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# Beliefs, practices, and knowledge regarding the use and risks of opioids among clinicians in secondary care in the Netherlands

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## Relevance

- Medical specialists initiate 47.6% of the first prescriptions of opioid<sup>1</sup>
- Since 2023 long-term use of opioids increased<sup>2</sup>

## Aim and objectives

- To assess clinicians' beliefs, practices and knowledge regarding opioid use.
- Categorized into 3 types of pain: Acute- and post-operative pain (APOP), Chronic non-malignant pain (CNMP) and Cancer pain (CP)

## Questionnaire

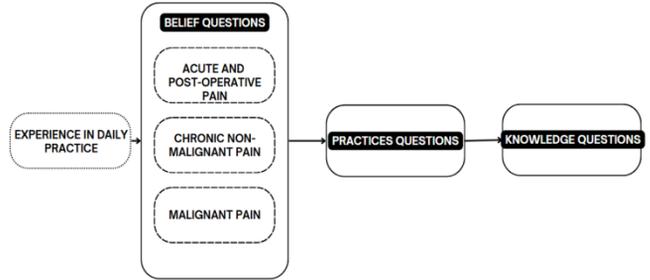


Figure 1. Structure of questionnaire. Belief section is based on the Health Belief Model<sup>3</sup>.

## Materials and methods

- Prospective quantitative study. February 3rd - June 27th, 2025, Elisabeth TweeSteden Hospital Tilburg, NL
- Anonymous online self-designed 38-item questionnaire
- 5-point Likert scale
- Questionnaires: 168 (response rate 25.1%)
- Analysis: Chi-square test,  $p < 0.05$

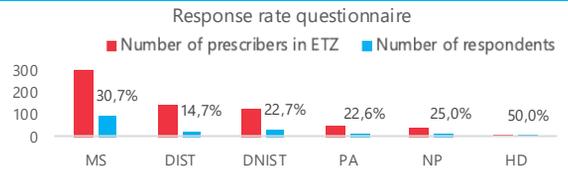


Figure 2. Response percentages. MS=medical specialist, DIST=doctor in specialist training, DNIST=doctor not in specialist training, PA=physician assistant, NP=nurse practitioner, HD=hospital doctor.

## Results – Selection of beliefs questions (6/18)

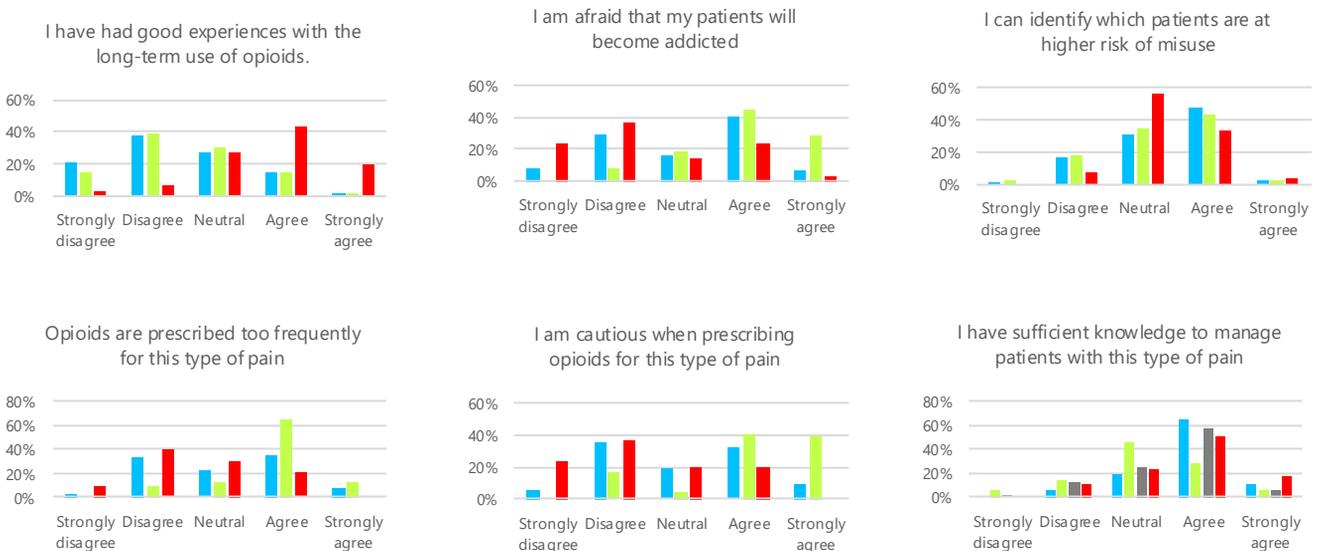


Figure 3. Response percentages by type of pain per statement.

## Results – Practices

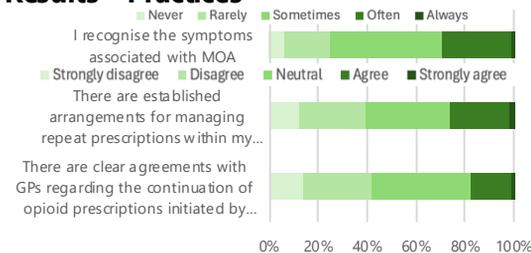


Figure 4. Response percentages per statement (n=168). MOA=misuse, overuse and addiction.

## Conclusion

- Perceptions differ by type of pain
- CNMP: most concerns, lower prescribing confidence
- CP: perceive most benefits, less cautious
- APOP: intermediate caution compared to CNMP and CP
- Lack of agreements on refill prescriptions
- Overall, not able to recognise misuse
- *General practitioners: more confident in treating CNMP than clinicians in secondary care<sup>4</sup>*