



Engaging with patients on long-term opioid therapy about opioid tapering and discontinuation: issues and strategies

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Patient concerns

- Abandonment
 - To pain: without medications, without substitute
 - By provider: no prescriber, no advocate, no confidant
 - By health care system: sent to streets for meds, for understanding
- Stigma
 - Labeled as addict even if perfectly adherent to Rx plan
 - Persuaded by MD then blamed by MD for bad outcome
- Safety
 - Prescriber self-protection rather than patient protection
 - Population risks don't apply to me
 - I should be able to accept risks if relief is worth it to me




Prescriber concerns

- Laws and regulations
 - CDC, WA dosing guidance
 - DEA investigations, prosecutions
 - Health system, PBM restrictions and quotas
- Hassles
 - Onerous care process: UDT, PDMP, contracts, documentation
 - Multi-morbid, difficult, time-consuming patients
 - Burden to clinic staff: MDs, RNs, MAs, front desk
- Satisfaction
 - Do patients ever get better? Am I helping anyone?
 - When do I get to use my medical training?



Family concerns

- The patient
 - When is my spouse going to get better?
 - How can I help him?
- The treatment
 - Are the opioids making him better or worse?
 - How can I tell if he is becoming dependent or addicted?
 - I am worried about having opioids in my house
 - Will he just be more miserable on less opioids?



Approaches to decision-making about long-term opioid therapy with patients and families

- Motivational Interviewing (MI)
 - Non-adversarial interviewing style developed in substance abuse
 - Seeks to highlight patient ambivalence: aspirations vs behavior
 - Place conflict inside patient's own head
 - PODS: used to elicit downside of opioid use from patient's perspective
- Shared Decision Making (SDM)
 - Looks beyond treatment choice— focus of informed consent
 - Considers treatment goals, patient values
 - Limited application in prescription of controlled substances

Suggested approach

- Frame the discussion in terms of comprehensive and enduring personal benefit from long-term opioid therapy
 - Safety alone often not convincing: OD patients “not like me”
 - “Is your life moving forward? Or are you just surviving?”
 - “Are you able to do the things that are most important to you?”
- Pledge that you will not abandon the patient
 - “I will see you through this. I will not abandon you to your pain.”
 - “I am not just going to cut you off. I will work with you.”
- In return, the patient needs to try new treatments and maybe some treatments that he tried before