

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
<p>Use Active Listening Skills</p> <ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> <i>“It sounds like there’s a lot of stress in your life.”</i> <i>“You’re saying the pain is making you feel desperate and edgy.”</i> <i>“I know you are going through a tough time. I am sorry about that.”</i>
<p>Use Objective Facts</p> <ul style="list-style-type: none"> Pain scores over time Change in function over time Presence of adverse effects Risk of overdose or addiction ORT score Red flags 	<ul style="list-style-type: none"> <i>“This is my professional responsibility.”</i> <i>“I want to provide the best patient care.”</i> <i>“I can only prescribe medications when it can be done safely.”</i> <i>“I cannot, in good conscience, prescribe a medication that could harm or kill you.”</i> <i>“You’ve told me Dilaudid works, what else have you tried?”</i> <i>“I have not met you before. I can’t prescribe opioids without additional evaluation and information.”</i> <i>“I need to obtain and review the initial assessment report of your accident and injuries.”</i>
<p>Explain Your Decision</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> <i>“It looks like opioids just don’t work well for you.”</i> <i>“I have noticed that _____.”</i> <i>“You’re on a high dose of opioids and having side effects, but your pain is not controlled.”</i> <i>“You may actually feel better if we pull back on your opioids.”</i> <i>“I worry that your risk of overdose with this medicine just too high.”</i> <i>“With your sleep apnea, adding an opioid could slow your breathing too much or even make you stop breathing.”</i> <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> <i>“In the long run, opioids actually change the way your brain perceives pain.”</i> <i>“Numbing the pain for a while will make it worse when you finally feel it.”</i>
<p>Show You Care</p> <ul style="list-style-type: none"> Encourage non-pharmacologic therapies Offer non-opioid therapies Consult a colleague; obtain a second opinion Consider addictions medicine specialist or pain management consultation 	<ul style="list-style-type: none"> <i>“We’ve talked about options for your pain. Which would you like to try?”</i> <i>“There is a strong connection between feeling down and pain, so would you be willing to meet with our mental health specialist?”</i> <i>“Let’s work together with your pharmacist on a gradual tapering plan.”</i> <i>“I know you can do this and I will stick with you through this.”</i>

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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