

# 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)

| Recommendation  | Example Dialogue with Patients  |
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| <p><b>Use Active Listening Skills</b></p> <ul style="list-style-type: none"> <li>Sit with the patient, listen, and reflect</li> <li>Use a neutral tone</li> <li>Are expectations unrealistic (zero pain)?</li> <li>Do opioids provide an escape from life circumstances?</li> <li>Is there fear of withdrawal or of unmanageable pain?</li> </ul>   | <ul style="list-style-type: none"> <li><i>"It sounds like there's a lot of stress in your life."</i></li> <li><i>"You're saying the pain is making you feel desperate and edgy."</i></li> <li><i>"I know you are going through a tough time. I am sorry about that."</i></li> </ul>   |
| <p><b>Use Objective Facts</b></p> <ul style="list-style-type: none"> <li>Pain scores over time</li> <li>Change in function over time</li> <li>Presence of adverse effects</li> <li>Risk of overdose or addiction</li> <li>Opioid Replacement Therapy (ORT) score</li> <li>Red flags</li> </ul>  | <ul style="list-style-type: none"> <li><i>"This is my professional responsibility."</i></li> <li><i>"I want to provide the best patient care."</i></li> <li><i>"I can only prescribe medications when it can be done safely."</i></li> <li><i>"I cannot, in good conscience, prescribe a medication that could harm or kill you."</i></li> <li><i>"You've told me Dilaudid works, what else have you tried?"</i></li> <li><i>"I have not met you before. I can't prescribe opioids without additional evaluation and information."</i></li> <li><i>"I need to obtain and review the initial assessment report of your accident and injuries."</i></li> </ul>  |
| <p><b>Explain Your Decision</b></p> <ul style="list-style-type: none"> <li>Be honest and straightforward</li> <li>Communicate your reasons and concerns</li> <li>Focus on safety issues: risk of overdose, presence of adverse effects</li> <li>Reframe goal from pain relief to function restoration</li> <li>Avoid responding to emotion with emotion</li> <li>Keep your feelings and medical facts separated</li> <li>Be polite, but firm</li> <li>If you feel pressured, excuse yourself</li> </ul> | <ul style="list-style-type: none"> <li><i>"It looks like opioids just don't work well for you."</i></li> <li><i>"I have noticed that _____."</i></li> <li><i>"You're on a high dose of opioids and having side effects, but your pain is not controlled."</i></li> <li><i>"You may actually feel better if we pull back on your opioids."</i></li> <li><i>"I worry that your risk of overdose with this medicine just too high."</i></li> <li><i>"With your sleep apnea, adding an opioid could slow your breathing too much or even make you stop breathing."</i></li> <li><i>"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."</i></li> <li><i>"In the long run, opioids actually change the way your brain perceives pain."</i></li> <li><i>"Numbing the pain for a while will make it worse when you finally feel it."</i></li> </ul> |
| <p><b>Show You Care</b></p> <ul style="list-style-type: none"> <li>Encourage non-pharmacologic therapies</li> <li>Offer non-opioid therapies</li> <li>Consult a colleague; obtain a second opinion</li> <li>Consider addictions medicine specialist or pain management consultation</li> </ul>  | <ul style="list-style-type: none"> <li><i>"We've talked about options for your pain. Which would you like to try?"</i></li> <li><i>"There is a strong connection between feeling down and pain, so would you be willing to meet with our mental health specialist?"</i></li> <li><i>"Let's work together with your pharmacist on a gradual tapering plan."</i></li> <li><i>"I know you can do this and I will stick with you through this."</i></li> </ul>  |