



## ALERT FOR PHYSICIANS/PHARMACISTS

# interior health

From your Medical Health Officers

**October 9th  
2012**

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- PRESCRIPTION OPIOID  
OVERDOSE DEATHS**

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### PRESCRIPTION OPIOID OVERDOSE DEATHS OF PERSONS WITH CHRONIC PAIN IN THE INTERIOR HEALTH REGION.

It has recently come to our attention that the rate of non-illicit, non-methadone, prescription opioid overdose deaths in the Interior Health (IH) region each year is almost twice that of the rest of British Columbia (2.7/100,000 persons versus 1.7/100,000 persons,  $p < 0.05$ )<sup>1</sup>. That is about 21 prescription opioid overdose deaths per year, or 2 per month. The rate is similar to that of BC residents killed in motor vehicle accidents involving alcohol in any given year (between 2-3/100,000 persons).<sup>2</sup>

By reviewing coroner files from 2006 through 2011, we have created a profile of those persons at greatest risk:

- MOST are accidental versus suicide (86%), most occur in persons under the age of 60 (87%), most have a documented source of chronic pain (82%), and almost half have a documented co-morbid mental health diagnosis (45%).
- ALMOST ALL are taking at least one other non-opioid class of medications with neurological effects/side effects in combination with an opioid (93%), and many two or more (70%). These classes included antidepressants, benzodiazepines, antipsychotics, anticonvulsants, antiemetics, or antispasmodics.
- MANY are taking more than one medication within a given non-opioid class (30%).
- Most are NOT taking a high dose of prescription opioid >200mg oral morphine equivalent.
- Multi-doctoring is NOT a identified risk factor: almost all are taking medications prescribed by a single doctor or clinic.
- The overdose death rate is NOT significantly different between HSDAs (TCS, Okanagan, Kootenay Boundary, East Kootenay) or population density (urban, rural, remote).

Our current hypothesis is that in some individuals, adjuvant medications (particularly those with sedative effects) may contribute to respiratory depression at the time of death. We do not yet know why the rate is higher in IH than the rest of the province.

Based on the information available to us at this time, and in consultation with the CPSBC and the CPBC, we are recommending the following to all Interior Health region providers who prescribe and/or dispense opioid medication:

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- Complete a chart review of your chronic pain patients who take opioid medications (relevant fee codes: GPSC MH or CDM for physicians, RX– MR/PC/S/F pharmacists).
- Avoid opioid and sedative combinations where possible, lower the number of drugs within a class where appropriate, continue to follow the low dose opioid guidelines for non-cancer chronic pain<sup>3</sup>.
- Support your patients to self-manage their prescriptions appropriately and carefully by providing education and helpful tools (eg. pamphlet below, bubble-pack).
- Consider participating with your patient in BCCDC's Take Home Naloxone (THN) Program, which is available for both illicit and non-illicit opioid users. [towardstheheart.com/naloxone](http://towardstheheart.com/naloxone)

We are continuing to look at the data available to us in more detail, and will be completing a more in-depth review of Pharmanet records for all identified cases. Our office will keep you abreast of any new and/or updated findings. More detailed information is available at the Interior Health MHO Update Website.

References:

- The British Columbia Coroners Service: a perspective on prescription opioids, Pederson et al., Canadian Society of Addiction Medicine (CSAM), 2011.
- BC Coroner's Service Motor Vehicle Incident Deaths 2002-2011, Ministry of Justice, Province of British Columbia, 2012.
- Canadian Guidelines for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, National Opioid Use Guidelines Group (NOUGG), 2010. Website: [nationalpaincentre.mcmaster.ca/opioid/](http://nationalpaincentre.mcmaster.ca/opioid/)



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**Interior Health FOR PATIENTS: MEDICAL HEALTH OFFICER ALERT**  
**Persons with chronic pain taking opioid prescriptions**  
**may be at risk of accidental overdose.**

Persons taking opioid prescriptions may be at risk for accidental overdose with serious consequences, including death.

***Does this affect me?***

This can affect persons with chronic pain taking BOTH:

1. OPIOIDS including: Morphine, Oxycodone, Hydromorphone, Fentanyl, Codeine
2. OTHER medications including: Anti-depressants, Sedatives (including benzodiazepines and sleep aids), Anti-psychotics, Anti-nausea drugs, Anti-seizure drugs, Muscle relaxants.

Not all pain medications carry the same risk. Your doctor will determine the best combination for you.

***What should I do?***

1. NEVER modify the dosing of any medication without seeking advice of your doctor.
  2. DO NOT stop taking your medications unless advised by your doctor.
  3. Read the information given with your medication carefully and if you don't understand, ask questions to your doctor or pharmacist.
  4. You may wish to make an appointment with your doctor or visit your pharmacist to review your medication if you are taking opioids and other medications.
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