Submission Id: 5012

Title

"It's just really difficult"; Qualitative research regarding opioid deprescribing among Dutch General Practitioners

Priority 1 (Research Category)

Qualitative research

Presenters

Loes de Kleijn

Abstract

Context: Current clinical practice guidelines recommend opioid deprescribing in patients on long-term opioid treatment for non-cancer pain. Objective: This study aims to understand the barriers and facilitators for opioid deprescribing among general practitioners (GPs) in the Netherlands, and to identify possibilities for change. Study design and Analysis: A qualitative study was held via focus group discussion with GPs that were analyzed for overarching themes through thematic analysis. Setting: Four group discussions were held by skilled moderators through video conferencing. Instrument: Discussions were guided by a discussion guide, transcribed verbatim and analyzed using MAXQDA by three independent reviewers. Population studied: 22 GPs participated in this study. Outcome measures: Through thematic analysis themes and subthemes were identified as outcome measures. Results: Five main themes emerged from the data: (1) what to do with pain in opioid deprescribing? (2) Losing control; how addiction interferes with opioid deprescribing; (3) Opioid deprescribing; from casual conversations to tailored approach; (4) How knowledge and experience shape current practice; (5) Needs and possibilities to improve opioid deprescribing in primary care. To summarize, a lack of effective non-opioid treatments for pain and patients' addictive behavior are important barriers in opioid deprescribing. Opioid taper conversations were found challenging, but repeated casual conversations and motivational talks facilitate them. Lack of knowledge, experience, time and guidance by secondary care specialists further complicate opioid deprescribing. Nonetheless, GPs want to improve deprescribing by addressing repeat prescriptions at practice level and raising awareness on opioids, while stressing the need for more cooperation with other healthcare professionals. Conclusions: GPs want to deprescribe opioids in patients with chronic non-cancer pain, but they experience a lack of time, knowledge and tools to motivate and guide patients. Therefore, this research indicates a need for effective tools to support GPs in opioid deprescribing, while also revealing a need for more help by other health professionals.