

OPIOFOBIA

dileme i razmišljanja naših ljekara

Prof.dr Danko Živković

Project number: 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP (2017 – 3109 / 001 – 001)

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Bol

- **u pozitivnom smislu bol je rano upozorenje**
- **dugotrajni bol gubi svoju fiziološku funkciju, znatno opterećuje pacijenta i smanjuje kvalitet života**

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Hronični bol

Bol dugog trajanja

(IASP:bol koji perzistira duže od tri meseca)

Često nepoznate etiologije

Nerijetko dovodi do fizičke i
psihosocijalne deterioracije ličnosti

Zahtijeva kombinaciju terapijskih modaliteta
(multidisciplinarni i multimodalni pristup)

Kompleksan i specifičan
zdravstveni problem- bolest *per se*

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Bol kao globalni zdravstveni problem

- ▶ Od hroničnog bola pati u Evropi **36%**, a u SAD-u **43%** populacije.
- ▶ Predstavlja veliki zdravstveni problem, posebno što je hronični bol bolest *per se* sa pravom na liječenje.

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Hronični bol

PARLAMENT EVROPSKE UNIJE

(izveštaj stručne komisije)

*"zastarela regulativa prepisivanja
opiodnih analgetika košta svake
godine EU 500 miliona radnih dana
i 34 milijarde EUR"*

Reuters Health Professional Medical News Date: June 16, 2005

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Hronični bol – bolest per se simptomi i znaci

- ▶ Slab apetit i nutricija, te gubitak tjelesne mase
- ▶ Poremećaj sna
- ▶ Depresija imunog sistema i povećana sklonost infekcijama
- ▶ Smanjena fizička aktivnost, slabljenje mišića i zglobova
- ▶ Nesposobnost za rad
- ▶ Zavisnost od porodice i drugih osoba
- ▶ Preterano i neodgovarajuće korišćenje sistema zdravstvene zaštite
- ▶ Izolacija od društva
- ▶ Anksioznost, strah, ogorčenje, frustracija, bespomoćnost, depresija, suicid.

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30% svjetskog stanovništva trpi neki oblik hroničnog bola (WHO)



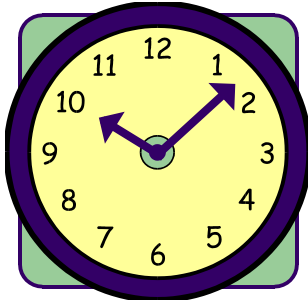
Svaki 8. bolesnik mlađi od 60 g dolazi kod ljekara zbog bola

Svaki 4. bolesnik iznad 60 g starosti javlja se ljekaru zbog BOLA

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Crook, J., Rideout, E., and Brown, G., "The Prevalence of Pain Complaints among a General Population", Pain, 1984.

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oralno
“po satu”
“princip stepenica”
Individualni pristup
Obraćanje pažnje na detalje

Farmakoterapija hroničnog kancerskog bola- principi SZO

Jaki opioidi
+/- koanalgetici



Blag bol (0-3)

Neopioidi
+/- koanalgetici

Umjeren bol (4-6)

Slabi opioidi
+/- koanalgetici

Jak bol (7-10)

Jaki opioidi
+/- koanalgetici

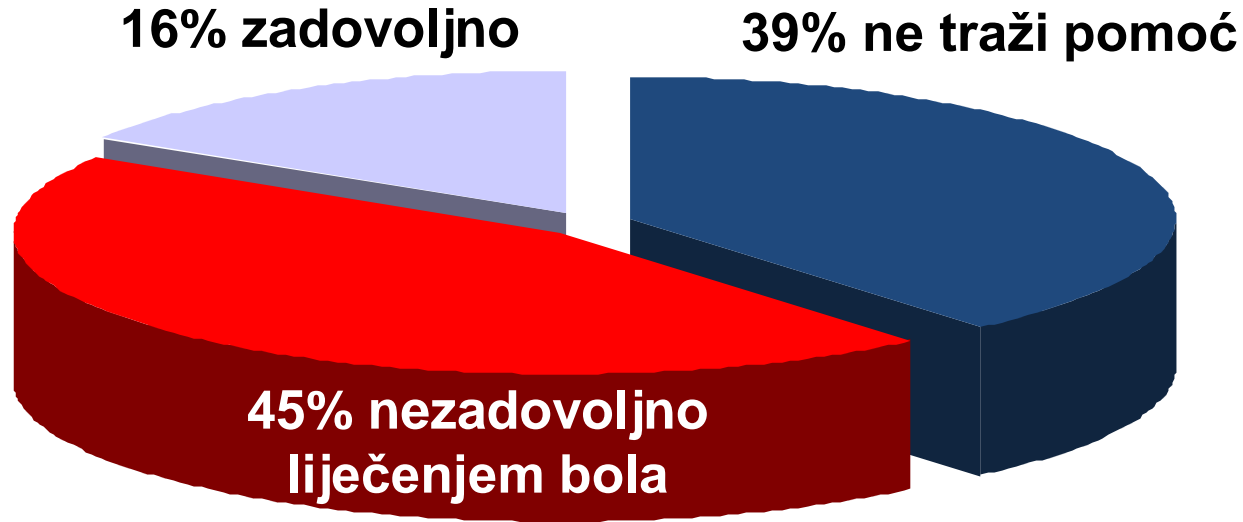
SZO Princip stepenica

procjenjena jačina bola određuje izbor analgetika

ukoliko se bol pojačava, prelazi se na sljedeću analgetsku stepenicu

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Bolesnici su nezadovoljni liječenjem bola



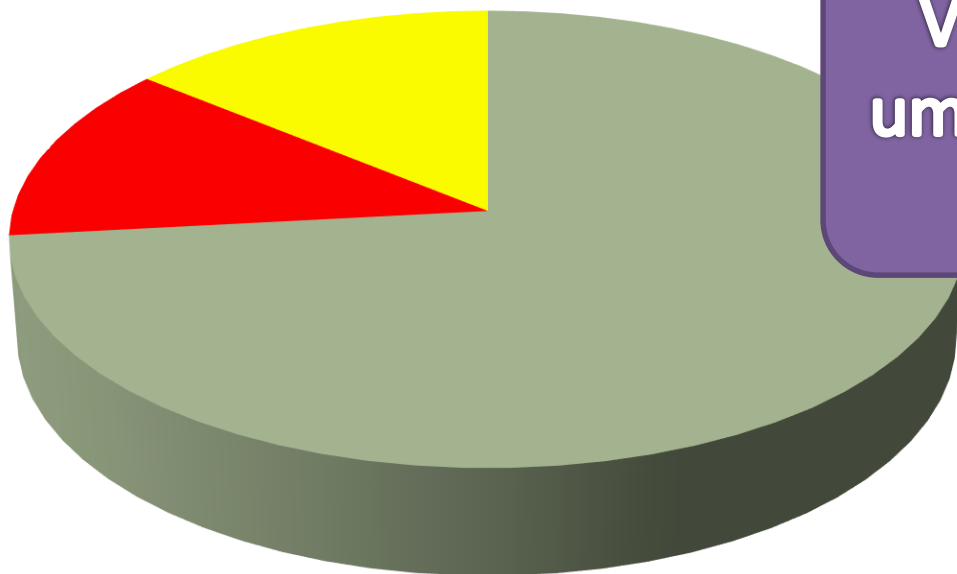
47% mijenja svog ljekara
22% promijenilo ljekara ≥ 3 puta

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Parrot T. Using opioid analgesics to manage chronic noncancer pain in primary care. J An Board Fam Pract.. 1999;12:293-306.

Pitanje : Koliki broj Vaših pacijenata trpi umereno jak i jak kancerski i nekancerski bol?

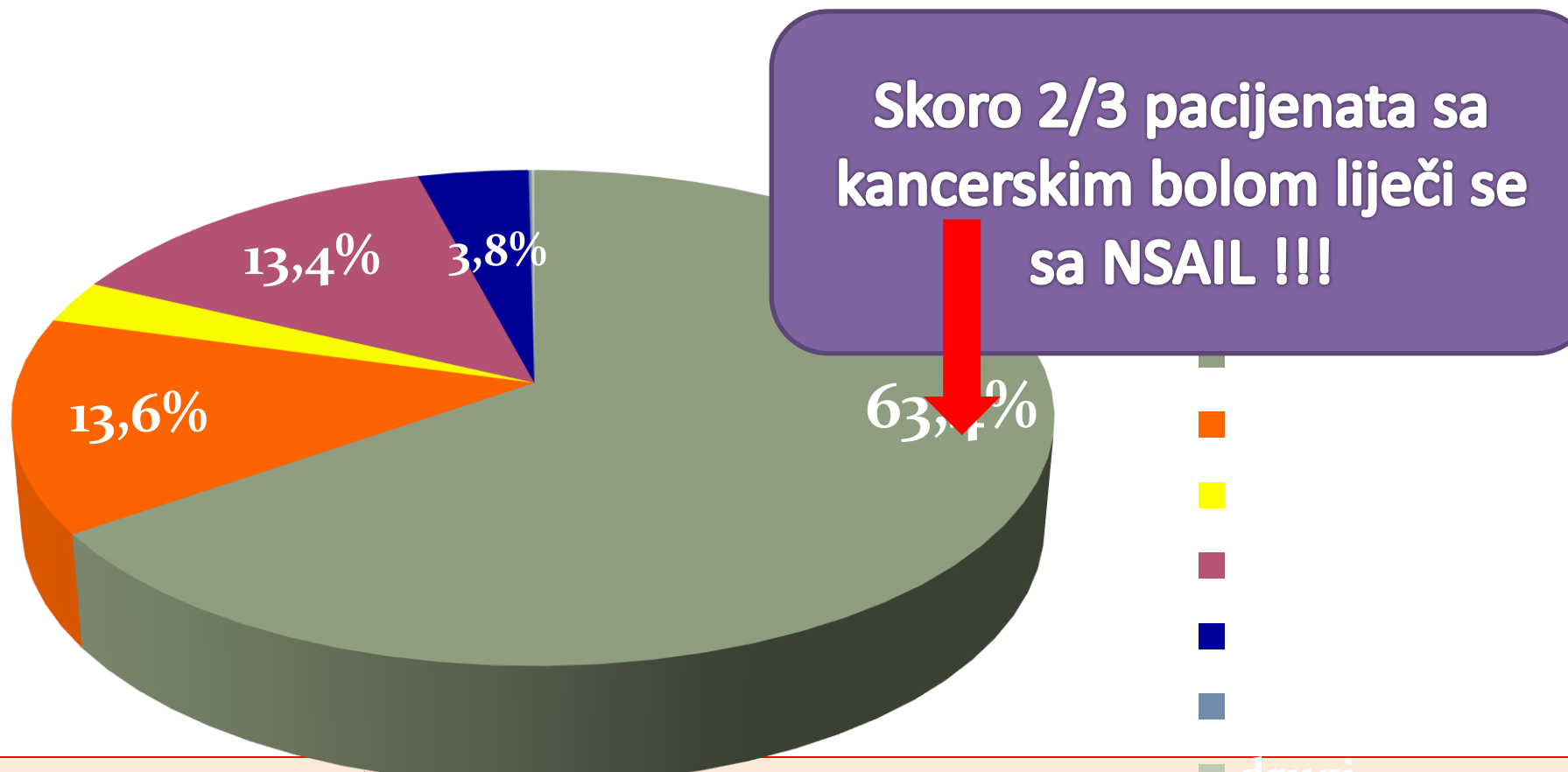


Više od 1/4 pacijenata trpi umereno jak i jak hronični bol !!!

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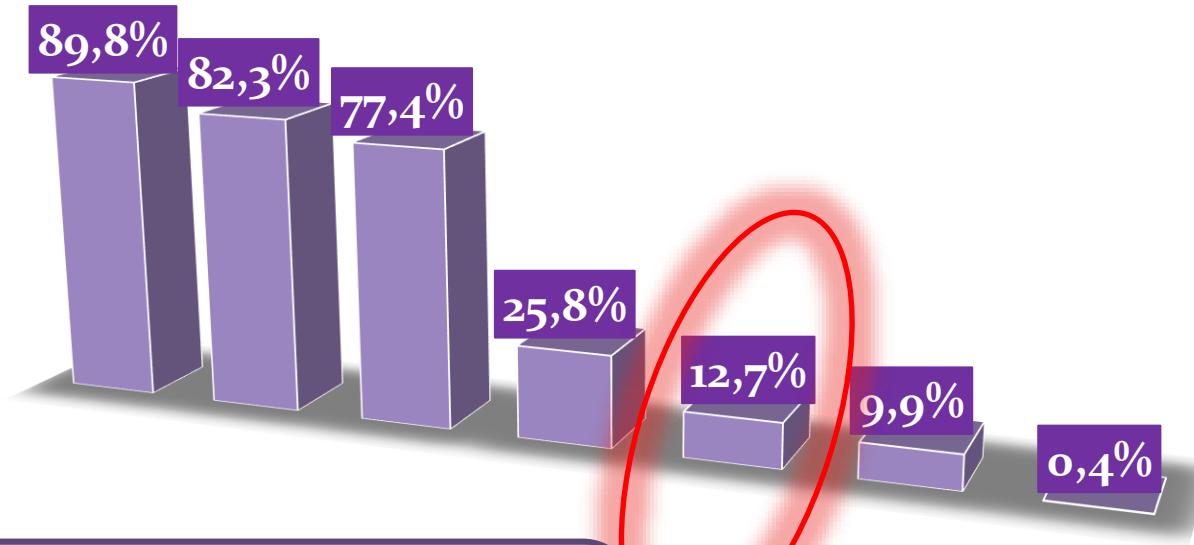
Pitanje : Šta propisujete od terapije pacijentima sa hroničnim kancerskim bolom?



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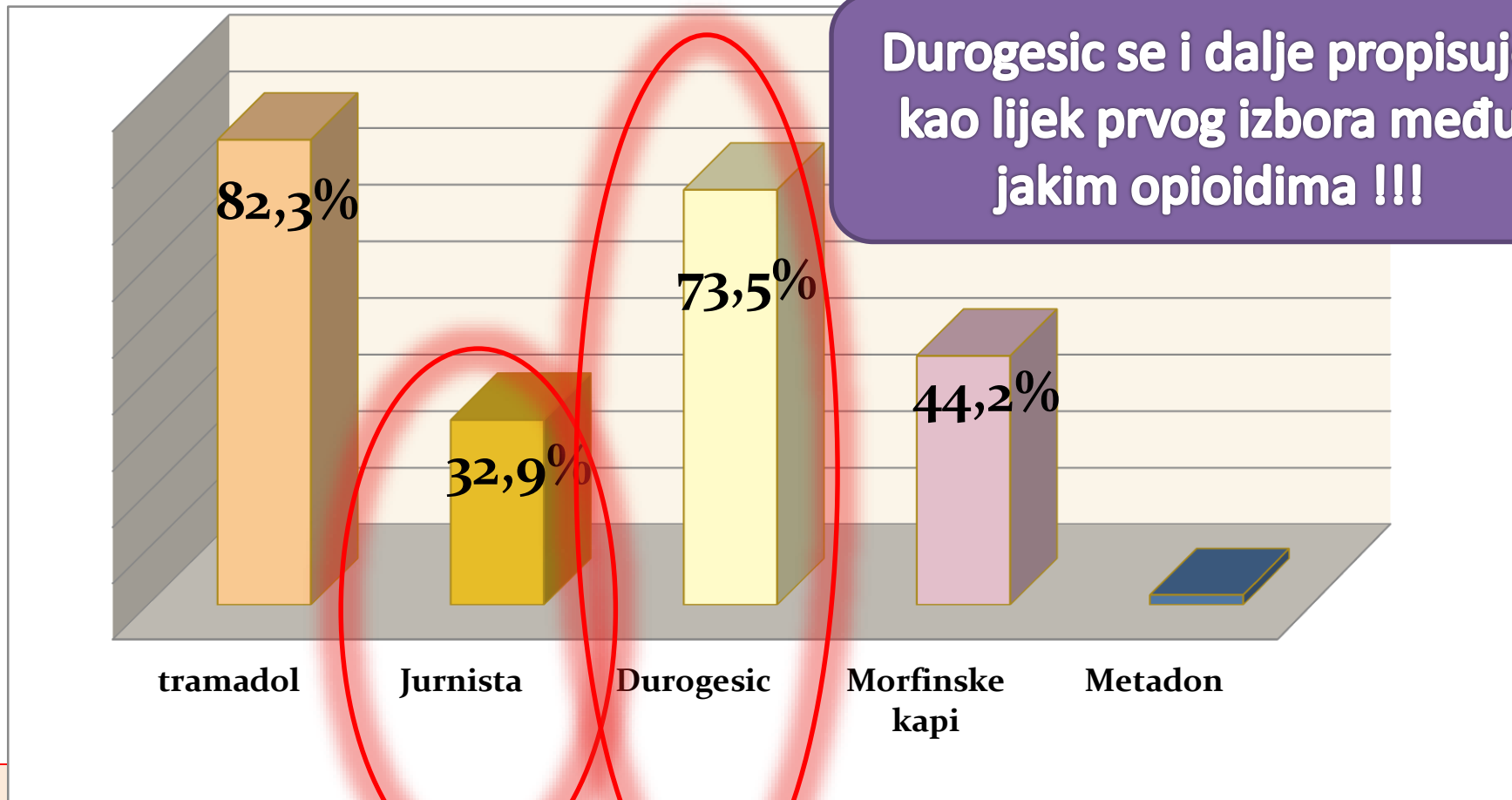
drugi

Pitanje : Zaokružite po Vama tri najvažnije osobine koje analgetik treba da ima



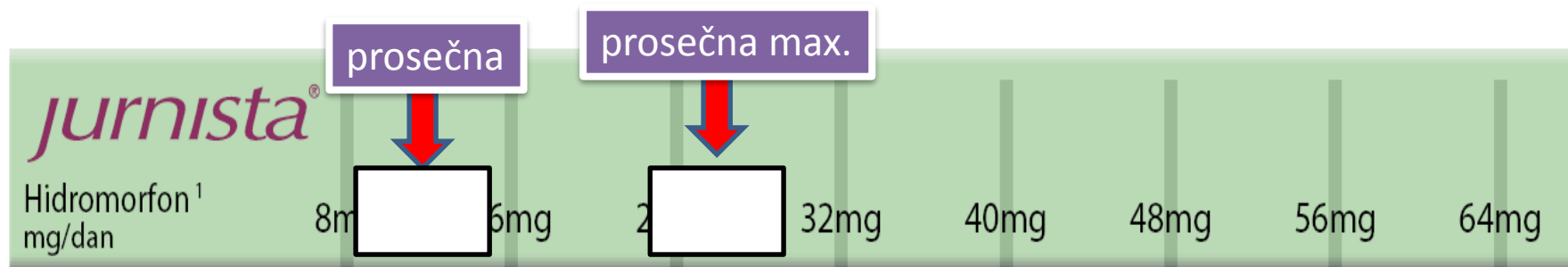
Čak 12,7% navelo je cijenu kao jednu od tri najvažnije osobine lijeka

Pitanje : Da li ste u poslednjih godinu dana svojim pacijentima prepisivali sledeće lijekove?



Durogesic se i dalje propisuje kao lijek prvog izbora među jakim opioidima !!!

Pitanje : Koje su prosječne i prosječne maksimalne doze jakih opioida koje ste davali?



Tramadol SR²
mg/dan

Morfin
mg/dan

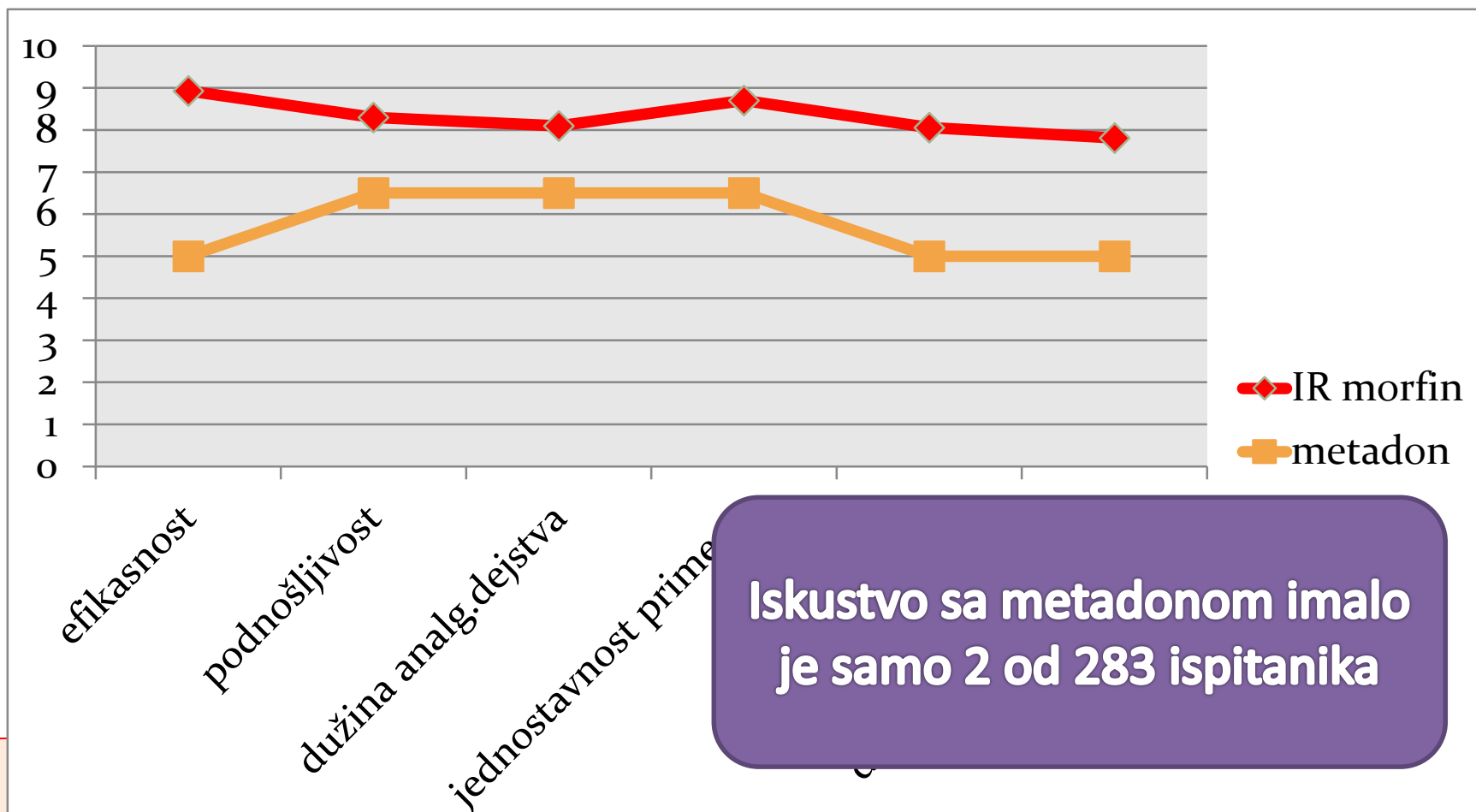
Fentanyl³
mcg/h

**PACIJENTI NA JURNISTI SU
SUBDOZIRANI!**

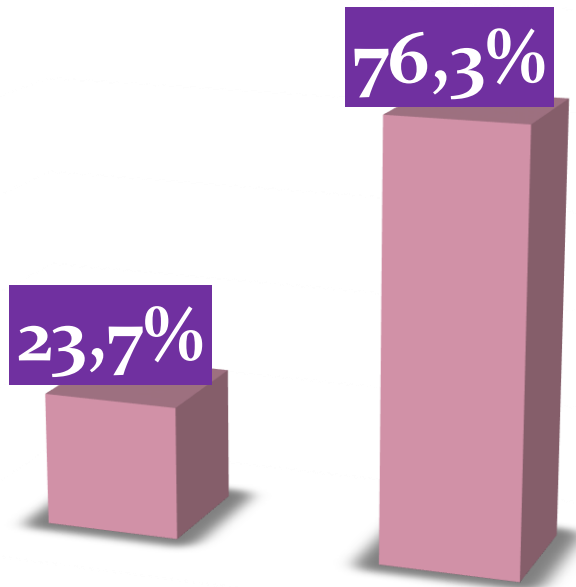
¹Sažetak karakteristika leka Jurnista, oktobar 2007, Clinical Practice Guidelines for the Management of Chronic Pain (www.guideline.gov); ³Farmakoterapija kancerskog bola. Monografija AMN SLD, serija B, vol. 1, broj 1, Bošnjak S., 119-137,

opioid therapy for chronic pain, US Department of Veterans Affairs, 2006

Pitanje : Ocijenite navedene osobine slijedećih lijekova:



Pitanje : Da li uvodite opioide samostalno ili na predlog ljekara specijaliste?



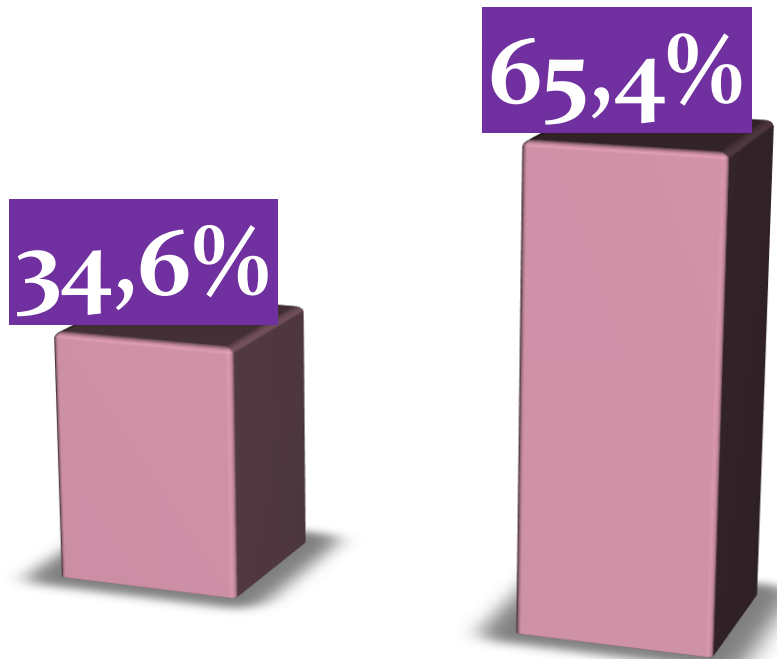
76 % ispitanika neće samostalno uvesti u terapiju opioidni analgetik !!!

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specijaliste

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Pitanje : Da li povećavate dozu opioida samostalno ili na predlog ljekara specijaliste?



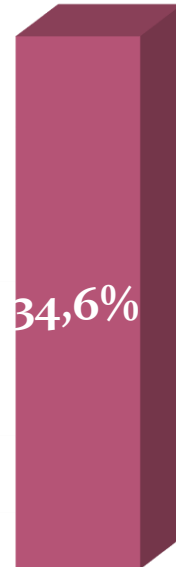
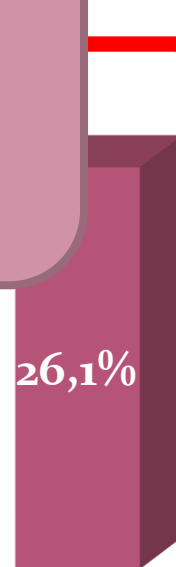
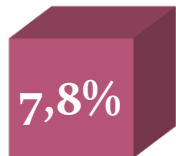
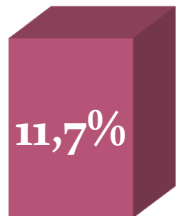
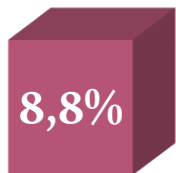
2/3 ispitanika NEĆE samostalno podići dozu opioidnog analgetika !!!

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Pitanje : Da li postoji nešto što Vas sprečava da liječite kancerski bol opioidima?

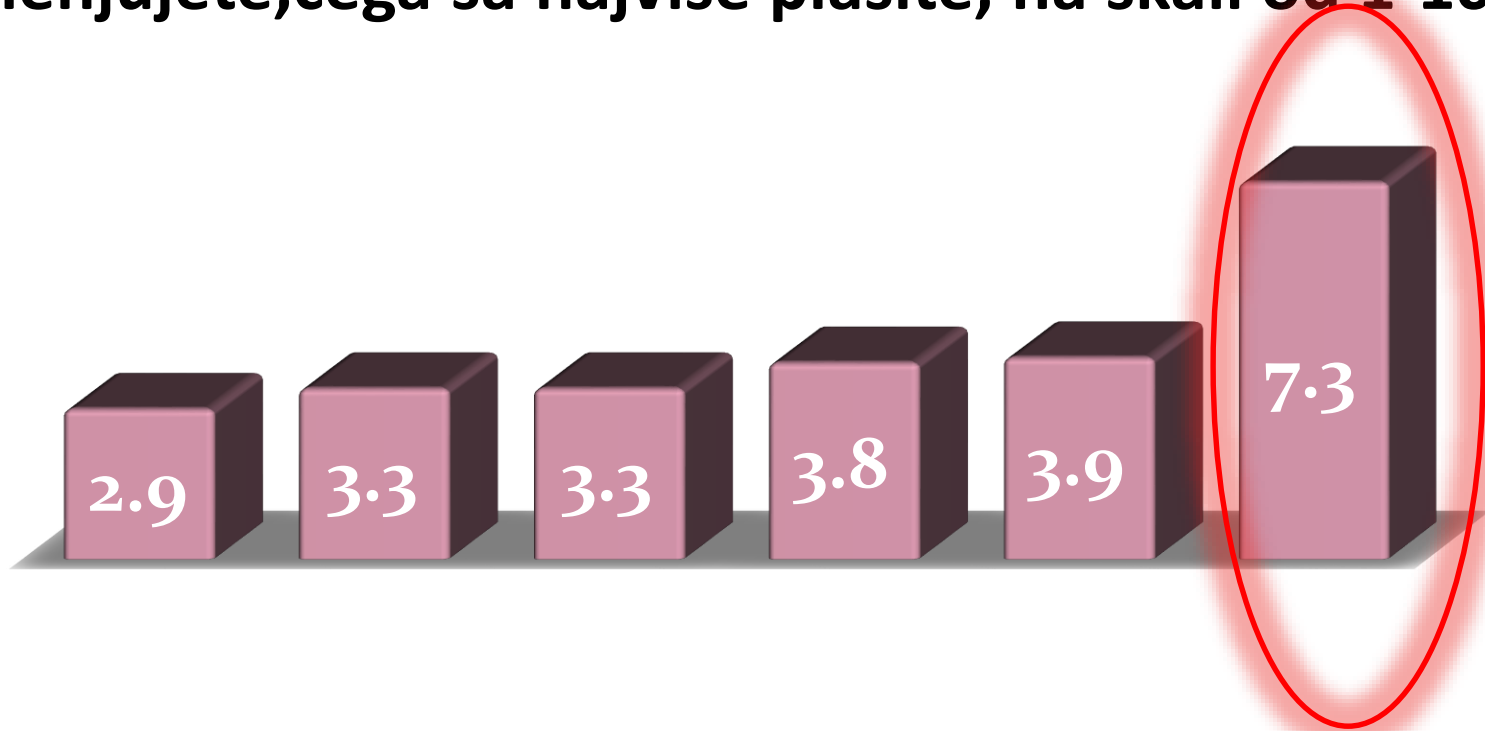
2/3 ispitanika ima razlog koji ih sprečava da liječe kancerski bol opioidima !!!



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Pitanje : Ako su ND opioda prepreka da ih primenjujete, čega sa najviše plašite, na skali od 1-10?



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Profil prosječnog ljekara opšte medicine u primarnoj zdravstvenoj zaštiti:

- ❖ Preopterećen birokratijom i velikim brojem pacijenata
- ❖ Nema dovoljno znanja i iskustva u terapiji hroničnog kancerskog bola
- ❖ Neće samostalno uvoditi opioidni analgetik u terapiju
- ❖ Neće samostalno povećavati dozu opioidnog analgetika
- ❖ Ima strah od ND, prije svega depresije disanja

ŠTA JE RJEŠENJE OVOG PROBLEMA?

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Kontinuirana medicinska edukacija ljekara primarne zdravstvene zaštite iz oblasti terapije hroničnog kancerskog bola

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Zaključak:

- Mi smo edukovaniji – moramo širiti svoje znanje dalje!

**NIKO NIJE U STANJU DA URADI SVE, ALI
SVAKO OD NAS MOŽE URADITI
PONEŠTO !**

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90%

**pacijenata sa uznapređovalim stadijumom bolesti
žali se na bol**

ogromna populacija

od **4,5 miliona** ljudi

(9 miliona novootkrivenih malignih oboljenja
godišnje,

5 miliona ljudi umire)

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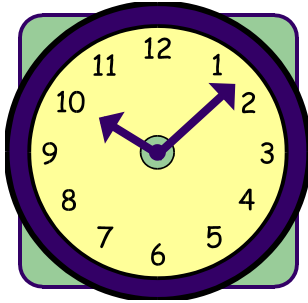
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Šta se čini, a šta je moguće učiniti?

- Zablude i predrasude o opioidnim analgeticima
- Adekvatna primjena (razjasniti zavisnost, toleranciju i neželjena dejstava opioida)
- Razmotriti propisivanje opioida (restriktivnost? dostupnost?)

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Analgetska ljestvica SZO može da ublaži bol kod 70-90% pacijenata sa hroničnim kancerskim bolom

Zenz, Colleau, 1998



...ali čak kod 10-30% pacijenata nije postignuta zadovoljavajuća kontrola bola i oni nepotrebno pate...

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HEPMP-edukativni seminar

- **Opiofobija- *prepreke* za uspješno liječenje bola kod oboljelih od malignih bolesti**

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1. OPIOFOBIJA

(neosnovan strah od opioida)

- kod ljekara
- kod bolesnika

2. Nacionalne / državne kampanje za borbu protiv narkomanije koje ignorišu medicinsku opravdanost opioida

3. Neinformisanost (neznanje)

4. Zakonska regulativa

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Opiofobija

- Razlozi za neuspjeh: mnogobrojni
- Opiofobija: jedan od najvažnijih
- **Pretjerani strah od terapijske upotrebe opioida**
- Opiofobi: rizik od opioidnih analgetika preveliki u odnosu na terapijsku korist
- Opioidi se izbjegavaju
- Posljedice → neuspješno liječenje bola, nepotrebna patnja bolesnika i njegove porodice
- Opiofobija raširena, prisutna na svim nivoima: zdravstveni radnici, pacijent/porodica, javnost

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Opiofobija- pacijenti

- "To je droga, neću da postanem narkoman."
- „Kada jednom počnem da koristim te lijekove nikada neću moći da ih ukinem.“
- „Ako počnem rano da koristim jak lijek protiv bola, kasnije kada mi stvarno bude potreban on neće djelovati“
- „Znam ja te lijekove za liječenje bola, to znači da mi je blizu kraj.“
- „Mogu ja još da izdržim, nisam ja još za te lijekove, nisam slabić“.
- „**Plašim se da ne budem ošamućen. Plašim se da ću stalno spavati i da neću moći da se probudim ako pijem te lijekove.**“

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Opiofobija- pacijenti

- „**Toliko me boli da ću prihvatiti sve lijekove, čak i one najgore.**”
- U ovoj izjavi objedinjeni su svi strahovi :
 - – strah bolesnika da će postati narkoman
 - – strah da se bliži kraj života
 - – strah da kada jednom počne sa primjenom ovih lijekova, oni nikada više neće biti ukinuti
 - – strah da ako se rano počne sa jakim lijekom on neće djelovati ako se bolovi pojačaju
- Opioidi nisu “najgori lijekovi”, to su lijekovi kao i svi drugi. Dugogodišnje iskustvo pokazuje da su opioidi najefikasniji i najbezbjedniji lijekovi za otklanjanje dugotrajnog kancerskog bola

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Prepreke za uspješan tretman hroničnog kancerskog

Zdravstveni radnici

- Nedovoljna edukacija i znanje o tretmanu bola
- Nedostatak vještina vezanih za uspješnu procjenu bola
- Pretjerivanje u procjeni rizika vezanog za upotrebu opioda

bola

opiiofobija

Bolesnik i porodica

- Strah da bol znači blisku smrt
- Odbija da prizna
- “bol je neminovan”
- “Nije dobar pacijent”

Zakonodavac

- Nije prioritet
- Restriktivna politika
- Nedostupnost

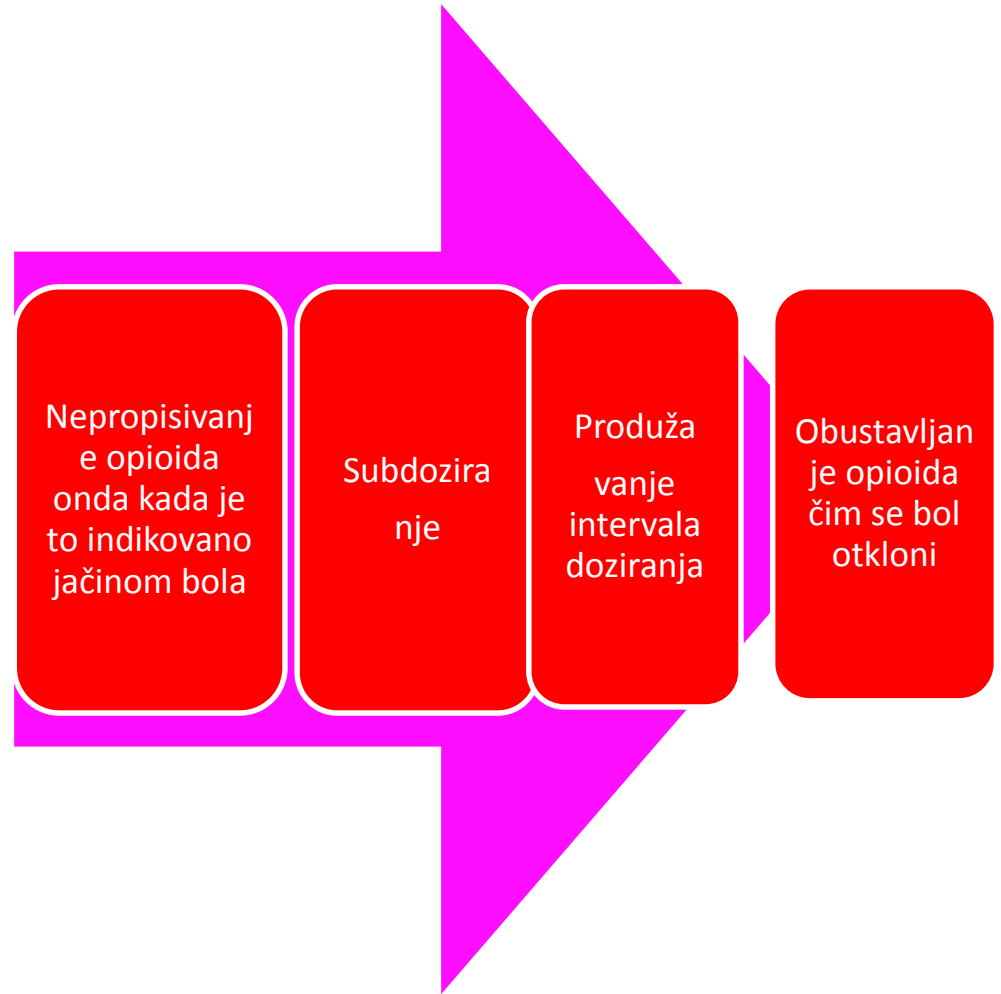
- Javnost

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Opiofobija

Strah

- ... od razvoja jatrogene zavisnosti
- ... od razvoja tolerancije
- ... od neželjenih
- dejstava opioida
- Restriktivni propisi za propisivanje opioida



Tolerancija

- Smanjenje analgetskog efekta opioida poslije ponavljanja određene doze
- Tolerancija na analgetički efekt se ne razvija brzo
- Tolerancija: ↓ efekta opioida - **razmotriti i druge moguće razloge za pojačanje bola!**
- Potreba da se doza poveća je najčešće rezultat objektivnog pojačanja bola (*pseudotolerancija*)

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Tolerancija

- **Prevazilaženje tolerancije**
- 1. prelazak sa slabog na jak opioid ili povećanje doze jakog opioida
- Za razliku od slabih, jaki opioidi nemaju tzv. maksimalnu dozu (doza lse povećava do prestanka bola ili do pojave neželjenih dejstava koja se ne mogu kontrolisati)
- 2. “rotacija opioida” - prelazak sa jednog jakog opioida na drugi

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Primjenu opioida indikuje JAČINA bola

Nezavisno od stadijuma bolesti ili očekivanog preživljavanja

Nezavisno od tipa bola (nociceptivni vs. neuropatski)

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Jatrogena zavisnost od opioida

- Komitet eksperata SZO: opiodi izazivaju fizičku zavisnost i toleranciju
- Dodatno razjašnjenje 2006. godine → pojava fizičke zavisnosti i/ili tolerancije kod bolesnika koji dugotrajno uzimaju opioide radi liječenja bola ne označava istovremeno i patološku zavisnost od opioida
- Fizička zavisnost i tolerancija su očekivane posljedice dejstva lijeka
- Same po sebi nisu dovoljne za dijagnozu zavisnosti
- Potrebno je prisustvo i drugih fenomena, koji čine tzv. *sindrom zavisnosti* (neodoljiva želja da se koristi lijek, gubitak kontrole, poremećaj funkcionisanja)

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Jatrogeno izazvana zavisnost

- Jatrogeno izazvana zavisnost **rijetka** (oko 2% bolesnika)
- Fizička zavisnost: adaptacija organizma na prisustvo opioda
- Apstinencijalni sindrom kod naglog obustavljanja (smanjenje doze, ↓ koncentracija lijeka u krvi, upotreba antagonista opioidnih receptora)

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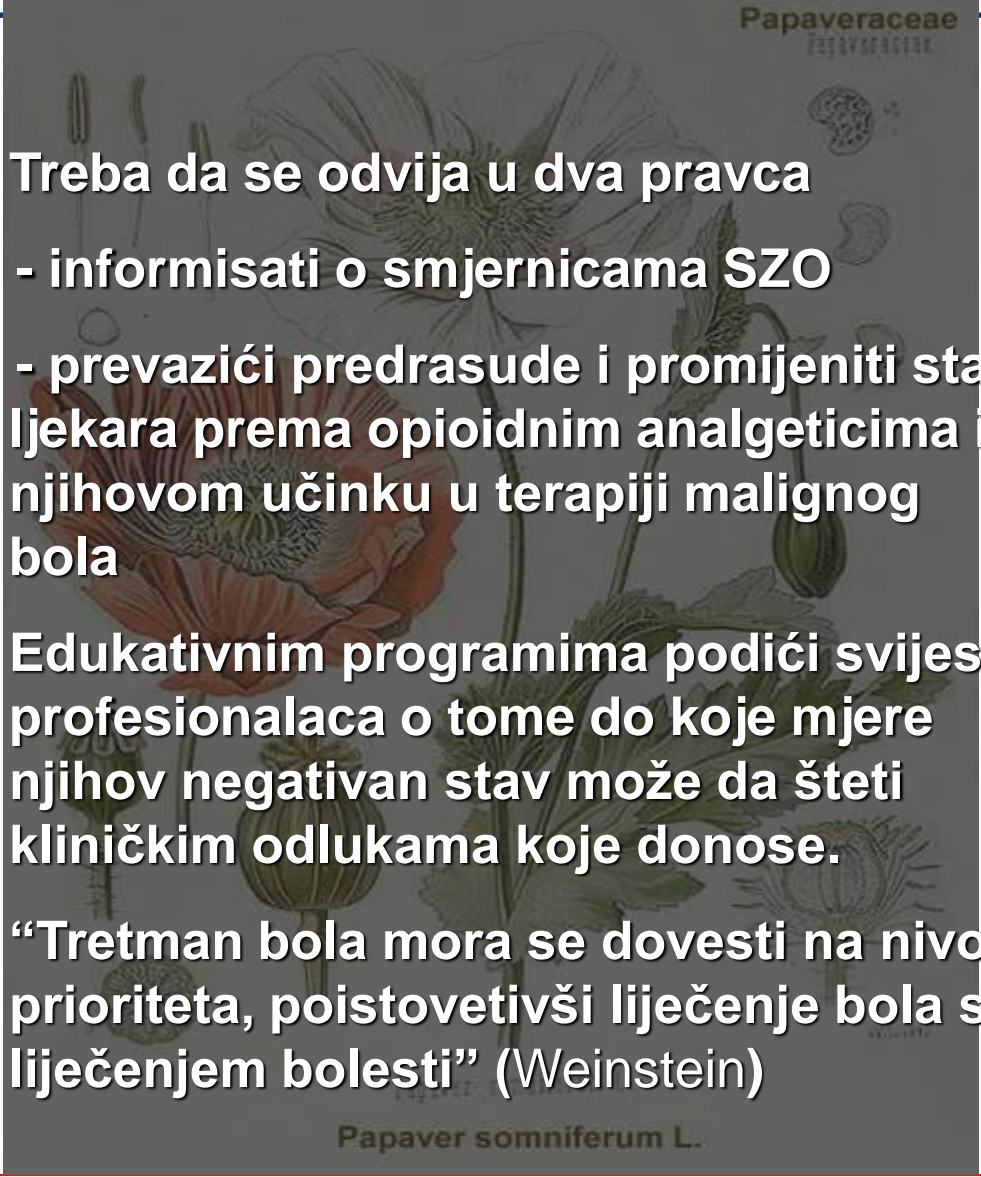
Jatrogeno izazvana zavisnost

- Fizička zavisnost se razvija ako se opioidi redovno koriste tokom 3-4 nedelje
- Nije prepreka ukidanju opioida kada više nisu potrebni
- **Dozu opioidnog analgetika postepeno smanjivati (npr. za 50% svaka 3 dana) i potom ukinuti**
- Ne preporučuje se da se interval između doza povećava!
-

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- 
- Treba da se odvija u dva pravca
 - informisati o smjernicama SZO
 - prevazići predrasude i promijeniti stav ljekara prema opioidnim analgeticima i njihovom učinku u terapiji malignog bola
 - Edukativnim programima podići svijest profesionalaca o tome do koje mjere njihov negativan stav može da šteti kliničkim odlukama koje donose.
 - “Tretman bola mora se dovesti na nivo prioriteta, poistovetivši liječenje bola sa liječenjem bolesti” (Weinstein)

Papaver somniferum L.

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Preporuke SZO:

Ne smije da bude zabune izmedju
odgovarajuće, kliničke upotrebe
narkotika i njihove moguće
zloupotrebe !

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Neželjena dejstva opioida

- Dobro poznata, mogu da se spriječe i kontrolišu
- Na većinu neželjenih dejstava razvija se tolerancija i ona se spontano povlače tokom vremena
- Trajno neželjeno dejstvo opioida je opstipacija
- Neželjena dejstva koja limitiraju dozu jesu mioklonus, delirijum, konfuzija i halucinacije

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Neželjena dejstva opioida

INICIJALNA	TRAJNA	RIJETKA
mučnina i povraćanje	opstipacija	Suvoća usta
Nesvjestica		Znojenje, svrab
Sedacija, konfuzija		delirijum

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Neželjena dejstva opioida

- Zdravstevni radnici: strah od pojave depresije disanja
- **Depresija disanja je potencijalno fatalno neželjeno dejstvo opioida, ali se na ovaj efekt brzo razvija tolerancija**
- **Bol se suprotstavlja depresornom efektu opioida na disanje**
- Depresija disanja izuzetno rijetka kada postoji bol i kada se doza opioida pažljivo i individualno titrira
- Ne razvija se naglo, obično joj prethode druga neželjena dejstva (mučnina, povraćanje i pospanost)
- Izbjegavati kombinacije opioida sa drugim lijekovima koji djeluju depresorno na disanje, naročito sa benzodiazepinima

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Neželjena dejstva opioida

- Uklanjanje/ublažavanje:
 - smanjenje doze opioida (+ adjuvantni analgetici, nefarmakološke metode RT) - promjena načina primjene (per os vs transdermal)
 - rotacija opioida
 - simptomatska terapija

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Istina: *“Hronični bol rađa patnju”*

- Hronični bol NIJE svrsishodan, nema protektivnu funkciju
- Hronični bol NIJE simptom, već bolest sama po sebi
- Energična prevencija, dijagnostika i liječenje !

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Na zajedničkom smo zadatku -



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Jaki opioidi postoje da bi ih koristili, a ne da bi ih izbjegavali!

Njihovu upotrebu indikuje isključivo jačina bola, a ne prognoza ili očekivano preživljavanje bolesnika!

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„USPOSTAVITI DOBRU KONTROLU BOLA UZ ADEKVATNU PSIHOLOSKU I SOCIJALNU PODRSKU“

Zapamtite –

*Pravo svakog pacijenta je da živi
dostojanstveno do kraja života i da
umire sa što manje patnje i bola*

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HVALA NA PAŽNJI



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