Ask an Informationist

Choosing Wisely @ Austin Health

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Austin Health Sciences Library

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Choosing Wisely Australia

An initiative of NPS MedicineWise

A conversation about unnecessary tests, treatments & procedures

Global conversation; clinician led-initiatives

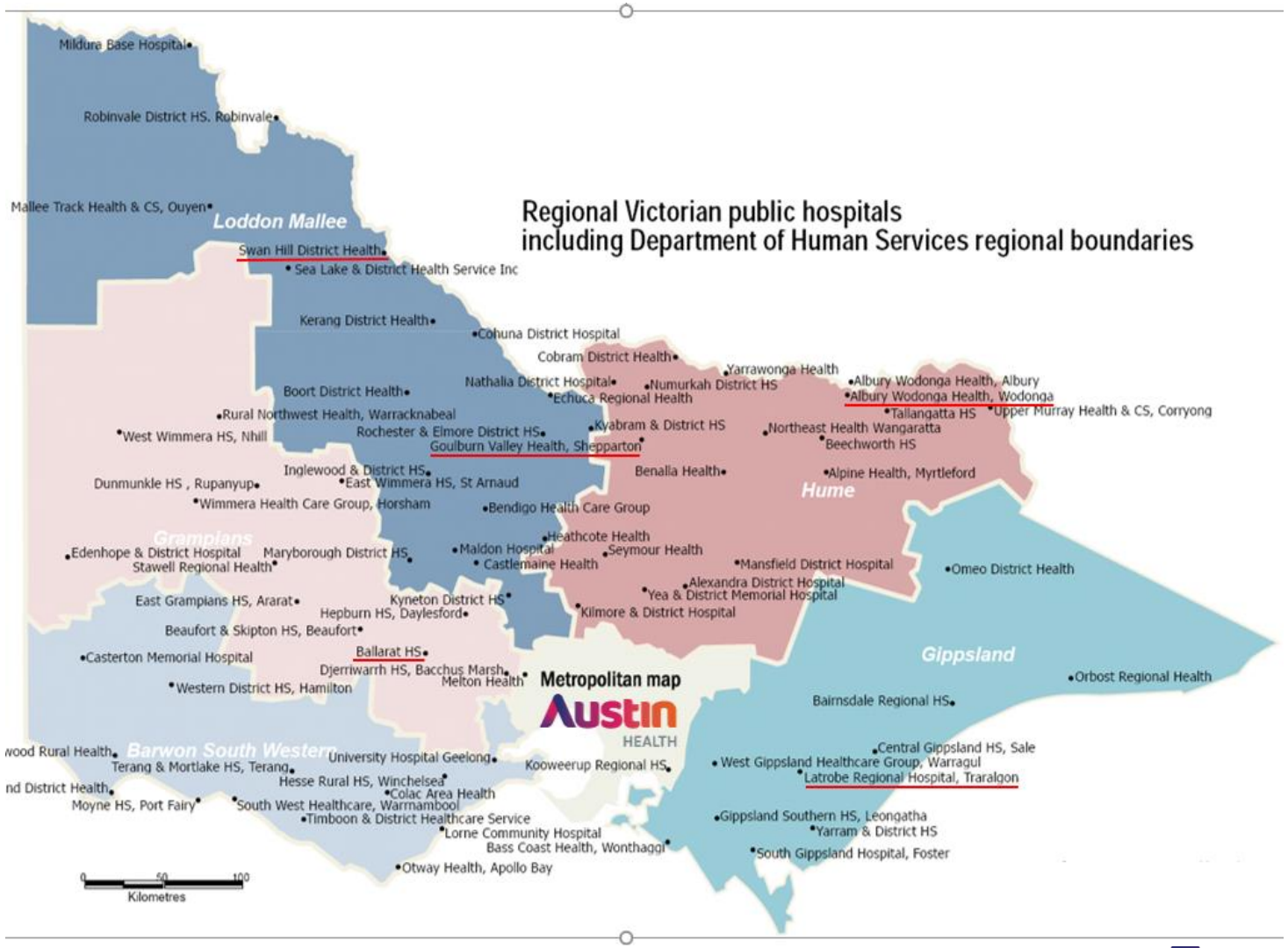
In Australia Lead by NPS MEDICINEWISE

Launched April 2015

30 Health Services Champions in Australia

Austin Health – Lead

- Albury Wodonga
- Ballarat Health
- Goulburn Valley Health
- La Trobe Regional Health
- Monash Health
- Northern Health
- Peninsula Health
- Royal Children's Hospital
- St Vincent's Hospital
- Swan Hill Hospital
- Western Health



To help our clinicians Choose Wisely in their practice and care of our patients, the Austin Health Sciences Library prepare an evidence report with an infographic summary based on suggested clinical questions

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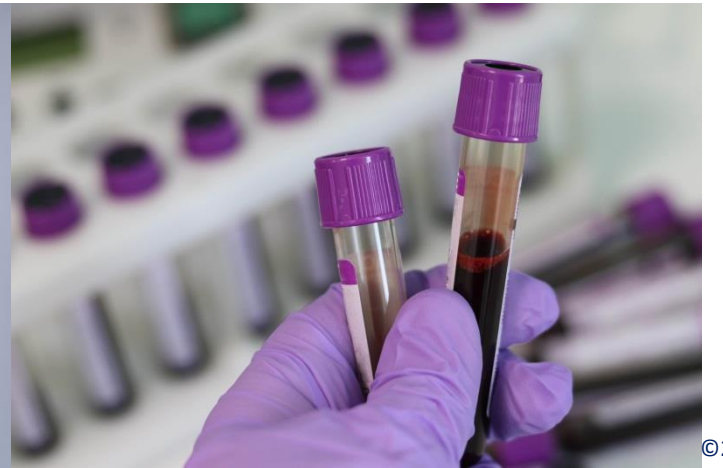
Issues

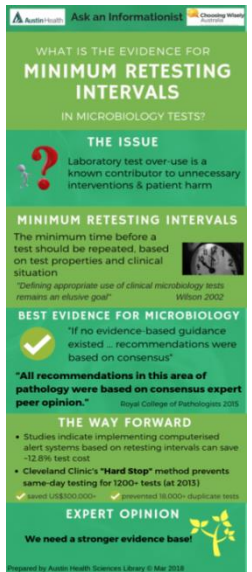
- Amount of information available can be overwhelming
- Does emerging evidence question existing practices?
- Has a previous finding been overturned through new research?

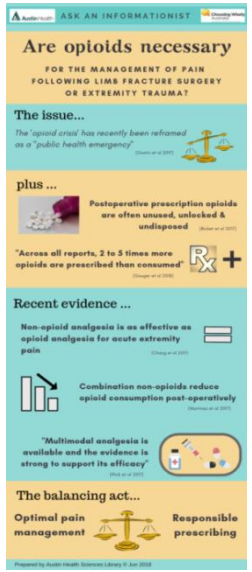


Objective

Ask an Informationist is an initiative that translates clinical questions into practice.

- Clinical question submitted to the Austin Health Choosing Wisely Steering Committee
- Library team create an infographic - supported by a written report

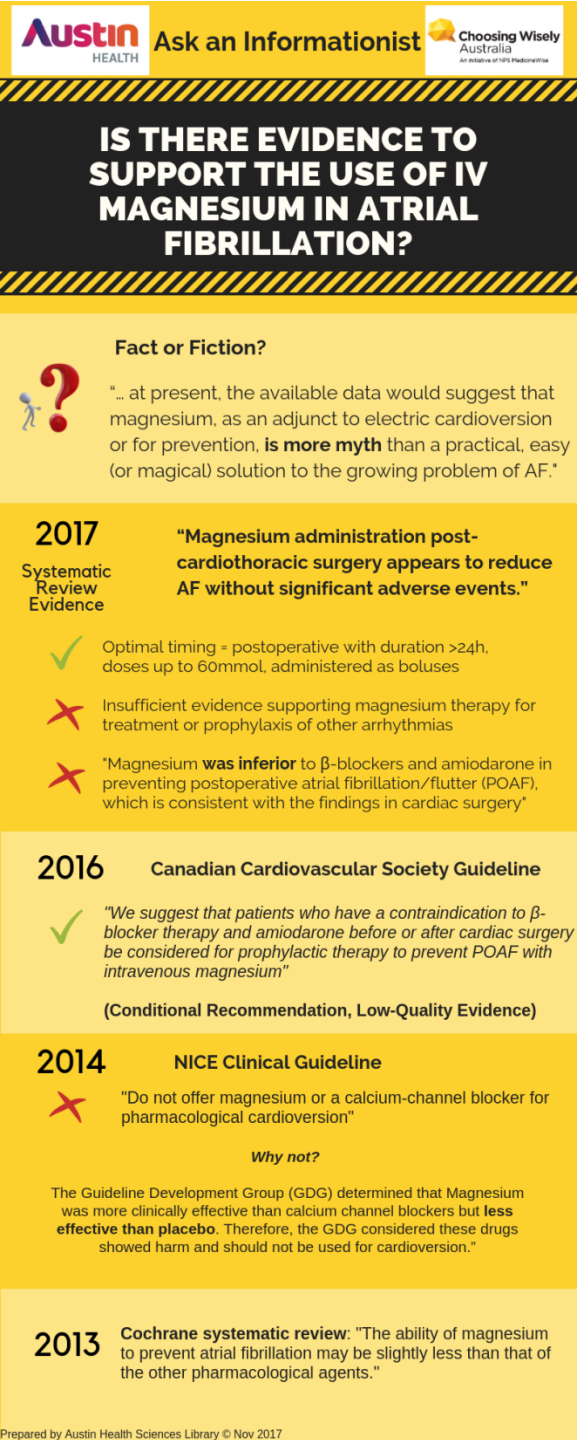




Steps

We are not writing the evidence:

- We formulate a good clinical question
- We conduct a systematic literature search
- We collate in a well referenced report
- We synthesize in an infographic
- We consult the Subject Matter Expert
- We publish on our website



Impact

Evidence + audit data = change

- local policies and procedures
- delivery of patient care
- time and cost

Through this collaboration we are:

- engaging with the evidence
- encouraging critical thinking
- shaping the future

“Optimal opioid management is tricky
to navigate but,
working together we can set up
integrated systems
to generate better outcomes for our
patients and support clinicians
to follow best practice.”

Liz Su
Medicines Optimisation Pharmacist

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WHAT IS THE EVIDENCE FOR THE USE OF

PREGABALIN

IN ACUTE NEUROPATHIC PAIN?

EVIDENCE OF AN ISSUE?

- Widely prescribed off-label for various pain syndromes – possibly as alternative to opioids?
- **1 in 7** Australians dispensed pregabalin – at high risk of misuse
- Victoria – **10x** increase in the number of pregabalin-related ambulance attendances during 2012–2017
- US – sales more than **doubled** since 2012
- UK – prescribing increased **350%** from 2007–2012

In Australia - only approved as second line treatment for neuropathic pain

Cairns et al. 2018; Crossin et al. 2019; Goodman & Brett 2019 & 2017; Mumion & Conigrave 2018; NPS 2018; Wettermark et al. 2014

EVIDENCE FOR USE IN SHINGLES?

Acute herpetic neuralgia = pain during first 30 days after onset of herpes zoster

- 2018 study – 45 patients: combination therapy (valaciclovir, methylprednisolone & pregabalin) had better efficacy than dual or single drugs
- 2016 study – 20 patients: pregabalin reduced pain compared with amitriptyline
- 2011 study – 45 patients: pregabalin reduced pain compared with placebo

scant evidence - further research required

Choudhary et al. 2018; Gabrani et al. 2016; Kanodia & Singhal 2011

EVIDENCE FOR USE IN SCIATICA?

"... appears to be ineffective in patients with sciatica"

- pregabalin did not significantly reduce intensity of leg pain nor improve other outcomes
- incidence of adverse events substantially higher than placebo
- recent trials do not exclude possible benefit in chronic sciatica

Attal & Barrot 2017; Enke et al. 2018; Mathieson et al. 2017

RISKS & CONCERNS?

"Clinicians should be cautious about prescribing pregabalin ... consider whether its benefits outweigh potential harms"

- addiction potential – particularly with patient history of opioid abuse
- comparative research shows a high prevalence of adverse effects in relation to the number of users
- may improve postoperative analgesia at the expense of increased sedation and visual disturbances
- greater transparency required with independent, publicly funded trials encouraged

Baftiu et al. 2019; Bonnet & Scherbaum 2017; Evoy et al. 2017; Onakpoya et al. 2019

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Pregabalin – evidence for use in acute neuropathic pain

Pregabalin is indicated for the treatment of neuropathic pain and epilepsy.
In Australia it is 'only PBS listed for people with refractory neuropathic pain not controlled by other drugs'.

Sources: Australian Medicines Handbook 2019; NPS MedicineWise 2018

> *"... we suspect that clinicians who are desperate for alternatives to opioids have lowered their threshold for prescribing gabapentinoids to patients with various types of acute, subacute, and chronic noncancer pain."*
>
> *Source: Goodman & Brett New England Journal of Medicine 2017; 377: 411-414*

Evidence of an issue?

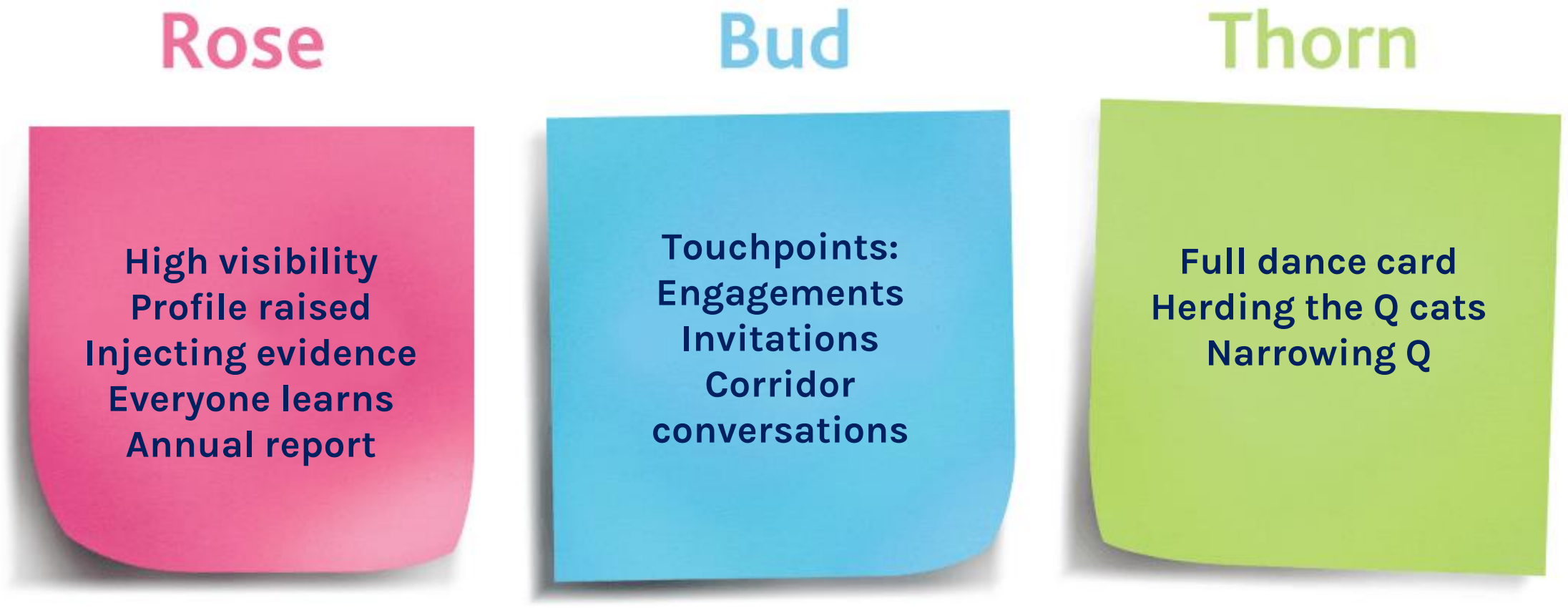
A clinical overview of off-label use of gabapentinoid drugs

- The gabapentinoid drugs gabapentin and pregabalin were originally developed as antiseizure drugs but now are prescribed mainly for treatment of pain
- This report summarizes the limited published evidence to support off-label gabapentinoid uses, describes clinical cases in which off-label use is problematic, and notes how review articles and guidelines tend to overstate gabapentinoid effectiveness
- Clinicians who prescribe gabapentinoids off-label for pain should be aware of the limited evidence and should acknowledge to patients that potential benefits are uncertain for most off-label uses

Source: Goodman & Brett. JAMA Internal Medicine 2019; online first 25 March

Pregabalin misuse-related ambulance attendances in Victoria, 2012-2017: characteristics of patients and attendances

- There were 1201 pregabalin misuse-related attendances during the study period; the rate increased from 0.28 cases per 100 000 population in the first half of 2012 to 3.32 cases per 100 000 in the second half of 2017
- The attendance rate was strongly correlated with prescription rates in Australia
- 593 attendances (49%) were for people with a history that may have contraindicated



Library perspective

Current state

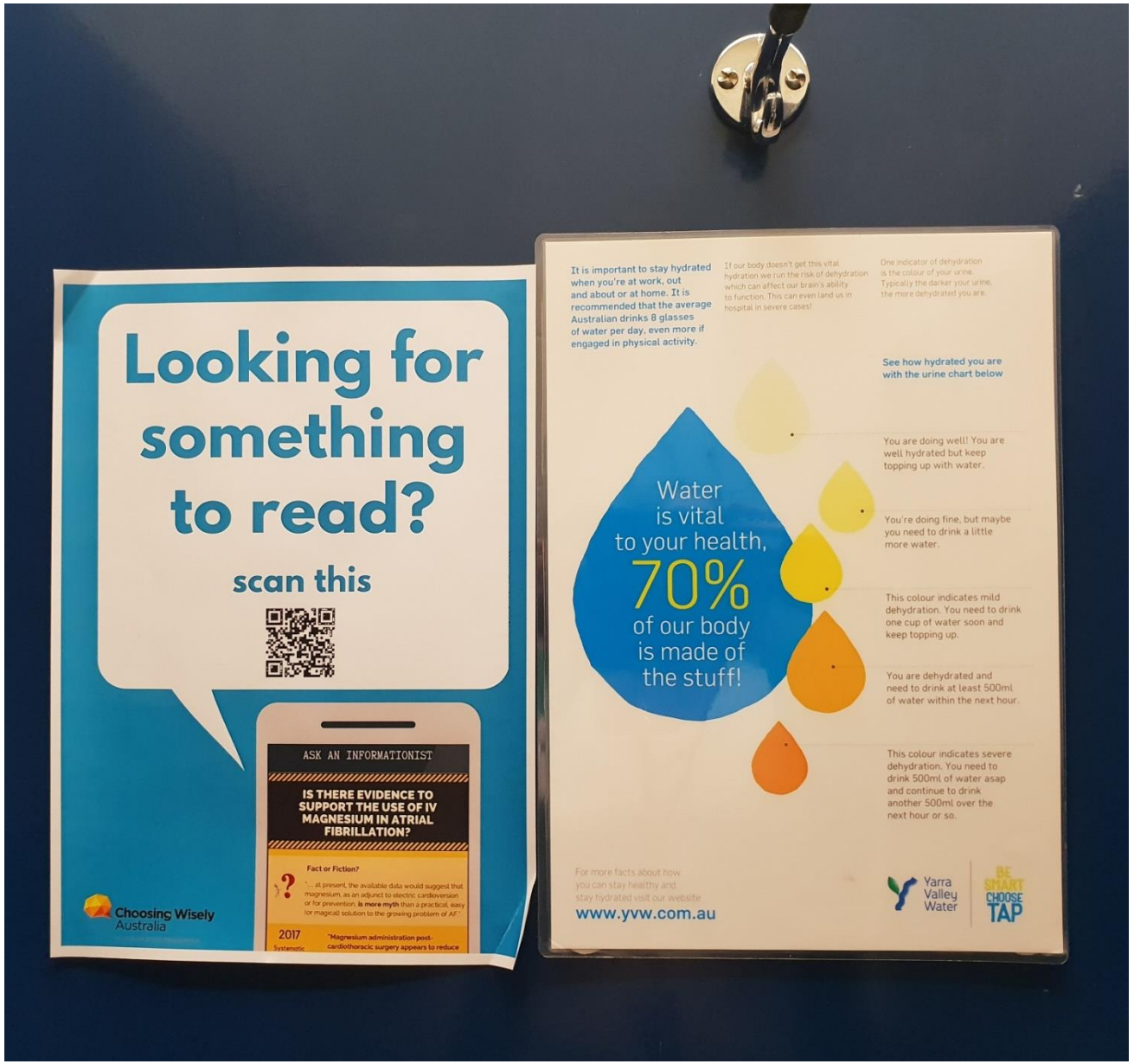
Six infographics and reports have been produced and made publicly available.

The initiative has:

- driven change in emergency department practice for intravenous magnesium use;
- led to delivery of clinical education around PPIs through workshops and media activities;
- been a catalyst for broader discussion around opioid use throughout the hospital.

Choosing Wisely Week bake off!

High vis!



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