MEDICAL PHARMACIES TABLET

Drug information and news for health care providers

August 2013

# PRINCIPLES OF THE CANADIAN GUIDELINE FOR SAFE AND EFFECTIVE USE OF OPIOIDS FOR CHRONIC NON-CANCER PAIN

We have excellent comprehensive guidelines for chronic non-cancer pain (CNCP) management in Canada. The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain is accessible online at http://nationalpaincentre.mcmaster.ca/opioid/.

## THE CHRONIC NON-CANCER PAIN CARE GAP

As health professionals, we need to acknowledge that a number of "care gaps" exist in the current management of CNCP. Following are some potential contributors to this care gap:

- As health professionals, we may lack the skills to optimally assess and manage chronic pain. This speaks to the need for education, which is in large measure addressed by the CNCP guidelines.
- Second is what could be called the "squeaky wheel syndrome." Patients who are able to verbalize and communicate the level of their pain seem to get the attention they are seeking. Unfortunately, those people who suffer in silence do not receive the care they need. They may not express their pain, because they are afraid of getting addicted to medication, don't like to take pills, or don't want to be seen as complainers or "weak." These are the people whose quality of life is affected the most. Unfortunately, a small percentage of the squeaky wheels is made up of those individuals who are seeking opioids for the wrong reasons. Which leads to a potential third reason for a care gap.
- Some health professionals fear repercussions from their college for overprescribing and, therefore, a number of individuals may be prescribed therapy that is less than optimal for their condition.

## CORE CONCEPTS OF THE CHRONIC NON-CANCER PAIN GUIDELINE

The Canadian Guideline for Management of CNCP lists a number of core concepts that are intended to help practitioners with the issues outlined above.

The first four core concepts listed in the guidelines are:

- Patients with chronic pain have a right to be treated.
- Opioids can be an effective treatment for CNCP and should be considered.
- Opioids are not indicated in all CNCP conditions, and medication alone is often insufficient to manage CNCP; other effective treatments should also be considered.
- Opioid use does present risks and potential harms—prescribers and dispensers have an obligation to assess risks and minimize harms.

## THE PHARMACIST'S ROLE IN PROMOTING SAFE AND EFFECTIVE USE OF OPIOIDS

The prevalence of chronic pain is projected to grow as the population ages. Pharmacists are an important partner in ensuring the safe and effective management of CNCP. The Canadian Guideline for Safe and Effective Use of Opioids for CNCP recommends comprehensive assessment for all patients receiving opioid therapy to ensure opioids are a reasonable therapeutic choice. It is recommended that the "6 A's of monitoring opioid therapy" be documented at every visit.

1. ***Analgesia:*** record the patient's self-reported level of pain using a numerical rating scale from 0 to 10.
2. ***Activities:*** record the level of physical function, listing specific activities where appropriate, and compare these to the physical function level prior to starting opioid therapy.
3. ***Affect:*** record the patient's mood and mental health status and compare these to the status prior to starting opioid therapy.
4. ***Adverse effects:*** record any side effects of opioid therapy and their management.
5. ***Abuse behaviours:*** record any suspicious drug-seeking or other aberrant behaviours and the action taken.
6. ***Adequate documentation:*** record the name, strength, and the number of dosage units of each drug, how the drug is to be taken, any changes to the opioid regimen, and the reasons for them. **MPT**

## Edarbyclor™ (azilsartan medoxomil-chlorthalidone) 40 mg/12.5 mg, 80 mg/25 mg, 40 mg/25 mg oral tablets

Takeda

Edarbyclor is a combination angiotensin receptor blocker/thiazide diuretic and is indicated for initial therapy of severe essential hypertension for patients in whom the benefit of prompt blood pressure reduction exceeds the risk of initiating combination therapy.

### *Dose & Administration*

Edarbyclor is available in strengths of azilsartan/chlorthalidone 40 mg/12.5 mg, 80 mg/25 mg, and 40 mg/25 mg. The antihypertensive effect is related to the strength of each of the product components. The usual starting dose of Edarbyclor is 40 mg/12.5 mg taken orally once a day. Most of the antihypertensive effect is usually apparent within one to two weeks. Therefore, if required, dosage increase may be implemented two to four weeks after initiation of therapy. Edarbyclor may be taken with or without food. The maximally effective dose of Edarbyclor is 40 mg/25 mg.

No dose adjustment is required in individuals with mild or moderate renal impairment. However, caution should be exercised in individuals with severe renal impairment or end-stage renal disease (ESRD), as there is no experience with Edarbyclor in these patients.

Although greater sensitivity of older individuals cannot be ruled out, no differences in overall safety and efficacy of Edarbyclor have been observed between elderly patients and younger patients.

### *Adverse Effects*

Adverse effects associated with Edarbyclor have been generally mild and temporary in nature. Discontinuation due to adverse events occurs in approximately 7.9% of patients. The most common reason for discontinuation of the drug is increase of blood creatinine. Dizziness occurs in approximately 8.8% of patients. Additional adverse effects that occur in more than 1% of patients include fatigue (2.4%), muscle spasms (1.1%), hypokalemia (1.1%), and hypotension (1.5%).

Note: Edarbyclor must not be used in pregnancy, as angiotensin receptor blockers can cause injury or even death of the developing fetus. If pregnancy is detected, Edarbyclor should be discontinued as soon as possible. **DN**

## Komboglyze™ (saxagliptin/metformin) 2.5 mg/500 mg, 2.5 mg/850 mg, 2.5 mg/1000 mg oral tablets

AstraZeneca

Komboglyze is a combination DPP-4 inhibitor (incretin enhancer) and biguanide therapy and is indicated for use as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes who are already treated with saxagliptin and metformin or who are inadequately controlled with metformin alone.

### *Dose & Administration*

Komboglyze is available in strengths of 2.5 mg/500 mg, 2.5 mg/850 mg, and 2.5 mg/1000 mg. The dose of Komboglyze should be individualized for the patient based on current regimen, effectiveness, and tolerability, while not exceeding the maximum recommended daily dose of saxagliptin 5 mg and metformin 2000 mg.

Komboglyze should be given twice daily with meals, with gradually escalating dose to avoid gastrointestinal side effects associated with metformin.

For patients who are not adequately controlled on metformin alone, Komboglyze should be started at a dose of saxagliptin 2.5 mg twice daily plus the daily dose of metformin already being taken divided into two equal doses (or as close to the current daily dose of metformin as possible divided into two equal doses).

If a dose of Komboglyze is missed, the patient should wait until the next dose is scheduled and then take the normal dose. A double dose of Komboglyze should not be taken on the same day.

Komboglyze is contraindicated in patients with renal impairment and in patients with moderate to severe hepatic impairment.

In the elderly, Komboglyze should be carefully titrated. The minimum dose for adequate glycemic effect should be used. In elderly patients, especially those 80 years and older, renal function should be monitored regularly.

### *Adverse Effects*

Discontinuation of Komboglyze therapy due to adverse events in clinical trial was reported at 7.3%. The most commonly reported adverse events were nasopharyngitis (11.0%) and bronchitis (9.4%). Additional adverse events included hypoglycemia (8.9%), upper respiratory tract infection (8.9%), arthralgia (8.4%), back pain (7.9%), urinary tract infection (7.9%), diarrhea (7.3%), dyspepsia (5.8%), and anemia (5.8%). **DN**

*(Refer to the product monographs for complete information.)*