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Evidence-Based Clinical Practice Guideline for Deprescribing Opioid Analgesics

Technical Report



THE UNIVERSITY OF
SYDNEY

The Population, Intervention, Comparison, Outcome (PICO) for each key clinical question is presented in [Box 1](#) and [Box 2](#). We intentionally kept the search strategy broad, placing no restrictions on the type of pain (acute, chronic, cancer survivor, end-of-life), characteristics of participants (abilities, concomitant use of medicines) dose or duration of opioid use or intervention. Key clinical question 1 addressed outcomes of opioid deprescribing regardless of approach, whereas key clinical question 3 focussed patient focussed deprescribing interventions, which aim to reduce opioid use through condition or behaviour, or providing them with an alternate treatment approach.

Box 1. Key clinical question 1 and 2 PICO

Population	People (aged 18 years old) who are currently prescribed an opioid (buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, oxycodone with naloxone, pethidine, tapentadol and tramadol) for pain relief / management.
Intervention	Opioid deprescribing (attempted discontinuation with or without reduction)
Control	Opioid continuation
Outcome	Reduction in opioid use (morphine milligram equivalent daily dose (OMEDD)) Function, Pain, Quality of life, Adverse events

Box 2. Key clinical question 3 PICO

Population	People (aged 18 years old) who are currently prescribed an opioid (buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, oxycodone with naloxone, pethidine, tapentadol and tramadol) for pain relief / management.
Intervention	Any patient focused intervention to facilitate opioid deprescribing (attempted discontinuation with or without dose reduction)
Control	Continuation of opioid or alternative intervention
Outcome	Reduction in opioid use (morphine milligram equivalent daily dose (OMEDD)) Function, Pain, Quality of life, Adverse events

Methods used to develop evidence-based recommendations

Guideline development (summarised in [Figure 1](#)) involved i) qualitative stakeholder perspective research with healthcare professionals and persons taking opioids, ii) systematic evidence retrieval and synthesis, and the use of the GRADE process to assess the certainty of the evidence, iii) utilisation of an evidence-based decision framework to systematically consider the certainty of the evidence, the risks and benefits of deprescribing and opioid continuation.

