How to Talk Tapering: Strategies and Treatment Considerations

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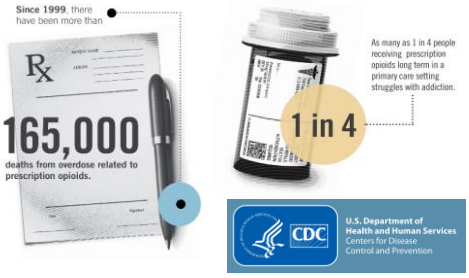
Disclosures

- Nothing to disclose
- No discussion of off label drug use

Objectives

- Review important psychological considerations when tapering opioids
- Discuss most common opioid-related behavioral challenges
- Identify concrete strategies to improve provider communication and patient outcomes

Focus on Opioid Safety and Tapering



Why We Taper

- Adverse effects
- Diminishing/absent analgesia
- Opioid use disorder, misuse, diversion
- Reduced/inadequate functioning and QOL
- Evidence of chronic opioid risks

But When We Taper…

- Challenges may exist such as lack of:
  - Patient interest initiating taper
  - Patient adherence to plan
  - Provider comfort with medical and/or *behavioral* side of management
  - Provider time for sufficient education, explanation, or follow-up

Patient Presentation

- The Fear Factor – single greatest challenge in tapering
- Even when ineffective or minimally effective, it may be difficult to imagine life without opioids
  - Familiarity breeds powerful psychological dependence
- Common fears:
  - Increased pain
  - Withdrawal symptoms
  - No alternatives

Fear: Increased Pain

- What does this drug do for you?
  - Important for patient to reflect on this… often "reduce my pain and improve my functioning" is not the answer
- More likely to "take the edge off"
  - The numbing element may be the most powerful – the softening of life, including psychiatric symptoms, that may not be managed in any other way

Fear: Increased Pain

- Overall patients do not report increased pain and report improved functioning and even decreased pain levels
- Educate about the need for a big picture strategy – meds are one piece and there are no "pain killers"

Fear: Withdrawal

- Physiological symptoms
  - High level of individual variability
  - Setting a reasonable plan should help – not "cold turkey"
- Differentiate between discomfort and pain
  - Uncomfortable feeling does not mean an opioid is needed or even that there is an increase in pain - this is not an emergency, plan for it

Fear: No Alternatives

- Alternatives may include:
  - Workbooks/books; online assistance (including programs); med options
  - Example: https://pain.goalistics.com/
- Even if in a rural area or without great deal of human resources, options are available
- Patients may not 'want' options that include more self-management/active involvement but it is still the right thing

Pain Action Plan

- Developing a concrete plan with the patient is comforting and works well to quell fears/panic
  - Provide a clear structure for tapering
    - Include medical and behavioral aspects
- May be safe analgesic options that may not have been trialed or trialed appropriately

Opioid Tapering: Case Example

Deciding what not to do is as important as deciding what to do.
- Steve Jobs

Clinical Case

- Ms. F, 53-year-old female Veteran (retired 2017)
  - Primary pain = neck 2/2 to fracture in 1990 and MVA in 2009
    - Secondary LBP radiates to left foot; headaches
    - Treatments: Nerve root ablation, trigger point injections, Botox, opioid medication (Percocet 10 mg, QID)
      - History of overtaking opioids, currently husband manages medications
    - Severe pain behaviors: sunglasses, posture, use of wheelchair
  - Co-morbidities include PTSD, MDD, history of TBI

Clinical Case

- Functioning: Pain severely negatively impacting her
  - Physical: Ambulated slowly with one hand on the rolling walker
  - Social: Denied, lives with 2 grandchildren while her child is deployed. Isolated to her room so that husband can care for them
  - Recreational: Denied current involvement
  - Occupational: Demoted at work and currently retired
  - Relationships/Sexual: Significant strain in marriage. Denied having close relationships
  - Sleep: Difficulties with initiation and maintenance
  - Mood: Depressed, anxious

Talking Tips: Initiation

- Use aspects of motivational interviewing: CDC opioid guideline phone application
  - Communicate your *care* for the patient
  - *Summarize* the continued functional difficulties despite current treatment
    - Explore patient's values and specific goals for improvement
  - *Validate* their experience and efforts

Talking Tips: Reassure

- *Reassure* them that you will work with them through the process
- Share your *confidence* in and provide information on additional treatment options
- Indicate what others have found helpful when tapering and developing a more comprehensive, effective pain action plan
- Collaboratively discuss the path forward

Talking Tips: Effective Communication

- **Legitimize** that you believe they are hurting and their pain is real
- **Focus on function:** What concerns do you have about the quality of your life right now?
- **Redefine helping** as guiding the patient in effective self-management practices instead of curing pain
- **Clarify** the patient's beliefs and expectations:
  - What would you like for me to do and what are you willing to do?

Effective Communication

- **Shift** the focus to active instead of receptive options:
  - The more tools you have in your toolbox, the better equipped you will be to manage your pain
- **Facilitate** collaboration:
  - I'm committed to working with you so that together we can develop a plan that's right for you.
- **Provide support** by offering any other resources that will complement messages (e.g., written materials, videos)

Remember…

- Share success stories of others; have peers share directly if possible/positive testimonials
- Patients may refuse treatment which is their decision and right – responsibility of provider is to make choices/recommendations available
- Not obligated to provide opioids; obligated to provide the best level of clinical care

Key Messages

- As a provider, stay the course
  - Focus on minimizing mental and physical distress
    - Addressing fears
    - Ensuring safety
  - Be empathic but not apologetic
  - The right thing is often not the easy thing – this is an appropriate medical decision and the therapeutic choice
- This is what helping looks like!

Thank You

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