Communication Tips when Discussing Opioid Tapering in Patients with Chronic Pain

(Recommendations for adults 18+ with chronic pain more than 3 months, excluding active cancer, palliative, or end-of-life care)

Recommendations	Example Dialogue with Patients
Use Active Listening Skills • Sit with the patient, listen, and reflect • Use a neutral tone • Are expectations unrealistic (zero pain)? • Do opioids provide an escape from life circumstances? • Is there fear? Of withdrawal? Of unmanageable pain?	• *"It sounds like there's a lot of stress in your life."* • *"You're saying the pain is making you feel desperate and edgy."* • *"I know you are going through a tough time. I am sorry about that."*
Use Objective Facts • Pain scores over time • Change in function over time • Presence of adverse effects • Risk of overdose or addiction • ORT score • Red flags	• *"This is my professional responsibility."* • *"I want to provide the best patient care."* • *"I can only prescribe medications when it can be done safely."* • *"I cannot, in good conscience, prescribe a medication that could harm or kill you."* • *"You've told me Dilaudid works, what else have you tried?"* • *"I have not met you before. I can't prescribe opioids without additional evaluation and information."* • *"I need to obtain and review the initial assessment report of your accident and injuries."*
Explain Your Decision • Be honest and straightforward • Communicate your reasons and concerns • Focus on safety issues: risk of overdose, presence of adverse effects • Reframe goal from pain relief to function restoration • Avoid responding to emotion with emotion • Keep your feelings and medical facts separated • Be polite but firm • If you feel pressured, excuse yourself	• *"It looks like opioids just don't work well for you."* • *"I have noticed that_____."* • *"You're on a high dose of opioids and having side effects, but your pain is not controlled."* • *"You may actually feel better if we pull back on your opioids."* • *"I worry that your risk of overdose with this medicine just too high."* • *"With your sleep apnea, adding an opioid could slow your breathing too much or even make you stop breathing."* • *"From what you've told me, I think stress is adding to your pain, and an opioid is not the best way to treat that."* • *"In the long run, opioids actually change the way your brain perceives pain."* • *"Numbing the pain for a while will make it worse when you finally feel it."*
Show You Care • Encourage non-pharmacologic therapies • Offer non-opioid therapies • Consult a colleague; obtain a second opinion • Consider addictions medicine specialist or pain management consultation	• *"We've talked about options for your pain. Which would you like to try?"* • *"There is a strong connection between feeling down and pain, so would you be willing to meet with our mental health specialist?"* • *"Let's work together with your pharmacist on a gradual tapering plan."* • *"I know you can do this and I will stick with you through this."*

Canadian Family Physician Aug 2018, 64 (8) 584-587; Pocket Guide: Tapering Opioids for Chronic Pain. Centers for Disease Control and Prevention; NPS MedicineWise: Victoria State Government. Recommendations for Deprescribing or Tapering Opioids. May 2016.

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Prescribing Tips and When to Taper Opioids for Patients with Chronic Pain

(Recommendations for adults 18+ with chronic pain more than 3 months, excluding active cancer, palliative, or end-of-life care)

Prescribing Tips	When to Consider Opioid Tapering

• Consider a consultation with a pain management specialist
• Optimize non-opioid analgesics and non-pharmacologic therapies first
• Discuss opioid exit strategy up-front before initiating therapy
• Start with lowest dose of opioid and slowly increase
• Prescribe scheduled doses rather than "as needed" when possible
• Evaluate the benefits and possible harm of therapy:
  • Within 1 – 4 weeks of starting opioid therapy
  • At least every 3 months
	• Patient requests dose reduction
	• No clinically meaningful improvement (30% or more) in pain or function
	• Doses more than 50 MME/day without benefit
	• Opioids have been combined with benzodiazepines
	• Deterioration in physical, emotional, or social functioning
	• Signs of substance use disorder (e.g. related work or family problems, difficulty controlling use)
	• Overdose or other serious adverse event occurs
	• Presence of early warning signs for overdose
	• Resolution of condition likely causing pain

Pocket Guide: Tapering Opioids for Chronic Pain. Centers for Disease Control and Prevention.
NPS MedicineWise: Victoria State Government. Recommendations for Deprescribing or Tapering Opioids. May 2016.

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How to Taper Opioids

Recommendations for adults 18+ with chronic pain >3 months excluding active cancer, palliative, or end-of-life care

Step 1 Optimize adjuvant non-opioid analgesics and non-drug treatments (e.g. CBT, physiotherapy).

Step 2 Consolidate all opioid therapy into a single long-acting medication if feasible.

Step 3 Decrease the opioids by 10% of the original dose per week. It may require 10% per month, especially if the patient is anxious about tapering, psychologically dependent, or cardiorespiratory conditions exist. Faster tapers may be used if serious adverse effects present. Slow or pause tapering when managing withdrawal symptoms.

Step 4 Once 1/3 of the original dose is reached, slow the taper to half of previous rate.

Step 5 Once the smallest available dose is reached, extend the interval.

Step 6 Consider discontinuation when dosing is less than once per day. The patient may maintain at a lower opioid dose if unable to complete the taper.

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Withdrawal Symptoms and Treatment

Many of these symptoms may not be seen with gradual taper

Opioid Type	Short-acting	Long-acting
Withdrawal Onset	8-12 hours	1-3 days
Peak	24-48 hours	3-8 days
Duration	5-7 days	10-14 days

Early symptoms may include:

- anxiety and restlessness
- runny nose, tearing eyes
- rapid short respirations
- dilated reactive pupils

Late symptoms may include:

- runny nose, tearing eyes
- rapid breating, yawning
- tremor, diffuse muscle spasms/aches
- pilo-erection (goose bumps)
- nausea and vomiting; diarrhea
- abdominal pain
- fever, chills
- increase in white blood cells (if sudden withdrawal)

Prolonged symptoms may include:

- irritability, fatigue; hormonal related
- decreased body temperature
- bradycardia (slower heart rate)

Early = hours to days
Late = days to weeks
Prolonged = weeks to months

Some people with chronic pain will find that symptoms such as fatigue and general well-being are improved over time with tapering of the opioid. In such cases, gradual gains in function will be possible and should be explored.

Symptoms	Pharmacological Treatment
Sweating / Tachycardia	Clonidine 0.1mg BID-QID (test dose 0.1mg and monitor HR and BP; taper after 5-10 days)
Anxiety / Lacrimation / Runny Nose	hydroxyzine 25-50mg TID prn
Aches / Pains / Myalgia	NSAID 2-4x/day; APAP 650-1000mg q6h prn
Diarrhea	loperamide 4mg, then 2mg after each loose stool, do not exceed 16mg/day
Nausea and Vomiting	Ondansetron 4 mg every 6 hours as needed OR prochlorperazine 5-10mg q6h
Insomnia	Sleep hygiene; trazodone 25-100mg HS, amitriptyline 10-25mg HS, doxepin 10mg HS

Journal of Gerontological Nursing 2018; 44(1): 9-14 Pocket Guide: Tapering Opioids for Chronic Pain. Centers for Disease Control and Prevention. | NPS MedicineWise: Victoria State Government. Recommendations for Deprescribing or Tapering Opioids. May 2016. | American Society of Addiction Medicine. The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. 2015. | Veterans Health Administration. Opioid Taper Decision Tool. October 2016.

Mississippi State Board of Medical Licensure Prescribing Rules Summary

MSBML Prescribing Rules Summary:	
Acute Pain	◦ Recommended < 3 days ◦ Max 10 days, may give 1 additional (max 10 day) prescription
Chronic Pain	◦ Use lowest effective dose ◦ Recommend ≤ 50 MME daily ◦ Should not exceed 90 MME daily ◦ If > 100 MME must be in pain clinic ◦ Methadone for chronic pain only through pain clinics (by physician)

Benzodiazepines	◦ Max 90 days per prescription
	◦ Should not co-administer with opioids
	  ◦ Short term acceptable
	  ◦ Patients on chronic benzodiazepines and opioids should be gradually weaned off one or both
	  ◦ Chronic co-administration in rare, extreme circumstances

Mississippi Prescription Monitoring Program (MPMP)	◦ All licensees must register with MPMP ◦ Must check on all opioid prescriptions for acute and/or chronic non-cancerous/non-terminal pain upon issuance ◦ Must utilize the MPMP upon initial contact with new patients and at least every 3 months thereafter for all controlled medications other than opioids ◦ Must document MPMP review (must include time from last check) ◦ PMP check not required for inpatients but must be checked if discharged on opioids
Drug Screening	◦ Point of Service Drug Testing must be done at least 3 times per calendar year when Schedule II medications is written for the treatment of chronic non-cancerous/non-terminal pain ◦ Applies also for Benzodiazepines for chronic medical and/or psychiatric conditions which are non-cancerous/non-terminal ◦ Inpatient treatment/hospice patients exempt
Exemptions	◦ Terminal/Cancer treatment ◦ Hospice patients ◦ Inpatients (nursing home, rehab, hospitals, etc.) ◦ Prescriptions for Pseudoephedrine, Lomotil, Lyrica, Testosterone, and/or Amphetamines prescribed for patients under the age of 16 for the treatment of Attention Deficit Hyperactivity Disorder
Pain Management	◦ If ≥ 50% of patients receive controlled substances for chronic pain, must register as pain clinic ◦ If advertises as pain clinic, must register ◦ Must check MPMP every time controlled substance prescribed ◦ Must see a pain management physician prior to initiating controlled substance

***MME = Morphine Milligram Equivalent**

Opioid Tapering
Patient Information

What is an opioid taper?

An opioid taper is a plan developed with your doctor to reduce the amount of opioids you are taking to the lowest possible dose that effectively manages your pain symptoms.

Why should I taper my current opioid dosage?

High doses of opioids may not provide good pain relief over long periods of time. Sometimes opioids can cause your pain to get worse. This is called opioid-induced hyperalgesia.

Side Effects of Long-Term Opioid Use

- Tolerance – Opioid medication becomes less effective over time requiring higher doses to achieve the same level of pain relief
- Physical dependence – With chronic use of an opioid, the body develops tolerance to it and withdrawal symptoms occur when stopping the drug
- Constipation
- Drowsiness
- Fatigue
- Breathing difficulties while sleeping
- Low testosterone in men
- Low estrogen and progesterone in women
- Worsening pain

Benefits of Tapering

- Less pain
- Better mood
- Increased function
- Improved overall quality of life

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Prepare for an Opioid Taper

- Establish a support system of friends, family, and healthcare professionals
- Develop a plan for treatment of pain related to withdrawal
- Make a plan to manage other withdrawal symptoms, including anxiety and sleeping problems
- Learn about non-opioid pain management strategies including distraction, doing activities, stretching, meditation, relaxation, massage, and/or yoga. Your doctor may also prescribe non-opioid pain medications.

Expectations During an Opioid Taper

Pain – Increased pain is one of the first withdrawal symptoms you may experience. This may be an increase in the pain you were initially being treated for as well as joint and muscle aches. This pain generally passes within 1-2 weeks and may be lessened by tapering opioid doses very slowly. Often the pain that was originally being treated with the opioid does not worsen as the dosages are reduced. Work with your doctor if this withdrawal symptom is severe. You may need to slow the taper or take a break.

Withdrawal symptoms – These symptoms can be unpleasant but are generally not life threatening. Do not obtain opioids from non-medical sources, friends, or family as this can be very dangerous. Talk with your doctor if the symptoms are severe.

- Flu-like illness
- Feeling "down" or unwell
- Sweats, chills, goose flesh
- Headache, muscle aches, joint pain
- Abdominal cramping, nausea, vomiting, diarrhea
- Fatigue
- Anxiety or irritability
- Trouble sleeping

Goal

The goal is improved pain control and increased quality of life by tapering the opioids to the lowest effective dose.

References:
http://nationalpaincentre.mcmaster.ca/documents/Opioid%20Tapering%20Patient%20Information%20(english).pdf
https://uhn.echoontario.ca/wp-content/uploads/2018/04/Opioid-Tapering-Patient-Pamphlet.pdf

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