NHS
Suffolk and North East Essex

Chronic Primary Pain risk stratification tool

Supporting practices to triage the most at-risk patients. This tool does not replace clinical judgement and is for support only.

Patient identified as taking a triple combination of high dose opioid(s) + gabapentinoid + antidepressant *

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Does the patient have:

- Contraindication(s) to any of these medicines
- Renal failure eGFR <45mL/min
- Severe hepatic impairment

Yes ↓

Priority phase 1

Highest risk of harm. Review immediate safety of the patient.

Try to engage the patient to carefully and slowly reduce doses using shared decision making and deprescribing support***

Yes ↓

Priority phase 2

Patient is at higher risk and requires review. Contact patient and aim to encourage dose reduction using shared decision making***

No ↓

Is the patient:

- taking a maximum dose of a gabapentinoid? (Gabapentin≥ 1.8g/24hrs) (Pregabalin≥ 600mg/24hrs)
- at high risk of dependence via ICD-10**
- Frail and/or elderly (eFI score≥13)
- Taking more than 2 types of opioid
- Taking more than 3 DFM's

No ↓

Priority phase 3

Patients are taking a high-risk combination of medicines but may be at a lower risk than those in Phase 1 and 2. Review and encourage dose reduction***

*Using practice search/ICB search tool/Eclipse cohort - excluding patients with cancer, end of life pathway or illegal drug misuse.
**Link to ICD10 Diagnosis, identification and risk populations | Faculty of Pain Medicine
***Refer to Clinical guidelines and position statements>Chapter 4 Central nervous system>Opioid deprescribing support tools

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