# GPs and management of chronic noncancer pain: influences on opioid deprescribing

There is limited data addressing GPs' beliefs about deprescribing opioids and what influences their decisions to deprescribe different types of POAs.

## Introduction:

A cross sectional survey was conducted to determine the proportion of GPs who hold attitudes congruent with local pain stewardship, describe their deprescribing decisions, and determine whether type of POA influences deprescribing.

## Methods:

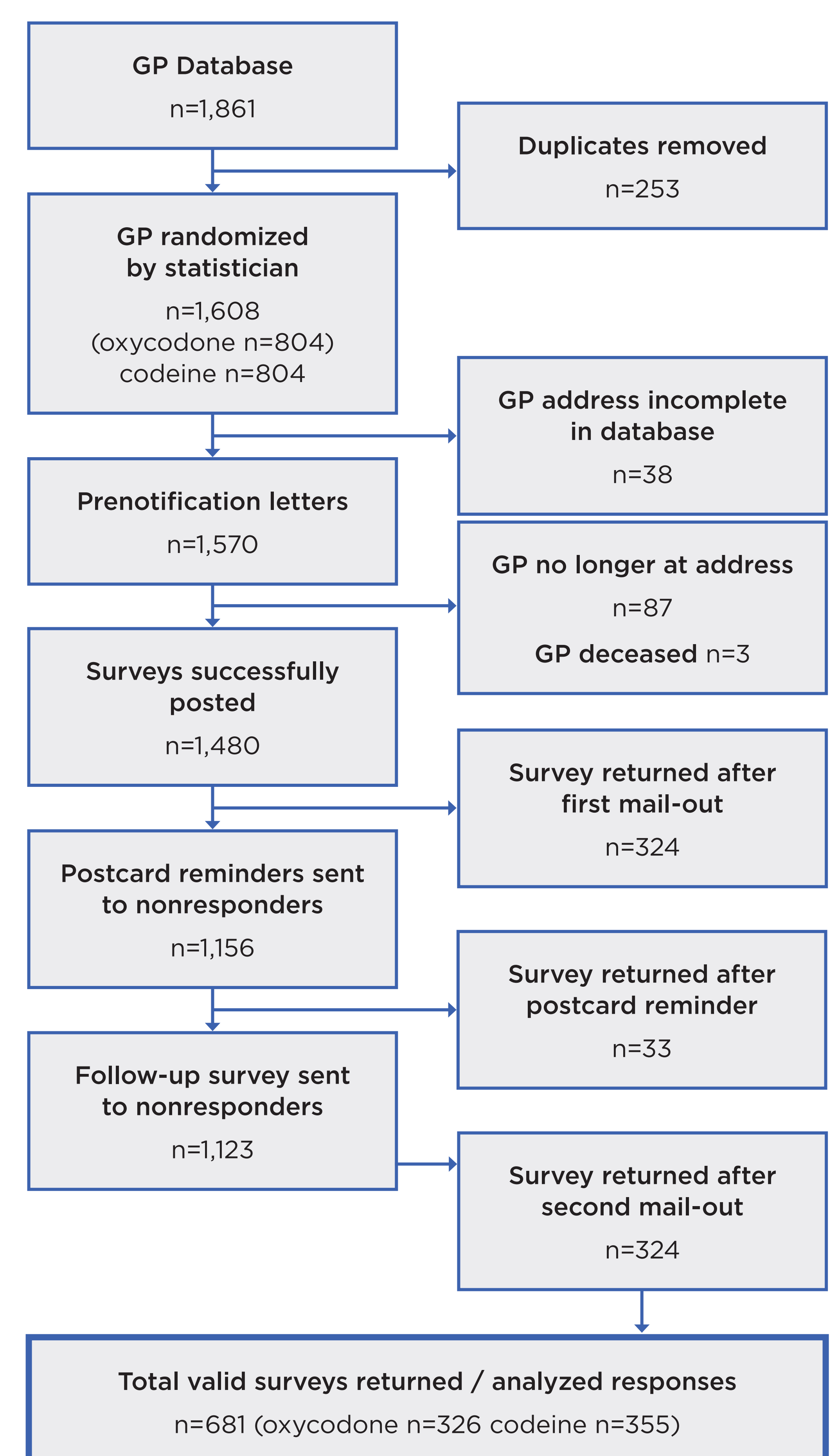
The survey was undertaken in a mixed urban and regional primary health network (PHN) in Australia. A mailed self-report questionnaire assessed agreement with local guidelines for treating CNCP; influences on deprescribing POAs and likelihood of deprescribing in a hypothetical case involving either oral codeine or oxycodone.

## Results:

Over 700 GPs responded with half (54%) agreeing d POAs should be reserved for people with acute, cancer pain or palliative care. A third (32%) did not agree that a medication focus has limited benefits for peoples' long-term quality of life and function. Most (77%) GPs were less likely to deprescribe when effective alternate treatments were lacking. A significantly higher proportion of GPs reported being very likely to deprescribe codeine compared to the equivalent opioid dose of oxycodone for a hypothetical patient.

## Discussion:

Many GPs in the PHN hold attitudes at odds with local guidance that opioids are a non-superior treatment for CNCP.



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