Proactive clinical review of patients taking opioid medicines long term for persistent pain led by clinical pharmacists in primary care teams (PROMPPT): a non-randomised mixed methods feasibility study - PubMed

ABSTRACT

Abstract Background: Given the poor long-term effectiveness of opioids for persistent non-cancer pain, and their potential for harm, evidence-based interventions to address opioid overprescribing for persistent pain are needed. This study aimed to explore the acceptability and feasibility of a primary care practice pharmacist-led intervention (PROMPPT review) for patients prescribed opioids for persistent pain and the feasibility of evaluating PROMPPT in a definitive trial. Methods: A single-arm study, with mixed methods process evaluation, was conducted in four English primary care practices. Adults prescribed opioids for ≥ 6 months were invited to participate in the Management of Opioids and Persistent Pain (MOPP) study by completing baseline and 3-month follow-up questionnaires. Practices invited a representative sample of MOPP participants to schedule a PROMPPT review, eight of which were audio-recorded. Following the review, pharmacists completed intervention delivery templates, and participants were sent an Acceptability Questionnaire and invited to consent to an interview. Results: Between November 2020 and May 2021, 148 participants were recruited to the MOPP study. Of these, 123 (83%) completed 3-month follow-up. Of 88 MOPP participants invited for a PROMPPT review, 80 (91%) attended. The review was rated completely acceptable or acceptable in 90% (45/50) of acceptability questionnaires returned. Overall, participants interviewed (n = 15) perceived the review as a good idea and recommended it to others; they preferred face-to-face consultations. Prior to the review, they reported mixed feelings, including feeling 'pleased' to be invited and 'grateful' someone was taking an interest, alongside concerns about what would happen during the review, including opioids being stopped and changes being detrimental. Following the review, those with a clear plan for follow-up/access to the pharmacist felt reassured about making changes to their pain medicines, whilst those advised to arrange follow-up as needed were less satisfied and more likely to report confusion about the plan. Conclusions: PROMPPT reviews appeared acceptable to patients, review uptake was high, and the study demonstrated the feasibility of a large definitive trial to evaluate PROMPPT. The review invitation, patient information, and pharmacist training were refined based on the findings ahead of a large cluster randomised controlled trial. Trial registration: ISRCTN, ISRCTN87628403 , registered 31 July 2020. Keywords: Acceptability; Chronic pain; Mixed methods; Opioids; Process evaluation; Tapering.

CONFLICT OF INTEREST

Conflict of interest statement Declarations. Ethics approval and consent to participate: Ethical approval was provided by the UK Health Research Authority (HRA) and Health and Care Research Wales (HCRW), REC Reference: 20/NS/0067. Participants gave written consent to take part in the questionnaire studies and interviews. Consent for publication: Not applicable. Competing interests: Some authors have roles and/or other current grant funding from the National Institute for Health and Care Research (NIHR), which is the funder of this study. C. D. M. and A. A. are NIHR Senior Investigators, and CDM is director of the NIHR School for Primary Care Research. CJ is a steering committee member of the NIHR Incubator for Applied Health and Care Methodology. CDM, CJ, NC, and CW are part funded by the NIHR Applied Research Collaboration West Midlands. CJ and SW are NIHR funding panel members, and CW is an NIHR Research Support Service Advisor. JA, SAH, CW, EN, GL, TH, SJ, JK, CDM, AA, RK, TP, SW, and CJ have active and/or completed research awards from NIHR. RK is currently President of the British Pain Society and a member of the UK Government Advisory Council on the Misuse of Drugs. AA is National Clinical Director for Prescribing for NHS England. The other author declares no competing interests.
