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Background

Worldwide use of prescription opioids has increased markedly in the past three decades; the greatest increase recorded in the US although many other countries have also reported an upward trend (1-3). Studies have found that the decision by a primary care provider (PCP) to prescribe an opioid is influenced by many factors such as concerns about side-effects, addiction or misuse and fears of professional scrutiny, with the process being further complicated by insufficient clinical guidance and a reported lack of knowledge among physicians (4-6). Recent qualitative studies have examined the issue of opioid prescribing for chronic non-malignant pain from a PCP's viewpoint. However, there has been no attempt to synthesize the findings from these studies to develop an overarching set of themes to capture the phenomenon. We require a better understanding of problems PCP's face when prescribing opioids and interventions to provide clearer guidance.

Aims

The aim of this review is to develop a clear understanding of the factors influencing the nature and extent of opioid prescribing for patients with chronic non-malignant pain and to model the decision making processes associated with opioid prescriptions in primary care to elicit PCP's support needs in this process.

Methods

MEDLINE, Embase, PsychINFO, Cochrane Database, International Pharmaceutical Abstracts, Database of Abstracts of Reviews of Effects, CINAHL and Web of Science were systematically searched from January 1986- 2017. Two reviewers independently screened titles and abstracts of all references. Inconsistencies in selection were examined following review of titles and abstracts. The reviewers then independently assessed the full text of the articles. The quality of selected studies was assessed using the Critical Appraisal Skills Programme (CASP) tool for qualitative research (7). Thematic Network Analysis was used to organise and analyse the results of the studies and to develop a new model to further explain the findings of the studies (8). Data were independently coded by two researchers who discussed and compared codes. Organising themes were then developed followed by global themes which summarised the key theories emerging from the texts.

Results

From 7017 records, 15 full text papers were assessed and 11 studies included in the synthesis. Seven organising themes were identified including trust and mistrust, the importance of aetiology, monitoring of prescription use, physical, psychological and societal harm,

consultation variables, inadequate pain management, stigma and stereotypes and system barriers to effective and safe prescribing such as limited access to specialist care or support from allied healthcare professionals in primary care. Four global themes emerged and included suspicion, risk, agreement and encompassing systems level factors. These global themes are inter-related and capture the complex decision making processes underlying opioid prescribing, whereby the physician both consciously and unconsciously quantifies the risk-benefit relationship associated with initiating or continuing an opioid prescription.

Conclusion

The patient and physician work collaboratively during the consultation; the prescription is decided upon following consideration of the potential for physical harm, the perceived validity of the pain condition balanced with the risk of addiction or misuse and the extent to which the patient agrees with the decision-making of the physician. Patients who present with an unclear aetiology, a likelihood of developing side-effects and who appear at high risk of developing opioid addiction or misuse behaviours are unlikely to receive a prescription, and thus adequate pain management, in comparison to patients without these risk factors and a confirmed aetiology.

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