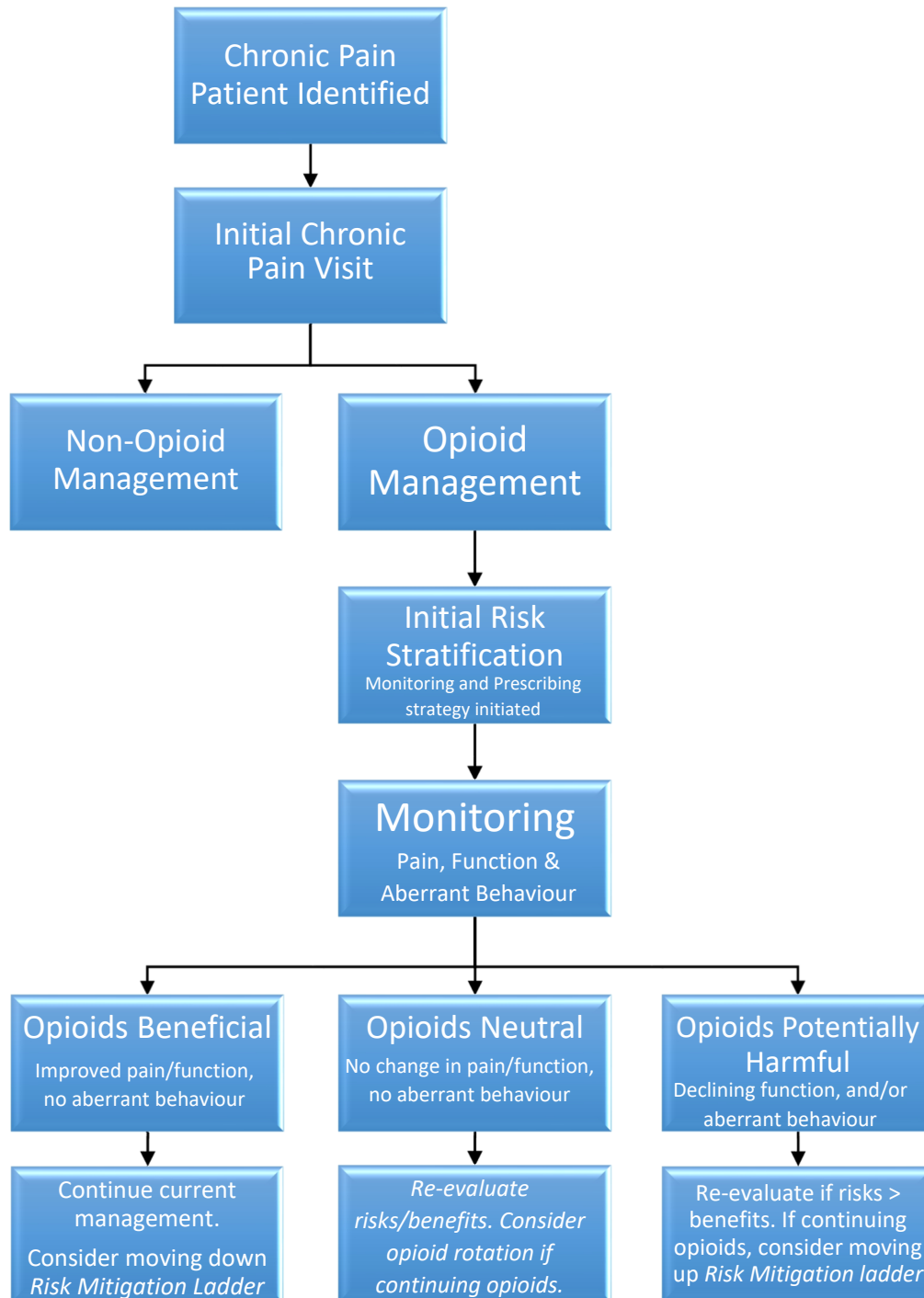
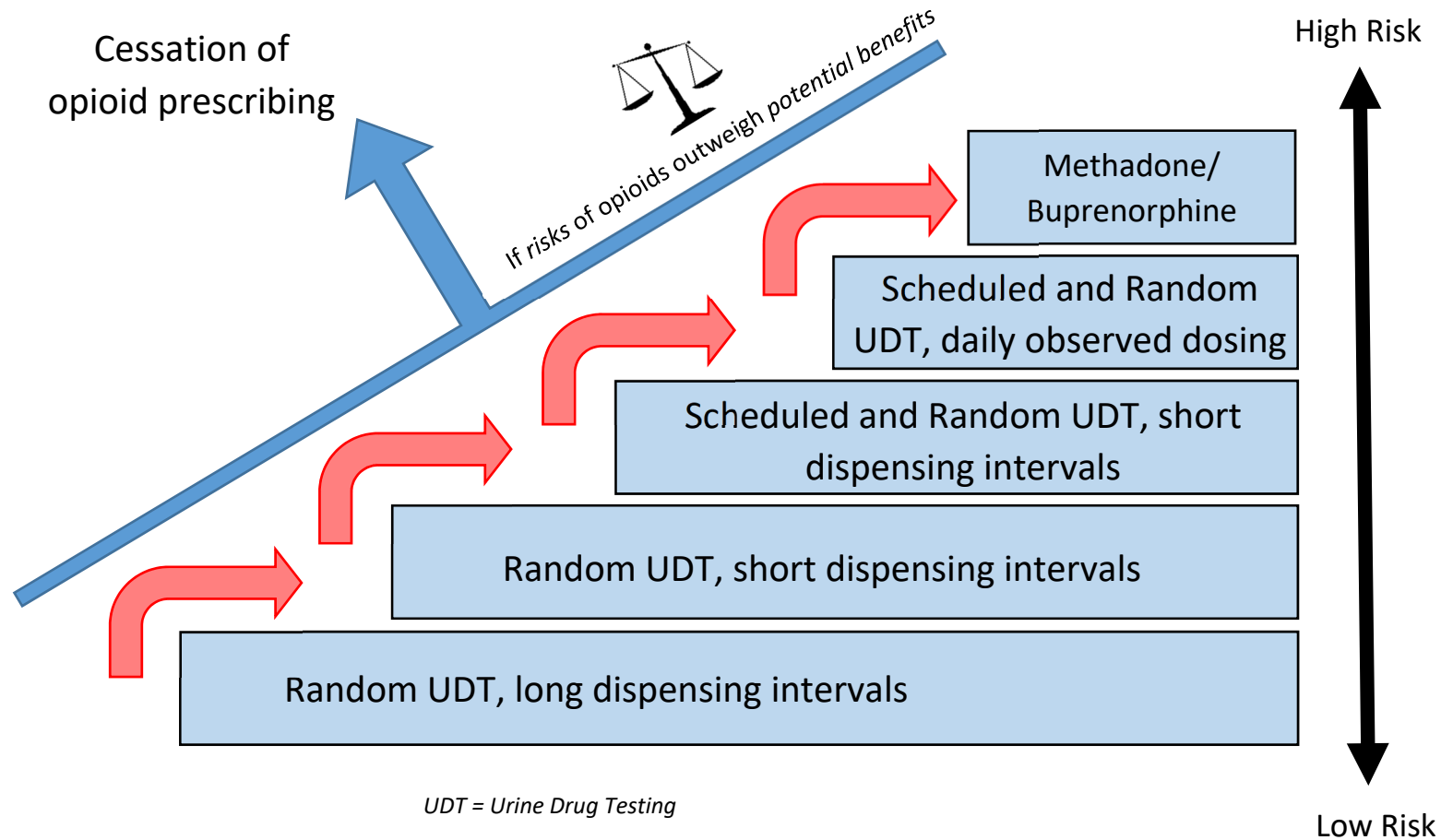


Chronic Pain Overview



Chronic Pain Overview: The HARMS Program focuses on safer opioid prescribing. The initial chronic pain visit is the time to evaluate risks/benefits and whether a trial of opioids may be indicated. If a trial is deemed appropriate, or patient is already being prescribed opioids, then patient should be risk-stratified. Consider using a tool such as the Opioid Risk Tool to help with this initial risk stratification. The HARMS Program Risk Mitigation Ladder is then recommended to tailor monitoring and prescribing strategies to a patient's risk, and to dynamically adjust that risk as new information arises (urine drug tests, behavioural observations including early refills and lost prescriptions, etc). Details of non-opioid management are beyond the scope of this overview.

Risk Mitigation Ladder



Risk Mitigation Ladder: This ladder illustrates Dynamic Risk Stratification. The general idea is that monitoring and prescribing strategies will be tailored to a patient's evolving level of risk. A patient that is prescribed opioids will initially be risk-stratified to one of these five levels and have prescribing and monitoring according to that risk. As the patient is monitored and further patient interactions occur, he/she may move up or down the ladder. If there are concerns such as failed urine drug tests or other aberrant behaviour, then the person's risk level may be increased, and control is tightened. Likewise, if someone is initially high risk but is later observed to be doing very well (working, passing urine drug tests, etc.) then that patient may have his/her risk level lowered. This approach draws on principles from addictions medicine. When opioids are prescribed as part of a maintenance therapy program (OMT) all patients are started in the highest risk category (frequent UDT, no take-home doses). The patient can earn take-home doses and less frequent monitoring by demonstrating lower risk (primarily passing urine drug tests). The goal is to keep tight control of higher risk patients, and to loosen control for lower risk patients.