PARTNERSHIP HEALTHPLAN of CALIFORNIA

Managing Pain Safely

# Tapering Toolkit
# Provider Resource

**Working to improve the health of PHC members by ensuring that prescribed opioids are for appropriate indications, at safe doses, and in conjunction with other treatment modalities.**

[Page left blank]

# Table of Contents

About the PHC Tapering Toolkit ..... 4
Identify Candidates for Tapering ..... 6
Setting a Tapering Plan ..... 10
Quick Tips- Engaging the Patient and Motivational Interviewing Questions and Answers ..... 19
These following are resources on motivational interviewing: ..... 25
Additional Resources ..... 26
Acknowledgements ..... 27
Appendices
Appendix A: CDC Guideline Summary
Appendix B: Opioid Use Disorder - Diagnostic Criteria
Appendix C: Patient Health Questionnaire
Appendix D: Primary Care PTSD Screen
Appendix E: Washington Taper Spreadsheet
Appendix F: Clinical Opiate Withdraw Scale

**Note:** Throughout this toolkit we reference tools, guidelines, and other resources for safe pain management.

All the references are listed in the Appendices in the order that they appear in this document.

For links to external resources use the link to open and print them. The order of the links is PHC resources followed by the external ones. The online links to information on the PHC, CDC, and other websites can be opened with the online version of this toolkit at: http://www.partnershiphp.org/Providers/HealthServices/Pages/Managing-Pain-Safely.aspx

© Copyright 2016 Partnership HealthPlan of California. All rights reserved. All trademarks and service marks are the properties of their respective owners

## About the PHC Tapering Toolkit

Partnership HealthPlan of California (PHC) is committed to supporting solutions to reduce the risk of high dose opioid medications that include intended or unintended death, respiratory and metabolic derangements, and behavioral abnormalities. PHC strives to:

- Reduce escalations of opioid dose in high dose patients (**>120 MED**)
- Reduce new initiations or prolongations of acute doses of opioids
- Encourage tapering of dosing for high dose patients

This tapering toolkit is designed to assist providers engage their patients on high dose opioids in a stepwise physician-directed tapering process, and to provide guidance on management of complications and special scenarios during the tapering process. The four steps described in this toolkit are:

- Identify candidates for tapering
- Set a tapering plan in collaborative consultation with patient
- Manage the tapering process and complications
- Plan for special situations and contingencies

Use of high dose opioid medications pose well described risks to the patient including:

- Overdose and death
- Respiratory depression
- Worsening of sleep apnea
- Hypogonadism with loss of libido, erectile dysfunction
- Osteopenia
- Sedation
- Abdominal pain and nausea
- Constipation

Tapering the dose of opioids in high risk patients can reduce the above risks with lower mortality and higher quality of life. Recent guidelines issued by the Centers for Disease Control and Prevention emphasize that the above risks, especially overdose and death, increase dramatically with opioid doses over 50 morphine equivalents (MED), and opioids should be used with extreme caution over 90 MED.

**Additional Resources:**

- **CDC Guidelines for Opioid Prescribing in Non-Cancer Patient -** http://www.cdc.gov/drugoverdose/prescribing/guideline.html
- **Mayo Clinic Review of Opioid Tapering -** http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/pdf

Patients on high dose opioids (> 120 MED) or who have history of prior overdose or suicide attempt should be offered a naloxone (Narcan) rescue intranasal or injectable kit, and taught the appropriate use including loading of syringe into the intranasal atomizer, and administration. In addition to the patient, members of the patient's family as well as friends should be taught how to use the naloxone rescue kit.

**Additional Resources:**

- **Opioid Overdose Kit for 1st Responders -** http://store.samhsa.gov/shin/content/SMA16-4742/SMA16-4742.pdf
- **How to Use the Naloxone Intranasal Kit (Video) –** https://youtu.be/Jis6NlZMV2c

The concomitant use of opioids with benzodiazepines are a particularly challenging combination for opioid tapering. The dramatic rise in prescription drug overdoses and deaths are largely attributable to use of both medications. Up to 80% of opioid-related overdose deaths are also associated with benzodiazepines. As many as 40% of chronic opioid users are also taking benzodiazepines. On a biochemical basis, benzodiazepines act on the opioid receptor system in the brain and are potent potentiators of the central effect of opioids. Moreover, benzodiazepines are thought to be inhibitors of opioid metabolism in the liver. Optimally, both drugs should be tapered, though which to taper is dependent on the patient. If the patient is having cognitive and memory impairment associated with the benzodiazepine or is on a low dose of the medication, consider tapering this drug first. If the patient is on higher doses of benzodiazepines, or has been on this drug for long periods of time, consider tapering the opioid medication first. A discussion of benzodiazepine management and tapering is beyond the scope of this toolkit. The reader is referred to the references below

**Additional Resources:**

- **Overview to Combined Use of Opioids and Benzodiazepines -** http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4057040/pdf/nihms585966.pdf
- **Tapering of Benzodiazepines –** https://jpshealthnet.org/sites/default/files/prescribing_and_tapering_benzodiapines.pdf

**How to Use This Toolkit.** This toolkit has two components that include a) guidance and tools for clinicians to identify candidates for tapering, create a tapering plan and monitor the progress and complications, and b) guidance and tools for assisting patients to self-manage the tapering process including effective motivational, communication with members, carrying a tapering card to all provider encounters and a tapering journal to track the improvement in daily function as the opioid morphine equivalent dosage is

lowered. Clinicians may elect to not fully engage the patient in the decision making to taper the opioid regimen. In this circumstance, the patient engagement components of this toolkit may not be as relevant, though motivational communication is always appropriate.

**DO NOT ATTEMPT TO TAPER PATIENTS WITH OPIOID ADDICTION.**

**REFER FOR MEDICATION ASSISTED TREATMENT**

## Identify Candidates for Tapering

**How Much Opioid Is My Patient On?** The first step is to identify the optimal candidates for tapering. Tapering can be initiated for patients on any dose of opioids (remember, the safest dose of opioid is no dose) but this guide is targeted to helping with patients on high dose opioids. PHC defines high dose as total morphine equivalents dose for all opioids combined greater than 120.

Use the tool below to calculate the morphine equivalents for each opioid medication, both short and long acting, and add together to get a total MED. If greater than 120, your patient is a high dose opioid patient.

**Additional Resource:**

- **Opioid Converter Tool (for MED Calculation) -** http://www.globalrph.com/opioidconverter2.htm

## Case Study: Meet Mr. James

Mr. James is a 56 y/o auto-mechanic who injured his back 10 years ago, and has had intermittent, severe lower back pain since that time with exacerbations that have limited his ability to work and hold steady employment. His loss of income has led to marital disharmony and eventual marital dissolution. He lives in a trailer on the edge of town. He is a Marine veteran, having served in the 1st Iraq War (Operation Desert Storm), and was a survivor of the Khobar Tower bombing. He reports "losing it" whenever he hears a loud noise such as a door slam, and wakes up in a cold sweet with his heart racing.

He has been seen at the local rural health clinic by Dr. Smart who referred him to physical therapy which he was unable to do due to lack of transport, and who prescribed him oxycodone 30mg TID and Norco 10/325 every 4 hours for breakthrough pain. For the last 8 months, he has been taking six tablets of Norco daily. He also has chronic obstructive lung disease, and is on Spiriva and Serevent, although he continues to smoke 1.5 packs of cigarettes per day. Dr. Smart prescribed him lorazepam 1mg BID for anxiety which he feels when he is due for his oxycodone, which takes the edge off, but doesn't eliminate the craving. He reports he uses lorazepam more than BID, often using it at nighttime to help him get to sleep. He has used methamphetamine, but feels "he doesn't have a problem with it".

He reports since his back injury and being placed on oxycodone, that he has gained 35 lbs, has less energy and less libido, and doesn't sleep well with frequent waking gasping for air. He presents to you today because "he wants to get off this stuff."

**Does My Patient Have an Opioid Addiction?** Use the DSM V criteria to identify patients on high dose opioids who have an addiction that may require referral to an addiction treatment program including medication assisted treatment (MAT) programs (out of the scope of this toolkit). If your patient meets these criteria, consider referring them to a MAT or buprenorphine treatment program for ambulatory detoxification or to an inpatient program.

Patients who meet the opioid use disorder criteria should be referred to medication assisted treatment (MAT) programs. Currently, three therapies are available to help patients with addiction management and reduce their dependence. These are methadone, buprenorphine, and naltrexone. National data suggests that MAT is much underused. In 2011, over 2.5 million Americans were diagnosed with opioid use disorder, yet less than 1 million received any MAT for any duration. MAT programs convert patients from the opioid to which they are addicted to one of these three medications to enable continued management of pain, and reduce dose and side effects to the opioids where possible.

**Additional Resources:**

- **DSM V Opioid Use Criteria -** http://pcssmat.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf
- **Guidelines -** http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf
- **CHCF MAT White Paper -** www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RecoveryReachMAT.pdf
- **MAT FAQ for Patients -** http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf
- **NEJM Review -** http://www.nejm.org/doi/pdf/10.1056/NEJMp1402780

**Does My High Dose Opioid Patient have Opioid related Complications?** High dose opioids that have been used for significant periods of time can have complications including hypogonadism, respiratory depression, obstructive sleep apnea, constipation, mental confusion and lethargy. If your patients have any of these related complications, are not addicted to the opioids, and are on high doses, they are candidates for a tapering regimen. In addition to clinical symptomology, patient readiness is also key.

**Is My High Dose Opioid Patient Ready to Begin Tapering?** Patients must be motivated to reduce tapering. The Change Readiness Model (Fig. 1) suggests that patients who are potential candidates for significant health change including reducing use of opioid medications, go through five phases.

**Phase 1** is the pre-contemplative phase in which the opioid user is not aware that opioid use is a problem for him.

## Best Candidates for Taper

- Motivated patients
- Young patients
- Patients with hyperalgesia
- Patients with declining function on opioids
- Patients on opioids and complex polypharmacy
- Patients whose underlying pain issue may be resolved.
- Patients who say “it’s not working”

Source: Andrea Rubinstein MD

**Phase 2** is the contemplative phase where the opioid user is aware of the harms of high dose opioids on their physical and mental health but is not yet prepared to change.

**Phase 3** is the preparation phase where the opioid user is aware of the dangers of opioids and is seeking strategies to reduce his use.

**Phase 4** is the action phase where the opioid user is actively engaged with strategies to reduce his opioid use, such as tapering.

**Phase 5** is the maintenance phase where the opioid user has successfully reduced his use of opioid medications, and is learning to use strategies to manage pain other than opioid medication.

Use the tool that follows to evaluate readiness.

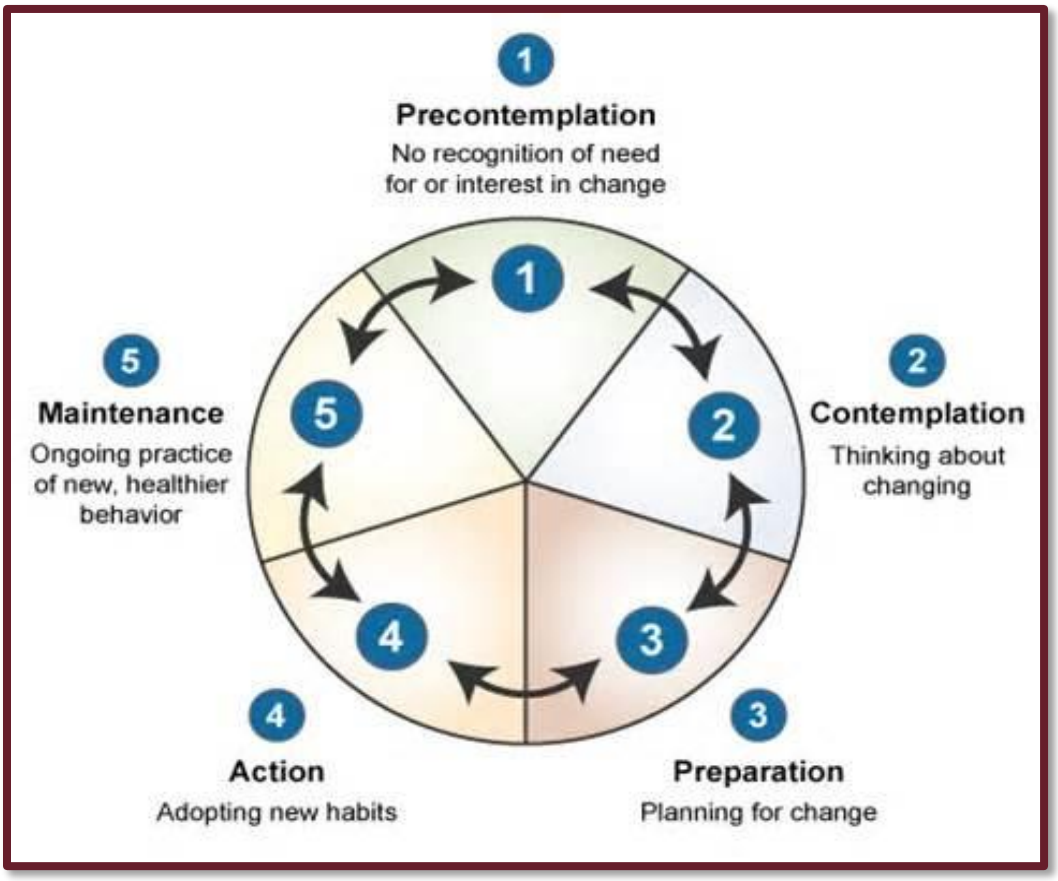


*Figure 1:* Tapering Readiness Assessment (Prochaska and DiClement)

**Additional Resource:**

- **Tapering Readiness Assessment -** http://www.danyalearningcenter.org/bup/pdf/Tapering_Inventory.PDF

***Does My High Dose Opioid Patient have Depression or Other Behavioral Disorder that will complicate a tapering?*** Depression is a well-known risk factor for not only dropping out of a tapering regimen but also relapsing back to higher doses. Thirty percent (30%) of opioid users have depression at some point in time. Consider using the PHQ 9 tool to assess the presence and severity of depression, and if present, initiating anti-depressant therapy prior to the tapering. Furthermore, the relationship between opioid

use and Post-Traumatic Stress Disorder (PTSD) is now understood to be closely linked. Stressful events can trigger the expression of nociception receptors in the brain which require opioids to function, and thus are a form of self-medication for PTSD. Studies from returning Veterans suggest that over 1/3 of individuals PTSD will end up on an opioid medication. Use the PTSD screening tool, and if positive, refer for psychiatric evaluation and therapy.

**Additional Resources:**

- **PHQ-9 Screening Tool -** http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf

- **PTSD Screening Tool for Primary Care -** http://www.ptsd.va.gov/PTSD/professional/pages/assessments/assessment-pdf/pc-ptsd-screen.pdf

### Case Study: Evaluating the Appropriateness of Tapering Mr. James

Dr. Smart, using the opioid converter tool, calculates that Mr. James is taking 195 morphine equivalents (MED). In questioning Mr. James for Opioid Use Disorder symptoms, he meets one of the 12 (craving), though might be borderline on the social disruption item. Overall, doesn't feel that Mr. James has opioid addiction at this point in time. Using the PTSD screening tool, Dr. Smart determined that he met 3 of the 4 criteria for PTSD, and wrote a referral to the psychologist in the rural health center for co-management. On PHQ9, he scored 5/9 suggestive of major depression. When asked if he was ready to change, Mr. James replied "Doc, I have been thinking about this for a long time, and realize now how these drugs have messed up my life, I'm ready to do what you suggest to get off these things."

Using Dr. Rubinstein's checklist, Mr. James was a good candidate for tapering because:

- He was motivated
- He was not an addicted patient at this point, though had many of same characteristics
- He had declining physical and mental functions
- He was on opioids and complex polypharmacy
- He recognizes that the opioids are "not working"

## Setting a Tapering Plan

**Calculate the Tapering Schedule:** There are multiple strategies for tapering opioid medications that range from slow tapers to more rapid regimens. A good rule of thumb is

to reduce the dose by 10-20% per week, slower if significant withdrawal. In general, 10% tapers work best, slower 5% if patient is older and/or frailer. Use the tapering tool below to set the weekly dose adjustments during the taper.

**Additional Resource:**

- **Tapering Dose Calculator -** http://www.partnershiphp.org/Providers/HealthServices/Documents/ManagingPainSafely/TaperDosingCalculator.xls

## Case Study: Setting a Taper Plan for Mr. James

Mr. James returns in 1 week after getting the requested studies. His EKG shows a slightly prolonged QT interval, serum testosterone was 75ng/dl, and his nocturnal oximetry suggested multiple desaturation events during the night indicating possible sleep apnea. Dr. Smart notes that Mr. James has a low risk of diversion but very high medical risks from sedation, sleep apnea and underlying cardiac issues, significant psychological risk with presence of depression, and significant functional issues. He indicates to Mr. James that these results suggest that he is a good candidate to taper his medications, and might see physical and psychological benefit from reducing his dose. Dr. Smart recognizes that Mr. James is taking 2 short-acting opioids, so changes both short-acting medications to a single short acting opioid, hydromorphone, at equivalent total MED which is 48mg/ day in divided doses. Using the Washington State tapering calculator, Dr. Smart then creates a tapering plan for a 10% taper.

Dr. Smart explains what withdrawal symptoms to watch out for, and to contact him rather than go to the emergency department if he experiences these symptoms. He indicates he will see Mr. James back in 1 week to see how the taper is going, and will be seeing him regularly (every 1-2 weeks) until he has completed the taper.

Please see Taper Dose Calculator - http://www.partnershiphp.org/Providers/HealthServices/Documents/ManagingPainSafely/TaperDosingCalculator.xls

**Buprenorphine as Alternative in Tapering Opioids:** Buprenorphine is a partial agonist opioid approved by the FDA for both treatment of opioid dependence, and for acute and chronic pain management. It is a relatively safe medication with few reported risks of overdose and death (usually in conjunction with alcohol or benzodiazepine use). It comes in multiple formulations including sublingual tablet or film, patch, injectable and now long-term implant. Studies have suggested that use of buprenorphine transitioned from other opioids for pain control have improved pain control, improved psychiatric symptoms, and as mentioned, a lower risk of overdose and death. Buprenorphine for pain management DOES NOT REQUIRE a restricted DEA license (X) for prescription if

not being used for addiction treatment as pain management is not considered detoxification. For more information on buprenorphine, see the CHCF link below:

**Additional Resource:**

- **CHCF FAQ on Buprenorphine -** http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20B/PDF%20BuprenorphineFAQ.pdf
- **Buprenorphine for Chronic Pain Review** http://painmedicine.oxfordjournals.org/content/painmedicine/15/7/1171.full.pdf

**Monitor Withdrawal Symptoms***:* It is important to monitor withdrawal symptoms during the taper, and adjust the taper rate to avoid severe withdrawal (WD) symptoms. Use the clinical opioid withdrawal scale below to monitor severity of withdrawal. Withdrawal symptoms can be mild (yawning, rhinorrhea, tearing) or severe (piloerection, meiosis, nausea/ vomiting). For severe WD, consider slowing the taper.

**Additional Resource:**

- **Clinical Opioid Withdrawal Scale (COWS) -** https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf

**Manage the Withdrawal Symptoms:** Most, if not all, patients withdrawing from high dose opioid medications will have a variety of withdrawal symptoms ranging from agitation, piloerection, diarrhea, and nausea and vomiting. Use the managing withdrawal symptoms pocket card that is provided with this toolkit to select the appropriate therapy of a particular withdrawal symptom. Consider prophylactically prescribing these to your tapering patients and provide education on their early use in withdrawal.

| | |
|---|---|
| Diarrhea | Imodium 2mg PO Q2hrs PRN |
| Nausea | Ondansetron 8mg 2-3 tabs PO QD PRN |
| Cramping | Dicyclomine 10mg PO Q6hrs PRN |
| Insomnia | Trazadone 100mg PO at bedtime, may repeat x 1 |
| Restlessness/ Hypertension | Clonidine 0.2mg PO or SL Q4hrs PRN |
| Pain or Fever | Ibuprofen 200mg 1-2 tabs PO Q6hrs PRN |

## Case Study: Managing Mr. James' Complications and Withdrawal

Mr. James returns in 1 week, and completes a Clinical Opiate Withdrawal Scale form which indicates he is having moderate withdrawal symptoms (COWS score 20). Of note, he has had some nausea with diarrhea, some restlessness with difficulty sleeping, and some gooseflesh. Dr. Smart explains that most patients experience some mild withdrawal symptoms that improve on their own (for example, yawning or gooseflesh or flushing). He prescribes Imodium for the diarrhea, ondansetron for nausea, and clonidine for the restlessness. He also provides a prescription for Trazadone to be filled if Mr. James' sleep does not improve. He will see Mr. James in 1 week and reminds Mr. James if additional withdrawal symptoms are presenting, he should call the office rather than going to the emergency department.

**Engaging the Patient:** Successful tapering programs actively engage the patient in setting goals, monitoring the taper progress, and celebrating the success of the taper. The first step is to initiate discussion with the patient regarding harms of high dose opioid medications, the benefits of a gradual taper, management of withdrawal symptoms, monitoring of positive benefits to tapering, and guidance on what to do in particular situations such as hospitals or jails which may not honor your taper. One key to success is developing the therapeutic alliance with the patient. Motivational interviewing strategies offer empathetic techniques to elicit the patient's motivations and barriers to success in a non-threatening fashion.

**Additional Resources:**

- **Motivational Interviewing Overview -**
  http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/Bookshelf_NBK64967.pdf
- **Motivational Interviewing Techniques -**
  http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
- **Additional Resource: Motivational Interviewing Tools**
  http://bupawareness.nattc.org/explore/priorityareas/science/blendinginitiative/documents/miastep/550111_Section%20E.pdf

PHC has developed three tools to help you and your patients, including a provider pocket guide with conversation tips and guidance on management of withdrawal symptoms, a patient card with self-care tips and identification of patient as a tapering patient with medications, current dose and target tapered dose, and a tapering journal.

**Initiating discussion.** If your patient from your interactions is in at least the contemplative phase of change, consider initiating a discussion with them about tapering their opioid medications. Using motivational interviewing strategies, address the following:

*Do you know how your opioid medications affects your well-being?* Message is that opioids do not effectively address most types of pain, can cause weight gain, bone loss, activity intolerance, changes in memory and thinking, decreases in sex drive, and difficulty with activities of daily living.

*Do you know what benefits might come to you if you reduce the dose of your medication?* Message is by slowly reducing the dose of your opioid medication in a supervised way, you may regain some of the abilities previously discussed, and regain some elements of your health.

*What do you know about tapering of your opioid medication?* Message is that tapering is a slow reduction in your opioid medication, done over weeks to months, that minimizes the major symptoms of withdrawal, and leads to a healthier life.

*What are the major withdrawal symptoms for which I should watch out?* Nausea, itching, diarrhea, restlessness and difficulty sleeping and concentrating. It is important that if these symptoms occur that you use these medications, rather than increasing the dose of your opioid medication.

*How will you support me during this process?* Message is that you will see me more frequently during this medication change, and you will be given a tapering card "My Freedom from Pain Medication" which provides ideas on self-care, some useful resources, and serves as a medication summary that you should present whenever you go to another doctor, emergency room, hospital or the jail so they know that you are tapering these medications.

## Case Study: Engaging Mr. James with the Pain Journal

In addition to the medical taper plan, Dr. Smart refers Mr. James to his nurse who discusses tracking his own pain and function goals using the Taper Journal. She explains how to use this on a daily basis. Using motivational interviewing skills, she and Mr. James set personal goals, goals for sleep, physical activity and stress reduction. She teaches him stress reduction techniques. She also shows Mr. James how to use the daily log of lifting, walking, personal hygiene, sleep, work and the activity Mr. James has chosen as his own goal- working in his garden. She makes a follow-up appointment in one week to see both Dr. Smart and herself.

Front

Back

*How can I help myself?* Message 1 is that you should complete the front pages of the Tapering Journal, and explain how to fill it out. Message 2 is that by keeping track on a daily basis of how you are able to do things, you will discover that some of the abilities to do things have gotten better or easier to do.

**Completing the Tapering Journal:**

Opioid medications, for many patients, have become habitual supports for life difficulties. Discussing reductions can be an emotional experience. Expressing daily experiences of pain can be difficult to describe. The self-compiled evidence in the journal will paint a picture, making the experience visible to the provider. Journals help patients describe not only what they can't do, but what they can do. The journal is a crucial tool for managing and monitoring pain, especially during the tapering process. It can be completely private and the patient can choose who can see the journal.

The goal is to give the patient the control of where he wants to be: to get back to his life. He is able to set goals and manage pain - taking charge of his condition and ensuring he gets through treatment.

Benefits of using the journal:

- Allows the patient to develop a picture of what his pain and other symptoms look like on a daily basis.
- It tracks the progress towards goals which can be self-reinforcing.
- It provides a report to spot patterns during tapering.

When using the Taper Journal, the patient is able to:

- Say how the pain started
- Understand what helped
- Celebrate pain-free days
- Indicate whether his pain interrupts daily activities like walking, working, or sleeping.
- Notes what medications the patient is taking
- Provides information on other treatments he can try (yoga, herbal remedies, relaxation techniques), and allows the patient to note the effectiveness of the treatment
- Keep track of anything that makes the pain improve (better when sitting instead of standing, better after a hot shower, etc.)

Consistency is the key. If a patient makes note in the journal on a daily basis, he will have a complete picture of his pain experience and patterns will emerge.

Walking through parts of the Journal:

Page 1: Have a conversation with the patient and assess for readiness for self-management - Discuss the benefits of utilizing the tapering journal.

Pages 2-4: Medication record and personal information - This may be done with office staff during or right after the first tapering appointment.

Page 5: My Personal Goals for Managing Chronic Pain - Allow patient to reflect on his current limitations and help him set goals. This may be the most difficult as the patient has to be willing to taper from his pain medication. There are four goal options, however, the patient may not be ready/able to work on all four. Let the patient determine what goals he is able to work on. This may change with each follow-up appointment and reduction of medication.

Page 8: Self-Care Tips - discuss ways to help the patient manage pain and increase his range of motion. You may have your own resources to offer the patient for non-pharmacologic ways to manage pain.

Page 9-23: Daily Activity Checklist - "To successfully manage your pain, it is important to focus on your ability to function, not just your level of pain. This checklist will help the patient to see where he is having difficulties with everyday activities. It is also a useful way to communicate his progress with the provider".

- Discuss each activity with the patient and have the patient evaluate his current abilities for day 1.
- Invite the patient to add 2 activities of his choosing. This may tie in to the personal goals that were set.
- The patient will check the box that relates to how he feels for each activity he accomplished that day. Advise the patient that, if he did not do the activity, do not check a box.
- Notes section allows the patient to reflect on his feelings throughout the day, (i.e. feels worse as the day progresses, how long the reduced amount of medication is effective, etc.)
- Provide guidance on when the patient logs in the journal. Sometimes it may be convenient for a patient to log throughout the day.

Page 24: Resources - the last page provides free apps and websites to assist during the tapering process. The patient may contact Beacon for mental health services and has 24 hour/7 day access to the Advice Nurse Line. You may have additional resources to provide as well.

**Special Circumstances.** Patients may encounter providers in other clinics, in the emergency department or hospital, or during a period of incarceration where the risk of escalating doses back to pre-taper levels (or higher) is great. For these circumstances,

1. Provide each tapering patient a copy of the completed Patient Card including starting dose, current dose, and target dose

2. Update this information at each visit

3. Encourage patients to carry this card with them at all times, and present it to each different provider that they encounter

4. Build alerts into your electronic health record that patient is tapering opioids

5. Communicate with the assigned providers in the hospital, jail, or ED when notified patient has been admitted that this patient is currently tapering opioid medications, and provide the current tapered dose

## Quick Tips- Engaging the Patient and Motivational Interviewing Questions and Answers

**Note**: The following questions and answers provide an easy guide to many of the techniques of Motivational Interviewing that have been successfully used in helping patients change very entrenched behavior patterns and attitudes surrounding the use of prescription pain medication and other substances.

Perhaps the best advice is **not** doing what comes naturally to health care providers, such as being authoritative, giving orders, or knowing what's best.

**Q: How do I engage my patient in my initial discussion of tapering?**

**A: Solicit patient feedback and respect patient's choices when you:**

- Discuss **HARMS** of high dose opioid medications
  - *Do you know all the ways your opioid medications can affect your well-being?* **Ask Permission To Give Info**
  - *What has been the downside of using pain meds for you?* **Open-Ended**
  - *Have your pains meds caused problems with your daily activities, weight, memory, or sex life?* **Offer Menu Of Choices**
- Discuss **Benefits** of a gradual taper
  - *Do you know what benefits might come to you if you reduce the dose of your medication?* **Ask Permission To Give Info**
  - *Did you know that a gradual taper can be done over weeks or months in order to minimize withdrawal symptoms and lead to a healthier life?* **Ask Permission To Give Info**
  - *What sounds like a good starting point for you—a 5-10% per week taper is recommended to start when working towards your goal.* **Allow Patient To Set Goal**
  - *What will be the easiest and hardest part of this for you?* **Open-Ended**
- Discuss management of **Withdrawal** symptoms
  - *Would you like to learn about possible withdrawal symptoms?* **Ask Permission To Give Info**
  - *Which of the possible side effects of withdrawal worries you the most?* **Open-Ended**
  - *Which possible side effects would you like me to prescribe something to have one hand for?* **Patient Sets Goal**
- Explore what to do in particular **Situations**
  - *Do you have any special situations that might come up that we need to be prepared for, such as losing your living situation, dealing with a legal matter, or needing special medical care?* **Offer Menu Of Choices And Normalize** negative scenarios
- Explain support available
  - *Would you like to know how I will support you during this process? (For example, seeing more frequently, providing tapering card "My Freedom from Pain Medication Plan")* **Ask Permission To Give Info**

**Q: How do I deal with resistance?**

**A: Avoid power struggles and arguments by using these techniques:**

- **Listen** reflectively—don't **Tell**.
  - *I'm hearing that is really scary for you and you're afraid I will be making things worse*
- **Summarize** frequently—to make sure you've understood what they have said
  - *I'm hearing that you won't be able to work because your pain will be too severe and you will worry you'll lose your job.*
- **Empathize** Show warmth, respect, and understanding
  - *If I was dealing with your level of pain, I would be just as scared as you if my doctor talked to me about tapering off.*
- **Compliment** rather than denigrate
  - *You have the same valid concerns that most patients have when I discuss tapering. I appreciate your courage in being able to share them with me.*

**Q: How do I make recommendations without offending or turning off my patient?**

**A: Don't try to persuade the patient that change is necessary:**

- Ask about the benefits of continued use—understand what they feel they are giving up
  - *Tell me about your life when the pain meds do work.*
  - *Are there any benefits of taking your pain meds that we haven't talked about?*
- Using the art of gentle persuasion—put the patient in the driver's seat
  - *Only you can tell me what will work best for you*
  - *You may come up with an even better idea on your own*
- Show **Curiosity** about the patient—desire to change is seldom limited to pain med use
  - *Is there some kind of change in your life that would be easier than tapering off your pain meds?*
  - *Tell me about one difficult situation you've overcome in the past?*
- **Normalize** their ambivalence
  - *There are pros and cons to everything—that's normal*
- **Reframe** a negative response by re-expressing with a positive spin
  - *You're right, being in more pain would be awful but the chance of having the same or even less pain with less risk to your health and even to your life might be worth it.*

**Q: How do I help my patients use their own goals, intentions, and values to produce change?**

**A: Use one or more of the following techniques:**

- Develop a **Discrepancy** between their stated goal, intention, or value and their current behavior
    - *You said you want to get this over with as soon as possible, but you're asking me to slow the taper. Which direction do you want to go in?* **Goal**
    - *You said last week that you wanted to start the yoga class, but now you say you don't think yoga will help. What caused you to change your mind?* **Intention**
    - *You mentioned that your spouse's opinion is important to you, yet you say you don't want anyone telling you what to do. How does that fit together?* **Value**
- Be **Non-Judgmental**—ask before you express your own opinion
    - *Would it be all right if I made a suggestion?* **Ask Permission**
    - *I will give you all the information I have, but how you use that information is up to you.* **Empower**
- Encourage **Optimism**
    - *You said you aren't making any progress, yet this is the third appointment you've kept. That's progress.*
- Encourage **Self-Reliance**
    - *Name one good idea you came up with this past week to manage your pain better.*
- Elicit **Self-Motivational** statements
    - *There are probably a lot of things you aren't ready to try this week. But can you name ONE thing that you are ready to try?*

**Q: How else can I help my patient move from preparing to change toward taking action?**

**A: Use one or more of the following techniques:**

- **Anticipate** possible family, health, or system problems
    - *Your family may not see the value in tapering your meds. Tell them that I said you might be more irritable right now but in the end you will be healthier and you need them to understand.*
- Help the patient **Enlist** social support
    - *You might want to look online or in the local newspaper for community support groups (having a list of local 12-step and general support groups to hand the patient is very useful).*
    - *Sometimes telling a friend or family member your goal for the week helps you stick to your goal. Who would be best?*
- **Re-Negotiate** when the patient is blocked
    - *The level of support may not be matching the level of your problems right now. Do you think a few sessions with a counselor who has experience with pain management could help? I can give you a number to call.*
    - *Do we need to wait until you are finished with your legal matters to continue the taper?*
- **Re-Define** a sequence of smaller goals or steps
    - *It sounds like taking a yoga class is too big a step for you. How about watching the show **Sit and Be Fit** on public television? Start by just watching and then join in when you feel comfortable.*

**These following are resources on motivational interviewing:**

- DSM V Opioid Use Criteria - http://pcssmat.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf
- MAT: Guidelines – http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf
- CHCF MAT White Paper - www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RecoveryReachMAT.pdf
- MAT FAQ for Patients – http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf
- NEJM Review - http://www.nejm.org/doi/pdf/10.1056/NEJMp1402780
- Motivational Interviewing Overview - http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/Bookshelf_NBK64967.pdf
- Motivational Interviewing Techniques - http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
- Motivational Interviewing Tools - http://bupawareness.nattc.org/explore/priorityareas/science/blendinginitiative/documents/miastep/550111_Section%20E.pdf

## Additional Resources

- Tapering Calculator - http://www.cdc.gov/drugoverdose/prescribing/guideline.html
- Mayo Clinic Review of Opioid Tapering - http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/pdf
- Opioid Overdose Kit for 1st Responders - http://store.samhsa.gov/shin/content/SMA16-4742/SMA16-4742.pdf
- How to Use the Naloxone Intranasal Kit (Video) - https://youtu.be/Jis6NlZMV2c
- Overview to Combined Use of Opioids and Benzodiazepines - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4057040/pdf/nihms585966.pdf
- Tapering of Benzodiazepines - https://jpshealthnet.org/sites/default/files/prescribing_and_tapering_benzodiapines.pdf
- Opioid Converter Tool (for MED Calculation) - http://www.globalrph.com/opioidconverter2.htm
- DSM V Opioid Use Criteria - http://pcssmat.org/wp-content/uploads/2014/02/5B-DSM-5-Opioid-Use-Disorder-Diagnostic-Criteria.pdf
- MAT: Guidelines - http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf
- CHCF MAT White Paper - www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20RecoveryReachMAT.pdf
- MAT FAQ for Patients - http://store.samhsa.gov/shin/content/SMA09-4443/SMA09-4443.pdf
- NEJM Review - http://www.nejm.org/doi/pdf/10.1056/NEJMp1402780
- Tapering Readiness Assessment - http://www.danyalearningcenter.org/bup/pdf/Tapering_Inventory.PDF
- PHQ-9 Screening Tool - http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf

- PTSD Screening Tool for Primary Care - http://www.ptsd.va.gov/PTSD/professional/pages/assessments/assessment-pdf/pc-ptsd-screen.pdf
- Tapering Dose Calculator - http://www.partnershiphp.org/Providers/HealthServices/Documents/ManagingPainSafely/TaperDosingCalculator.xls
- Clinical Opioid Withdrawal Scale (COWS) - https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf
- Motivational Interviewing Overview - http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/Bookshelf_NBK64967.pdf
- Motivational Interviewing Techniques - http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
- Motivational Interviewing Tools - http://bupawareness.nattc.org/explore/priorityareas/science/blendinginitiative/documents/miastep/550111_Section%20E.pdf

## Acknowledgements

This toolkit was produced for the PHC Managing Pain Safely Initiative by Scott Endsley, MD., Romel Der, RN, and Danielle Carter, MPH. We thank our colleagues from California Healthcare Foundation, Kaiser Permanente, Santa Rosa Community Clinics, and Shingletown Health Center who provided insight and expertise that greatly assisted in the development of this toolkit.

For more information contact, Danielle Carter, Project Manager, HS Quality Improvement at (707) 420-7617 or dcarter@partnershiphp.org