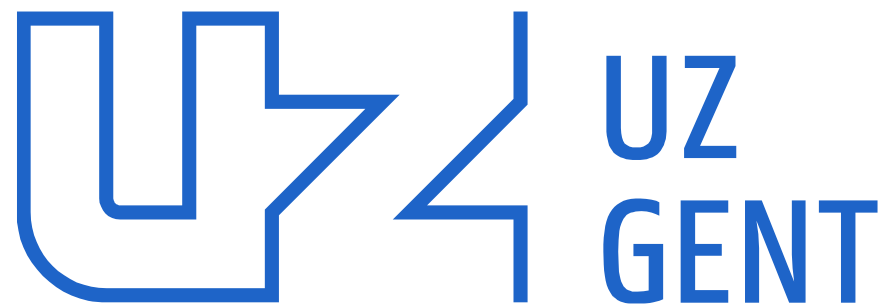
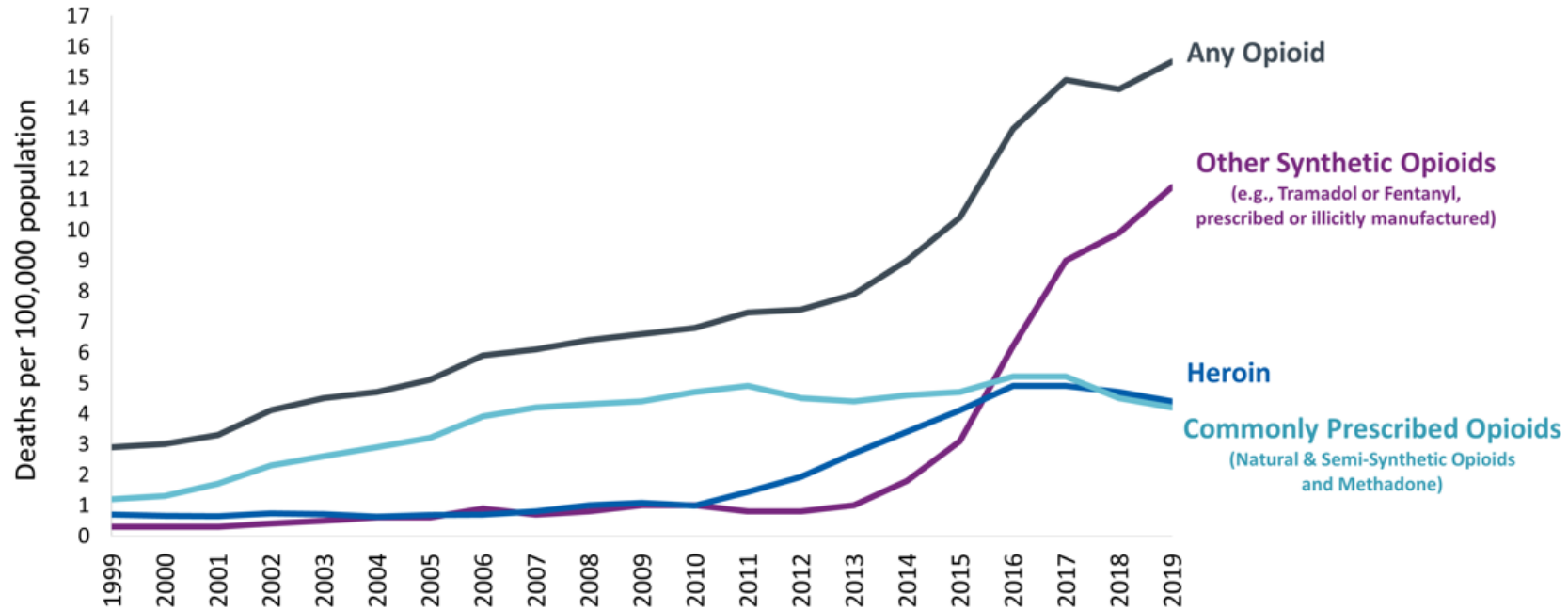




Opioiden

Misuse, Abuse of gewoon Use?

Three Waves of the Rise in Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in 1999

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

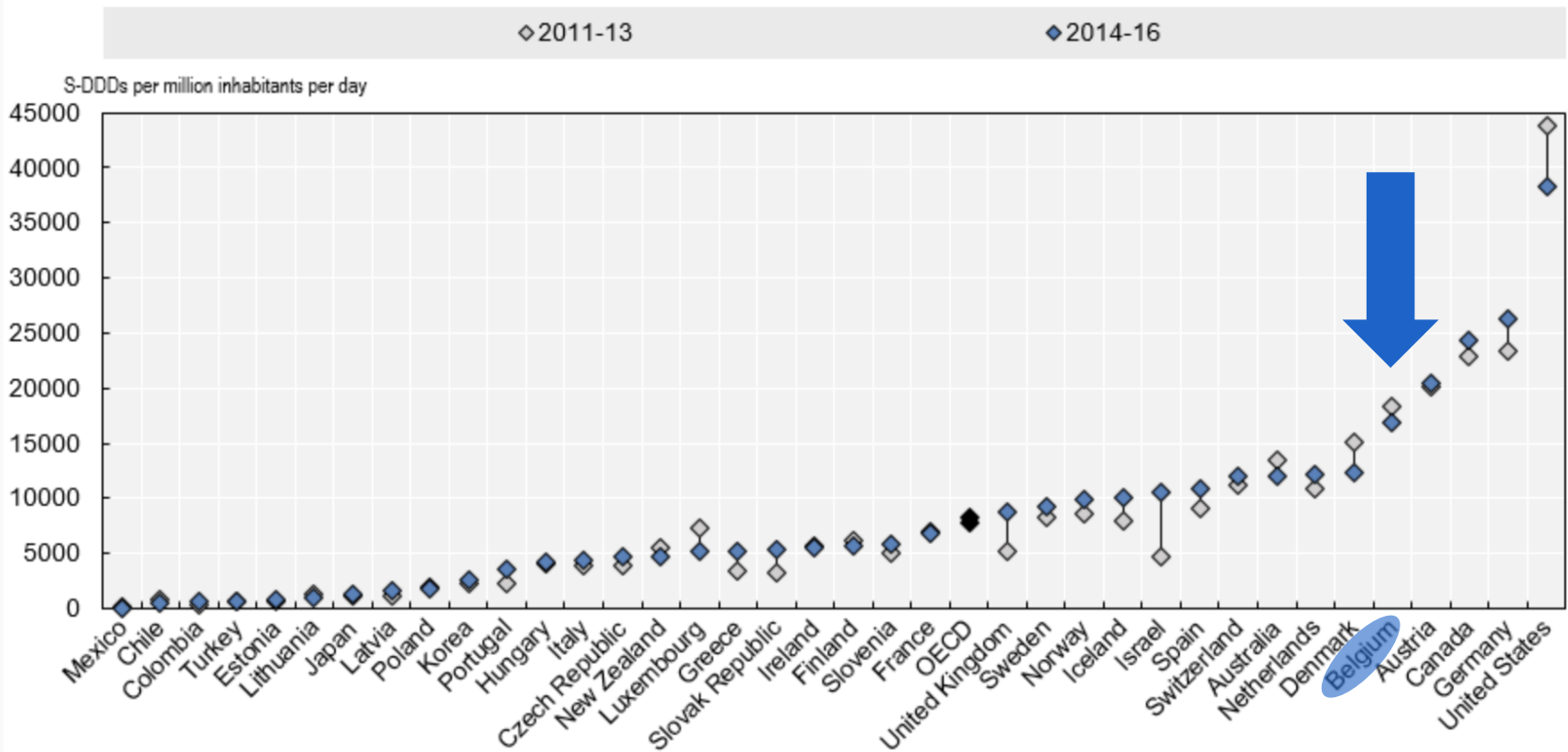
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.



The average availability of prescription analgesic opioids, defined as the amounts that each country's competent national authority estimates are used annually, has been steadily growing in the past 15 years

Mean availability of analgesic opioids in OECD countries 2011-13 and 2014-16. S-DDDs per million inhabitants per day



Note: Analgesic opioids include codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, morphine, ketobemidone, oxycodone, pethidine, tilidine and trimeperidine. It does NOT include illicit opioids.

Information on data for [Israel](#).

Source: INCB, 2018. Available in [Addressing Problematic Opioid Use in OECD Countries](#), OECD, Paris, May 2019.

Samenleving



2017 MCT

Belgen vaker en op jongere leeftijd aan de verslavende pijnstillers: fenomeen van "doktershopping" baart experts zorgen

Almaar meer Belgen slikken opioïden, verslavende morfineachtige pijnstillers. Dat blijkt uit nieuwe cijfers van het Riziv waarover De Morgen bericht. Niet alleen wordt er de laatste jaren meer aan pijnbestrijding gedaan, de cijfers suggereren ook een groeiende groep verslaafden die aan "doktershopping" doet. Tijd voor een nieuwe aanpak?

Wetenschap

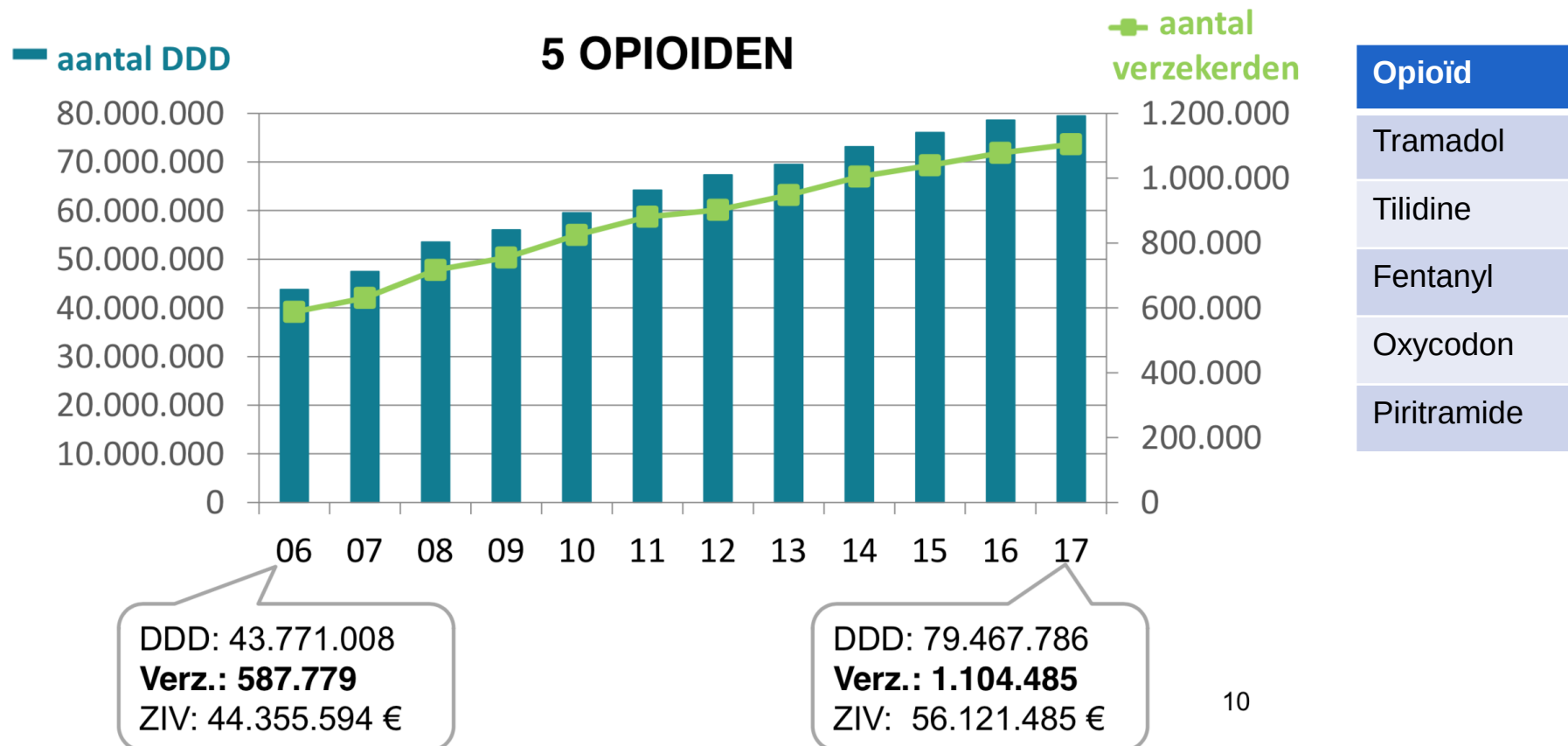


Alice S. / BSIP

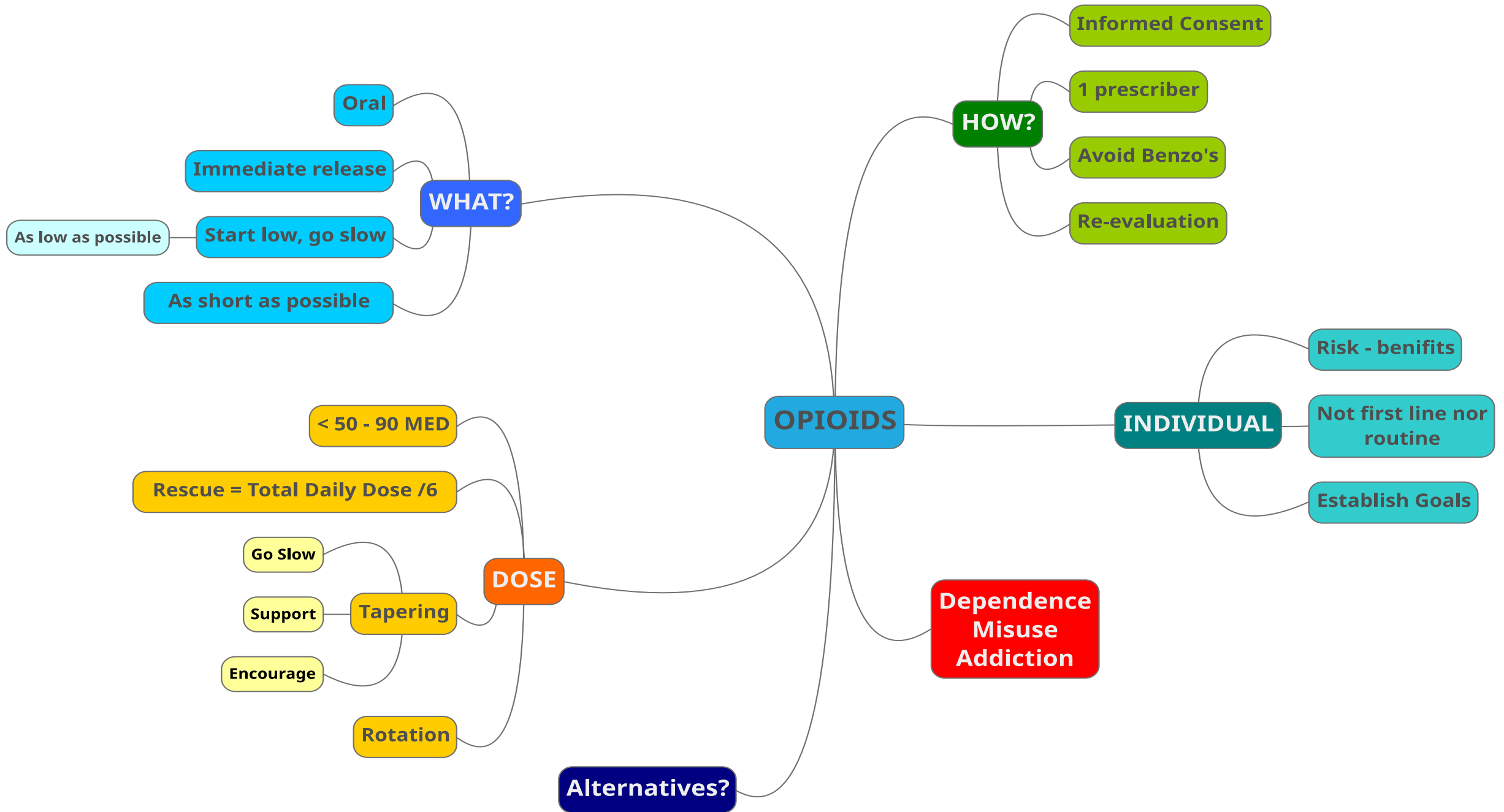
Langdurig gebruik van zware pijnstillers spectaculair gestegen, CM trekt aan de alarmbel

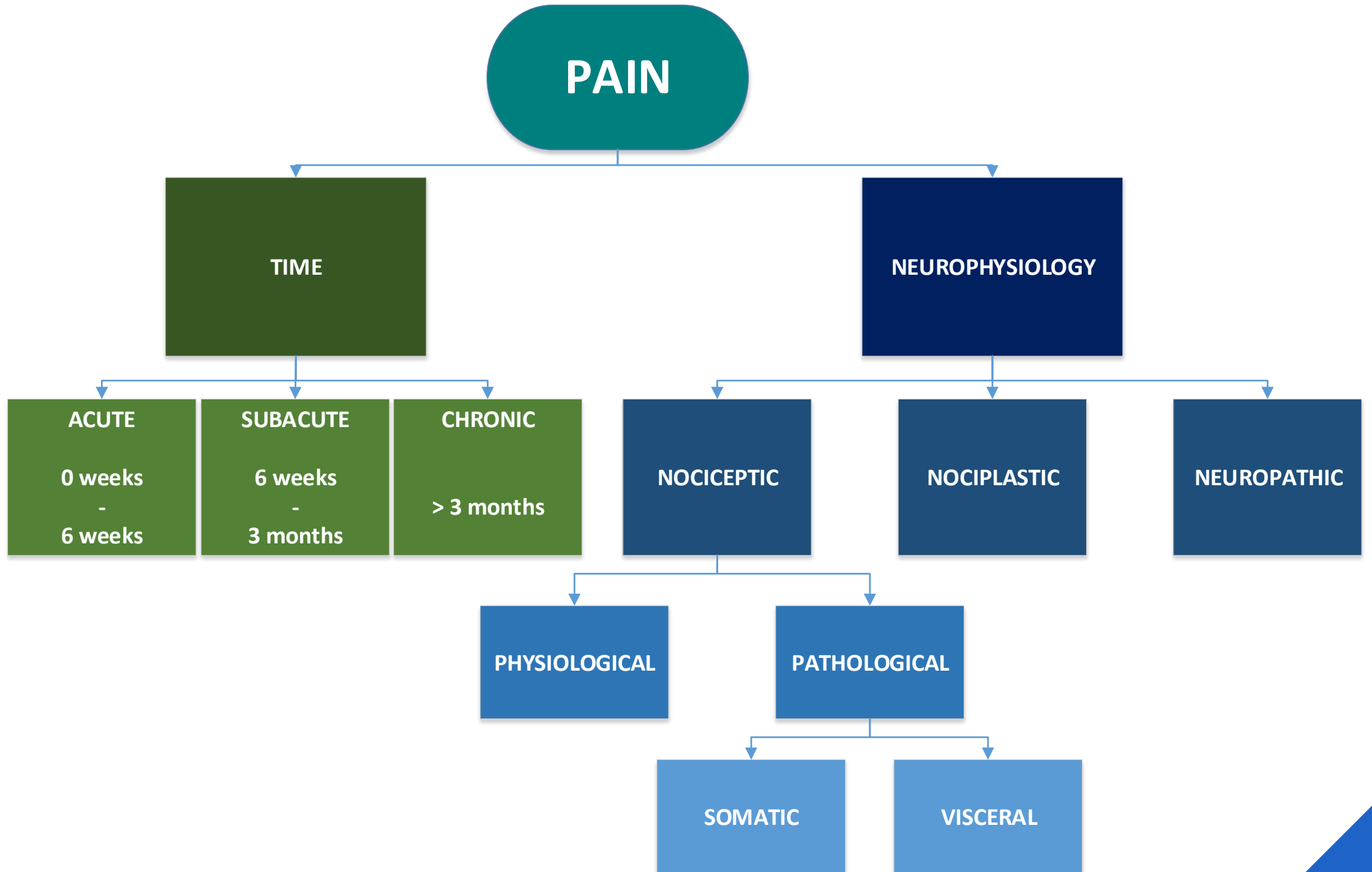
Het christelijk ziekenfonds waarschuwt tegen het langdurig gebruik van zware pijnstillers. Het gaat om medicijnen op basis van morfine, zoals fentanyl. In amper zeven jaar zijn er bijna een derde méér patiënten die zware pijnstillers voorgeschreven krijgen. En één op de zeven patiënten gebruikt die medicijnen gedurende minstens een jaar. De Christelijke Mutualiteit (CM) trekt daarom aan de alarmbel. "Wij hebben het aanvoelen dat artsen die zware pijnstillers voorschrijven te snel naar die middelen grijpen."

2.1 Evolutie verbruik 2006-2017

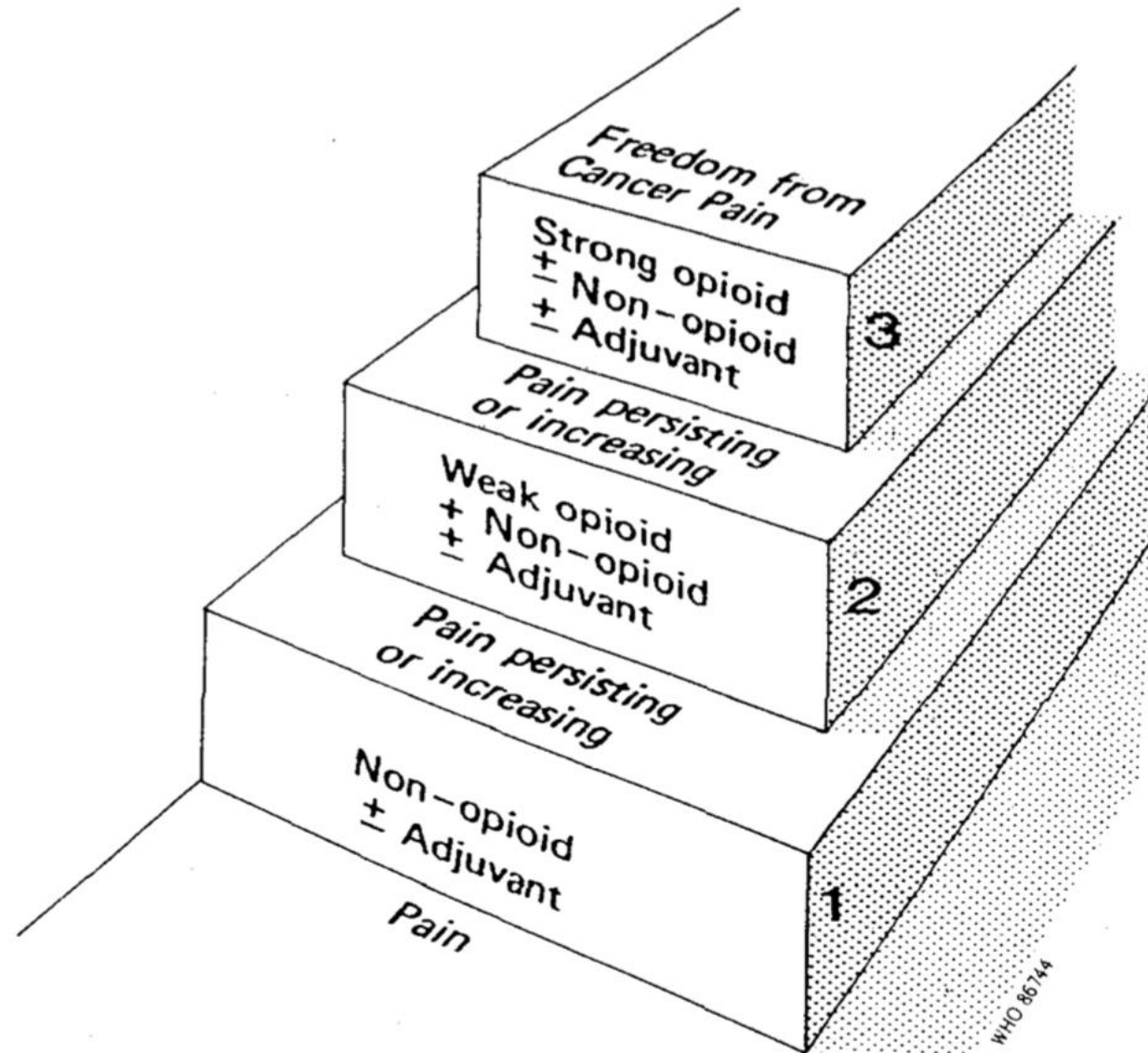


opioid	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2017/ 2006
tramadol	501.433	544.973	626.025	665.743	734.776	789.113	807.636	850.438	904.740	940.070	977.229	1.004.619	+100 %



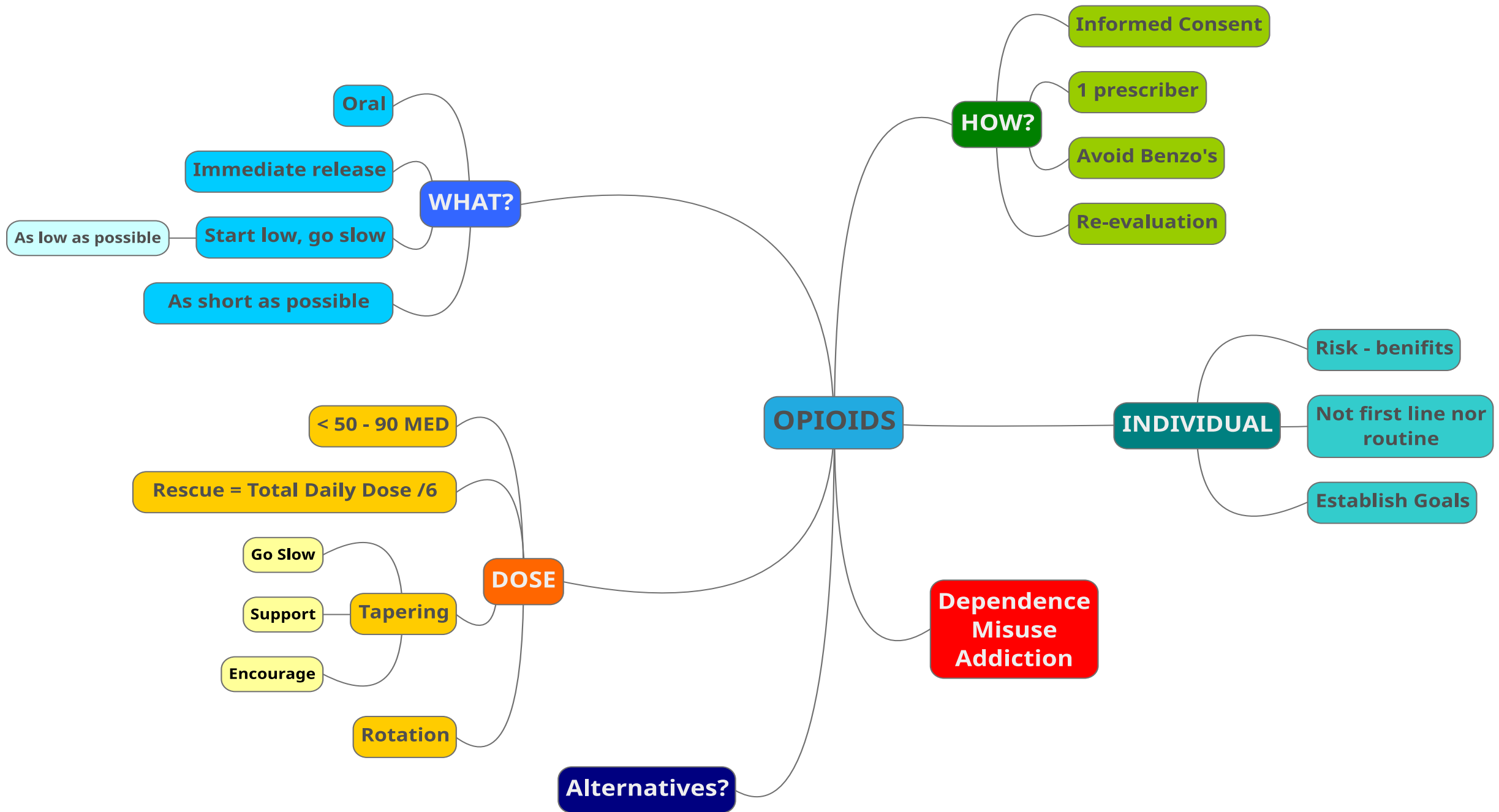


NOCICEPTIVE PAIN



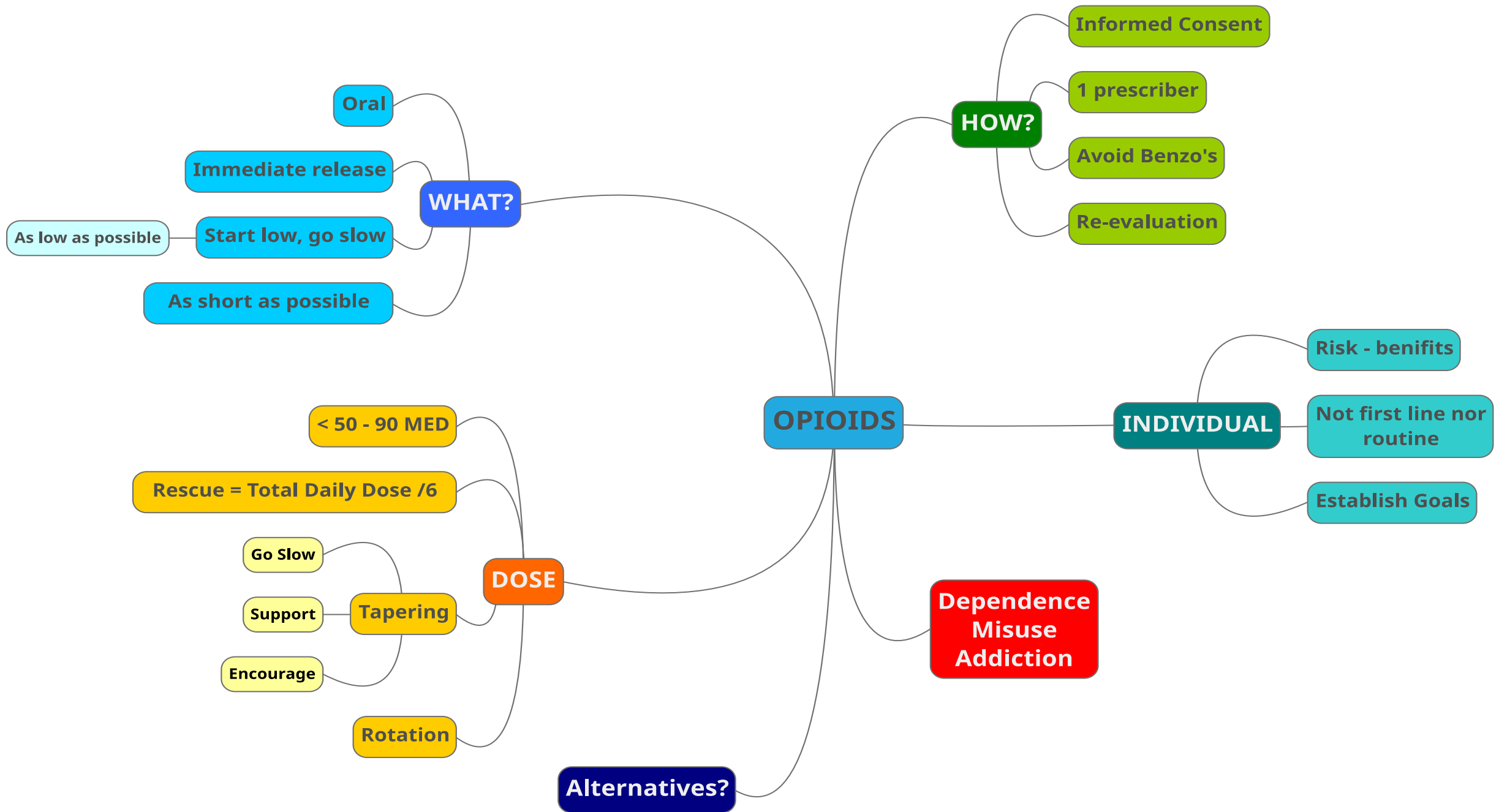
NEUROPATHIC PAIN

GRADE classification	Drugs	Daily dosages and dose regime	Recommendations
STRONG FOR	Gapabentin Gabapentin ER/enacarbil Pregabalin SNRIs duloxetine/venlafaxine TCAs	1200–3600 mg TID 1200–3600 mg BID 300–600 mg BID 60–120 mg QD (duloxetine); 150–225 mg QD (venlafaxine ER) 25–150 mg qd or BID	First-line First-line First-line First-line First-line ¹
WEAK FOR	Capsaicin 8% patches Lidocaine patches Tramadol BTX- A (SC) Strong opioids	1–4 patches to the painful area for 30–60 min every 3 months 1–3 patches to the painful area for up to 12 hours 200–400 mg BID (tramadol ER) or TID 50–200 units to the painful area every 3 months Individual titration	Second-line (PNP) ² Second-line (PNP) Second-line Third-line ; specialist use (PNP) Third line ³



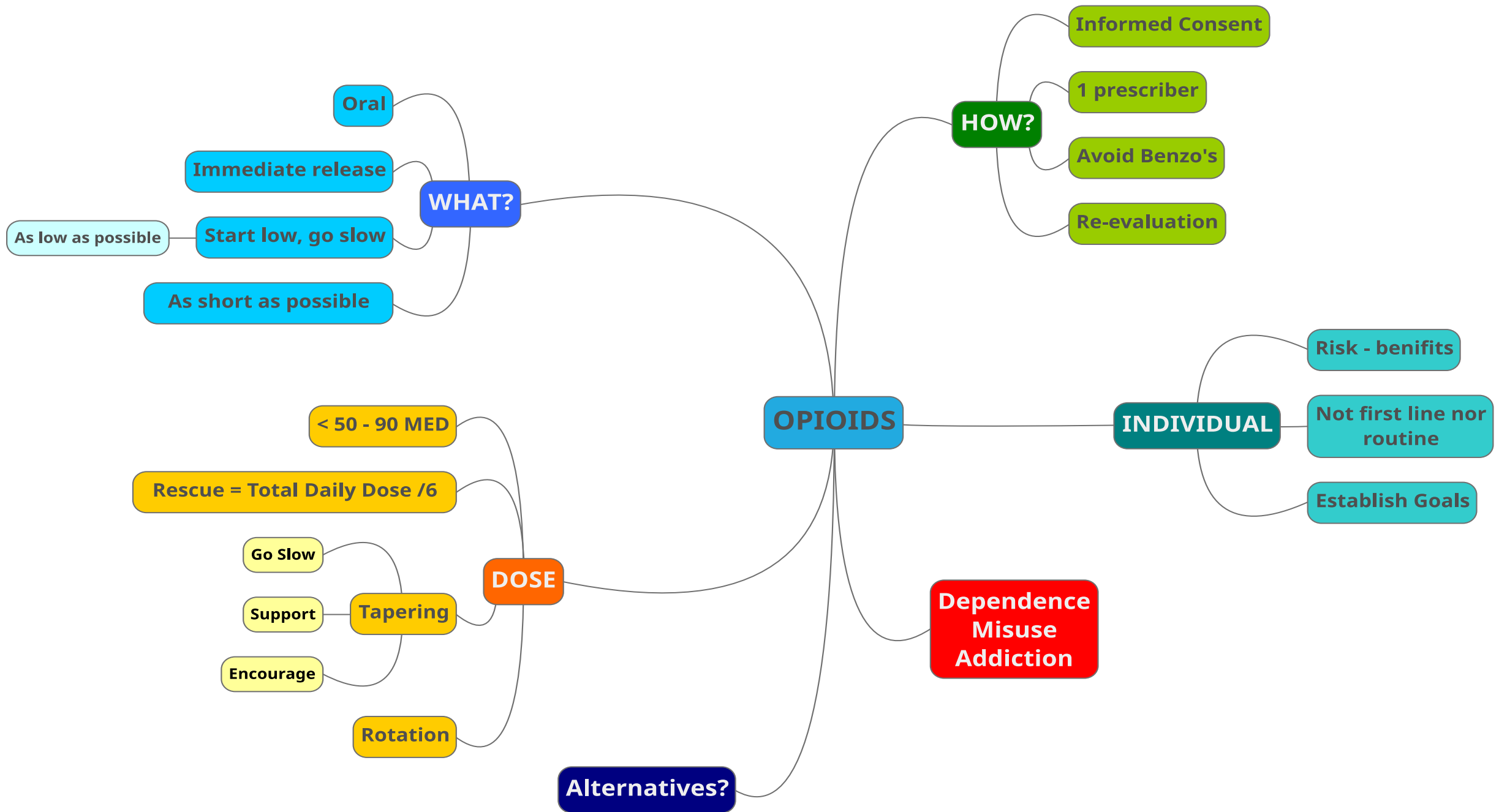
Immediate versus extended/long-acting Release

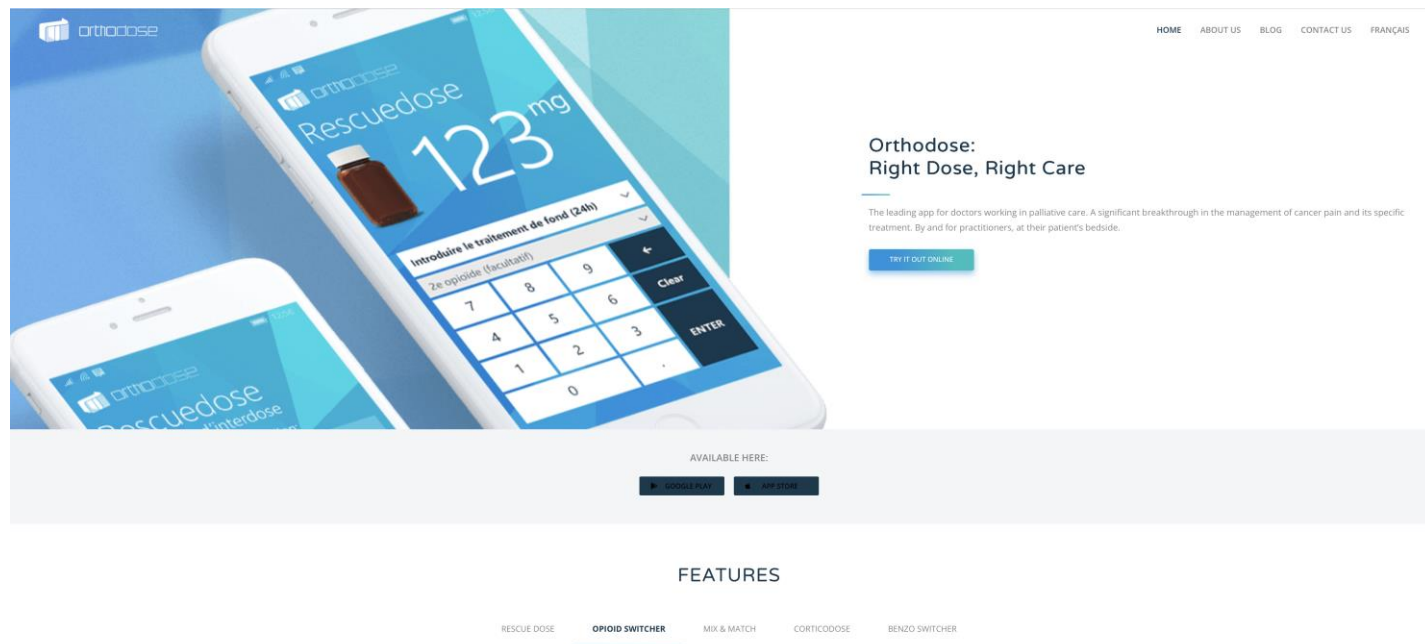
RELEASE FORM	TIME	PEAK PLASMA CONCENTRATION	DURATION OF ACTION
Immediate	Start of opioids Breakthrough Pain	1h	4h
Controlled release	Continuous Stable Pain	2-6h	12-24h
Transdermal	Continuous Stable Pain	12h - 16h	48 - 72h



Bijwerkingen

- **Regelmatig (> 30%)**
 - Sufheid
 - Constipatie
 - Misselijkheid
- **Zelden (tot 10%)**
 - Droge mond
 - Duizeligheid
 - Hoofdpijn/vermoeidheid
 - Spierschokken
 - Psychische klachten (rusteloosheid, gejaagdheid, verwardheid)
 - Slaapproblemen
- **Zeer zelden (<1 %)**
 - Moeilijke ademhaling
 - Apneu
 - Wazig zicht
 - Seksuele stoornissen



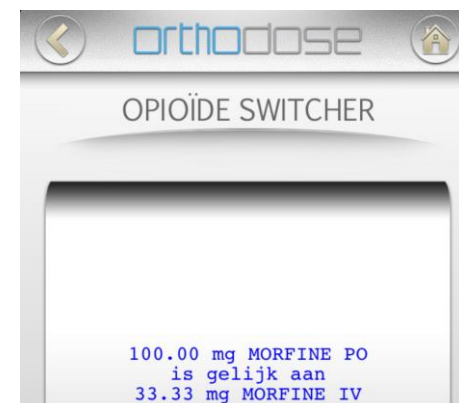


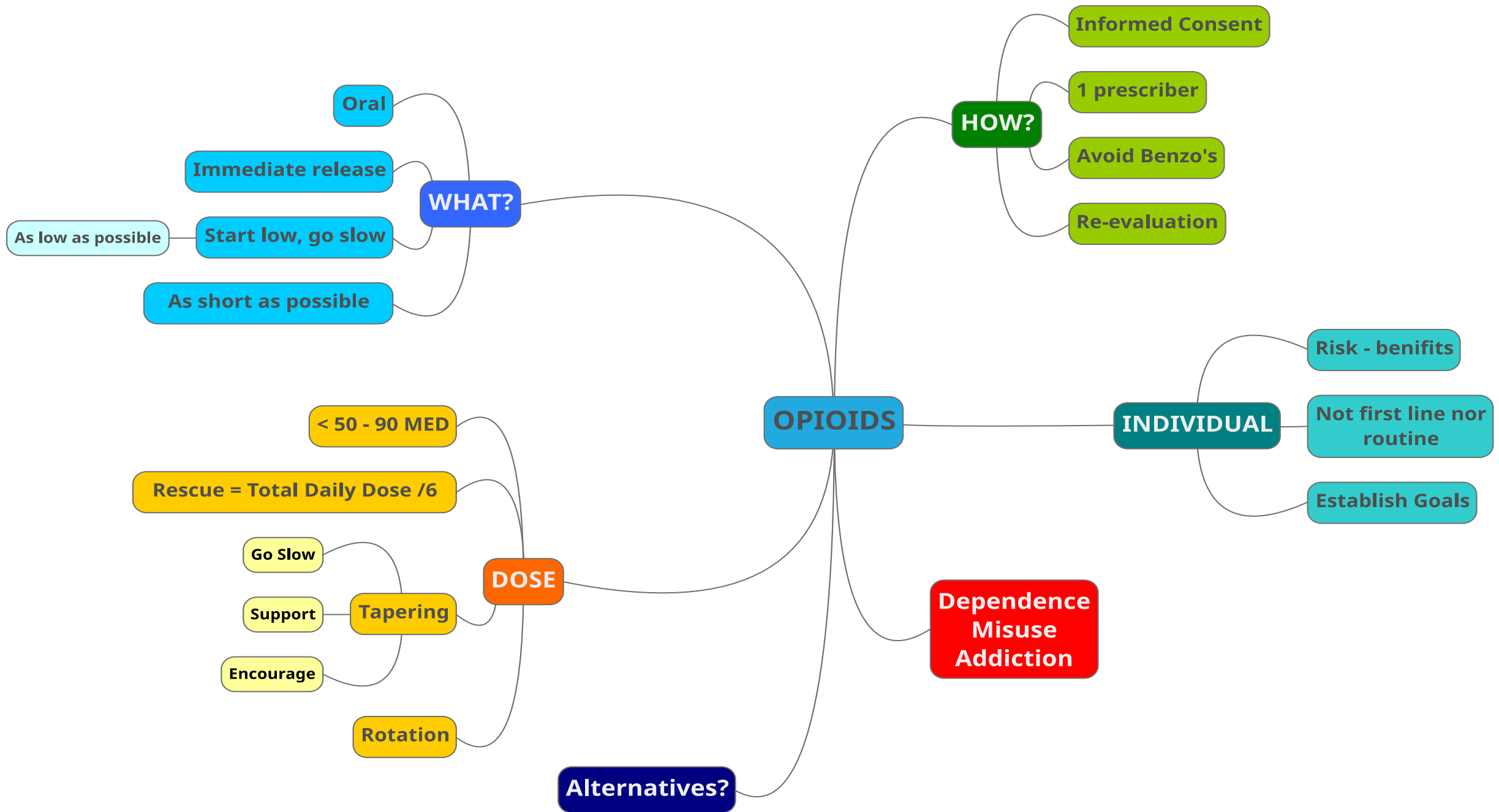
Vincent Vandenhoute

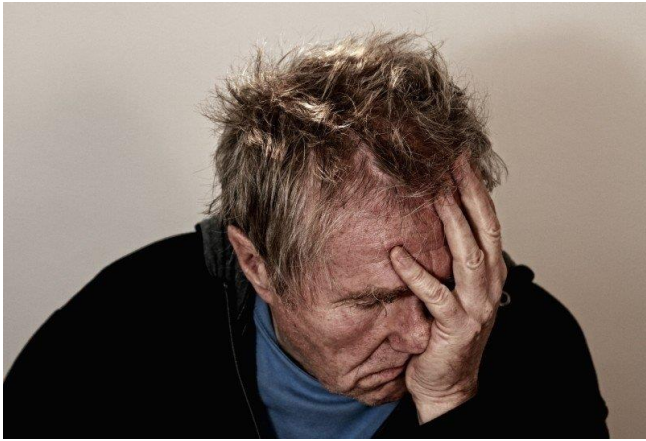
✳ Medical Doctor ✳ Teacher ✳ Palliative Care Specialist ✳ Creator of Orthodose App and Palliativedirectory.com

Brussels, Brussels Capital Region, Belgium
| Medical Practice

Current Cliniques de l'Europe / Europa Ziekenhuizen, Clinique Notre-Dame de Grâce, Cabinet Médical - Le Roseau
Previous Association, Foyer Saint Francois
Education King's College London
Websites Company Website
Personal Website







Man, 40 jaar

Lumbalgie - Cervicalgie

Pijn bovenste ledematen

NRS 8-10/10

Oxycontin 160mg 2dd

Morfine 90mg 2dd

Alprazolam 2mg 4-5co 1dd



Man, 30 jaar

Polyarthrititis Nodosa - chronische pijn

Prostaglandines via Centraal Veneus
Infuus

Dipidolor 20mg 8dd

Via centraal veneuze catheter



Vrouw, 45 jaar

Heelkundige procedure

Dipidolor

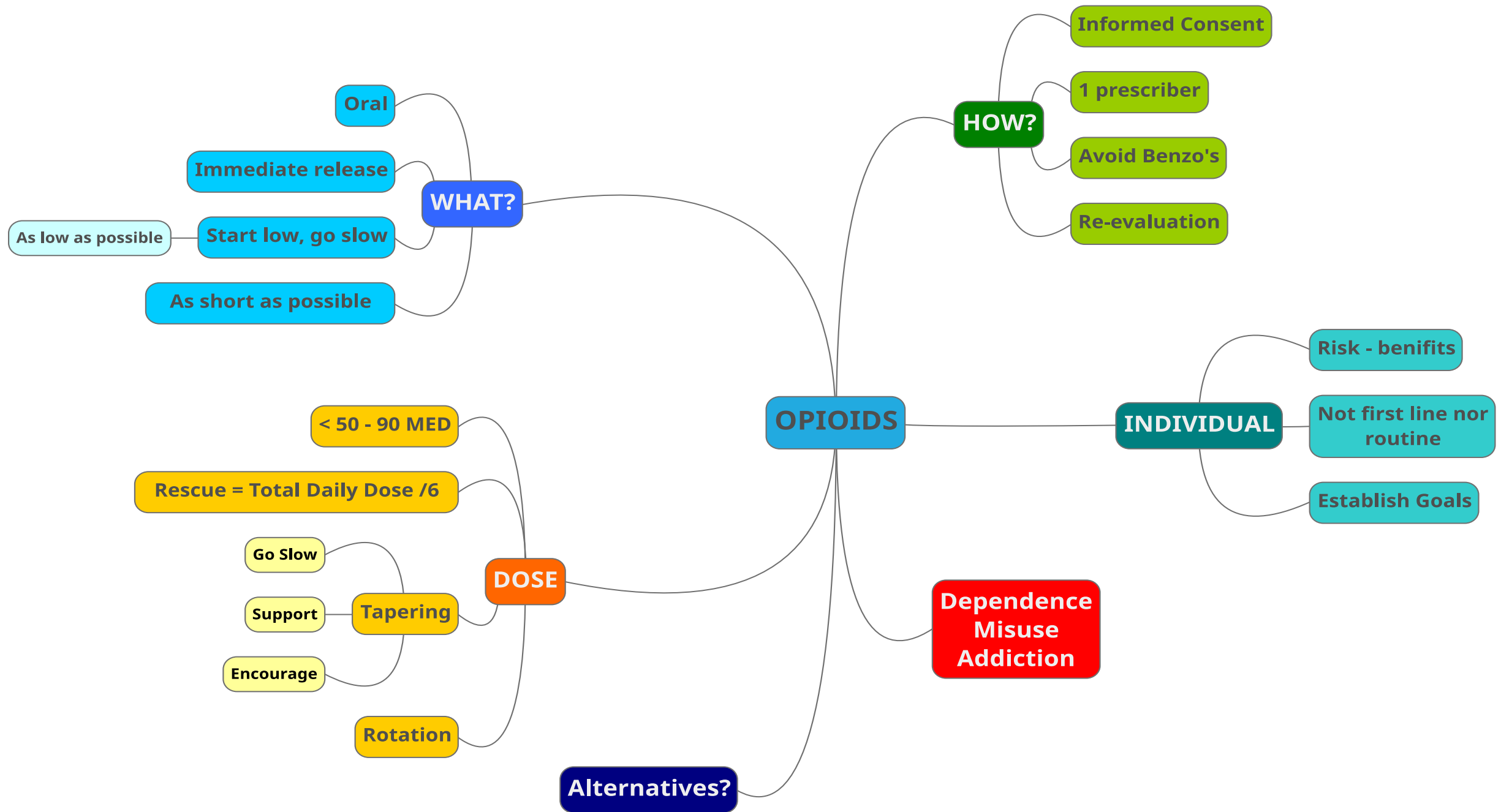
Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

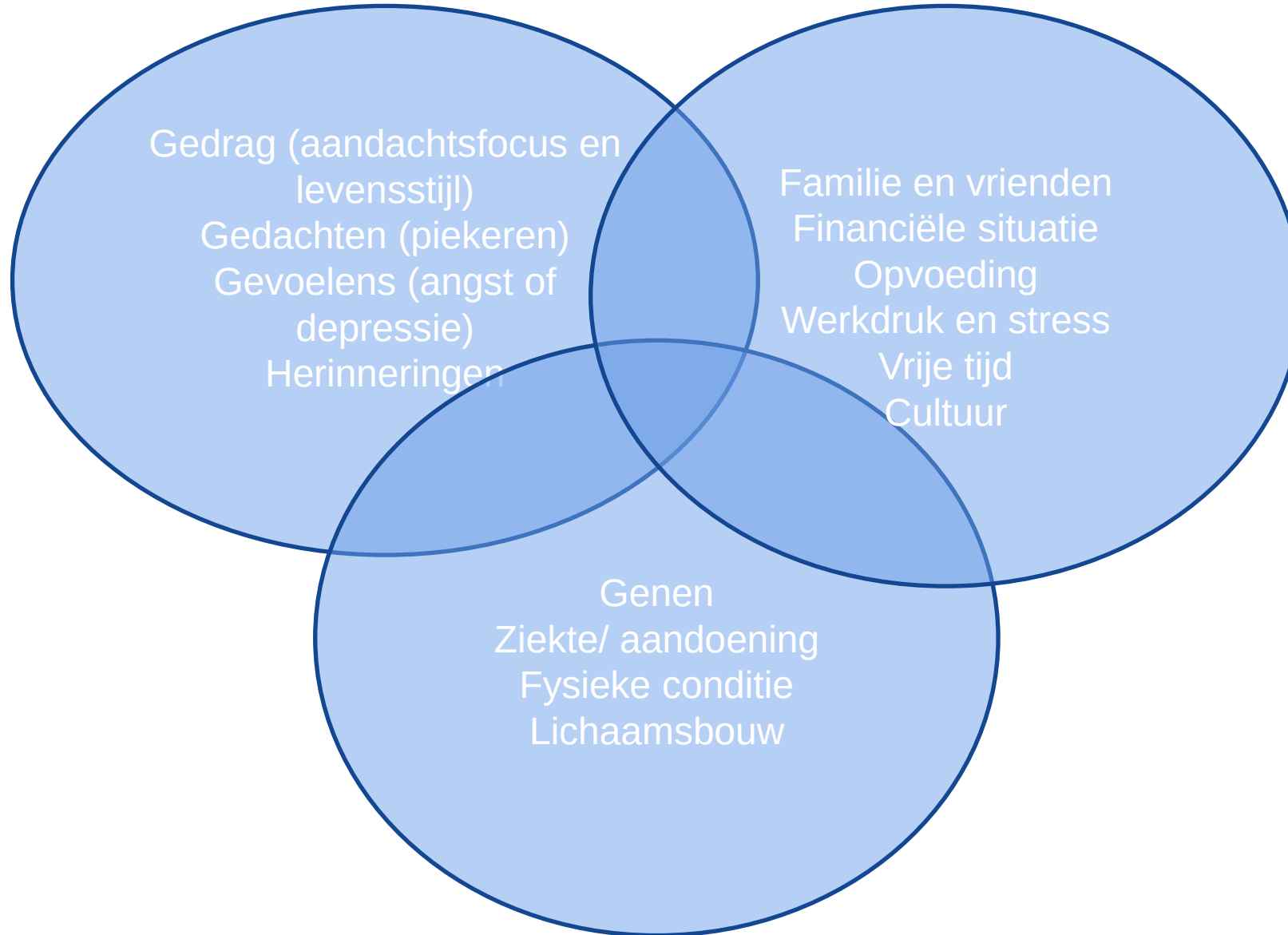
Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005; 6 (6) : 432

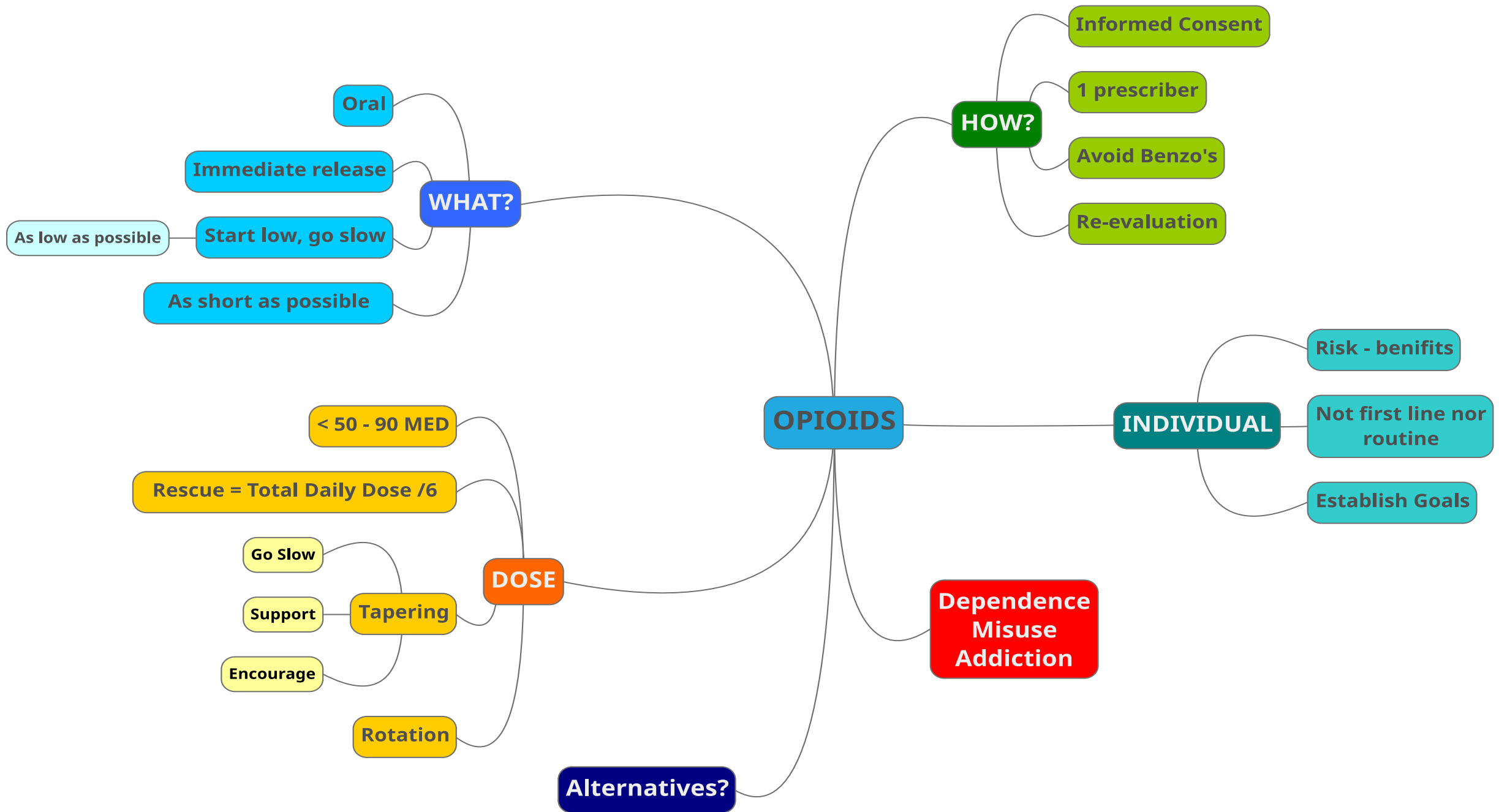


Psychologisch

Sociaal (omgeving/context)



Biologisch (lichamelijk)



SAM SCHELFOUT

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Volg ons op

