

APA Official Actions

Position Statement on Use of Opioid Medications with Terminally Ill Patients

Approved by the Board of Trustees, July 2019

Approved by the Assembly, May 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Prior to the 1980's as a consequence of fears of producing dependence and addiction, opioid analgesics were frequently withheld or provided only in limited quantities to patients with terminal illnesses who were experiencing severe pain. Research during the 1980s began to clarify the differences between physiologic dependence and substance use disorders (SUDs) (which have additional behavioral components) and to show that few terminal patients incurred behavioral problems when given liberal access to opioid analgesics. A more nuanced approach to prescribing opioid analgesics is warranted, given vastly improved treatments for cancer and other terminal illnesses in recent years and terminal patients living much longer, and in the context of a widespread epidemic of misuse of opioid analgesics by non-terminally ill individuals.

To be clear, the proportion of patients who relapse to or develop opioid use disorder (OUD) de novo as a consequence of iatrogenic exposure to opioid analgesics remains uncertain, but some proportion of terminally ill patients undoubtedly have this propensity. Weighing the risks and benefits of opioid treatment requires consideration of all the potential adverse effects of the treatment. Any risks identified should not preclude the prescribing or adequate dosing of opioid analgesics when indicated but should prompt careful monitoring. In the presence of well-founded concern about diversion or development of a SUD, the prescriber could consider limiting the total days' worth of medication prescribed at any one time or other measures to minimize risk. If SUDs or diversion arise, appropriate SUD treatment or interventions should occur.

APA Position:

The American Psychiatric Association endorses the principle that the effectiveness of relief of pain in terminally ill patients carries an extremely high priority and that fears about SUD or diversion of analgesic medications should not preclude optimum management of pain. Weighing the risks and benefits of opioid treatment of patients with severe pain requires consideration of all the potential adverse effects of the treatment, with the overriding concern being sensitive and humane treatment of the suffering patient.

APA therefore recommends that:

- 1. Terminally ill patients under consideration for opioid therapy for pain receive a thorough evaluation of the pain syndrome requiring the opioid and for SUD and diversion risk as well as for co-occurring psychiatric conditions, such as depression and anxiety, that could complicate the course of treatment with opioids and which should be treated if present.**
- 2. For patients who are identified as potentially benefiting from opioid therapy, physicians should consider co-administration of non-opioid and non-pharmacology treatments for pain with the goal of using the lowest effective dose of opioid analgesia to improve quality of life while minimizing risks.**
- 3. The goal of treatment should be improvements in functional abilities impaired by pain and attaining an acceptable pain level rather than an absolute reduction in pain level.**
- 4. Prescribers continue to assess for co-occurring disorders, adverse effects of the opioid therapy, potential for diversion and the risk of developing new SUD**
- 5. Prescribers should also consider prevention of opioid overdose, including co-prescribing naloxone to patients receiving opioid pain medication and to their family members and caregivers.**