

Opioid Tapering: Motivational interviewing through better listening

Lori Montgomery, MD – Medical Director, Calgary Chronic Pain Centre
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Activity #1

MAKING IT PERSONAL

Think of 1 thing that you have thought about changing either more than once or for a long time (i.e. years)

(Examples: lose weight, learn a new language, get more organized (basement / garage), learn / relearn an instrument, take up a new sport / hobby / fitness activity , learn a new language, achieve a greater work / life balance)

Your Contemplation Change Target

Activity #2

AMBIVALENCE

#1 – write down (at least) 3 reasons that changing would be good

#2 – write down (at least) 3 reasons that NOT changing is good for you (i.e. less inconvenience, less stress – at least in the short-term, change to routine is stressful, less costly, less energy expenditure)

#3 – write down some of the feelings associated with ambivalence (having both of these sets of reasons in your mind / in your life)

(i.e. it's frustrating, or annoying, or you feel impatient, or embarrassed, or guilty, etc)

Why **change** would be good

Why **not changing** would be good

Ambivalent feelings

Contemplation
Change Target

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Activity #3

OARS SKILLS PRACTICE

- Get into groups of 3
- One of you will be 'the changer', 'the clinician' and 'the observer'

Changer – talk about your 'Change Target #1'

Clinician – try to practice each of the OARS skills

Observer – keep track of which OARS skills have been used and suggest use of ones that have not yet been practiced

Observer & Clinician– use 'time out' hand signal & offer suggestions "maybe you could try a reflective statement here?" or ask for help

2 mins each and then I will let you know that it is time to switch.

Activity #4

DEARS SKILLS PRACTICE

- In your small group
- A new person will be 'the changer', 'the clinician' and 'the observer'

Changer – talk about your 'Change Target #2'

Clinician – try to practice each of the DEARS skills

Observer – keep track of which DEARS skills have been used and suggest use of ones that have not yet been practiced

Observer & Clinician– use 'time out' hand signal & offer suggestions "maybe you could try to Aim for Ambivalence here?" or ask for help

2 mins each and then I will let you know that it is time to switch.

Activity #5

OARS + DEARS + RULERS SKILLS PRACTICE

- In your small groups
- Adopt the role you have not yet played

Changer – talk about your 'Change Target #3'

Clinician – try to practice as many of the OARS & DEARS skills + try to use a Readiness Ruler Question

Observer – keep track of which OARS / DEARS / READINESS RULER skills that have been used and suggest use of ones that have not yet been practiced

Observer & Clinician– use 'time out' hand signal & offer suggestions or ask for help

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- O – Open-ended questions
- A – Affirmations
- R – Reflections
- S – Summaries

Potential OARS Goals

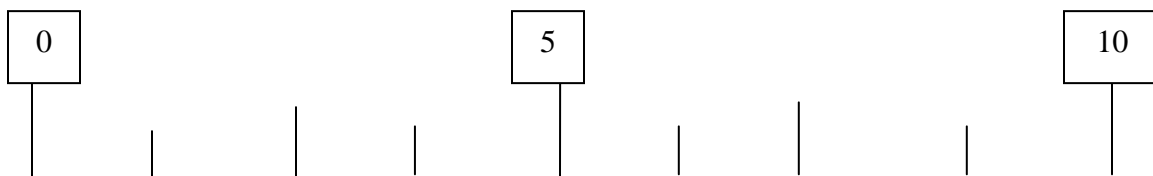
- Open-ended questions . . .
- Affirmations . . .
- Reflections . . .
- Summaries . . .

- D evelop Discrepancy
- E mpathy
- A im at Ambivalence
- R oll with Resistance
- S elf – Efficacy

Potential DEARS Goals

- Developing Discrepancy . . .
- Expressing Empathy . . .
- Aiming at Ambivalence . . .
- Rolling with Resistance . . .
- Supporting Self – Efficacy . . .

Readiness Ruler



How **important** is making this change to you – at present?

Why didn't you choose lower?

Why didn't you choose higher?

What would make this more important to you?

How **confident** that you are presently able to make this change?

Why didn't you choose lower?

What might your next steps be?

What is your plan?

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Exercise #6

MAKING IT PERSONAL

Consider 1 technique or skill that you might consider changing with regards your practice

Take a second and assess:

- the IMPORTANCE (0 – 10) of this change to you
- and your CONFIDENCE (0 – 10) in being able to achieve it.
- Consider your own ambivalence & resistance (how do you feel about the change – excited, sceptical, annoyed, pressured, pessimistic, optimistic)

Tell someone

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Opioid Tapering Tip Sheet

- Evidence suggests that opioids provide **at best** 30% reduction in pain levels for patients with chronic pain. (Kalso; Furlan) Opioid therapy should also allow a patient to meet concrete functional goals that are agreed upon in advance. Tapering might be a good idea if:
 - The opioid is not helpful to achieve the patient's goals
 - The opioid causes side effects
 - There is evidence of aberrant medication behaviour or addiction
 - The dose is extremely high. There is increasing evidence that extremely high doses are associated with increasing mortality risk (Gomes)
 - The patient requests a taper
- Withdrawal symptoms may include the following:
 - Flu-like symptoms
 - Runny nose, sweating, tearing of eyes
 - Nausea, vomiting, diarrhea
 - Restlessness
 - Anxiety, irritability, agitation, mood swings
 - Weakness, generalized aches and pain
 - Twitching, muscle spasms
 - Hot and cold flashes
 - Difficulty sleeping
- Steps in a taper:
 - Explore patient's stage of change / motivation for tapering
 - Explain neurophysiology of pain and opioids (use online resources!). Discuss tolerance, hyperalgesia, and withdrawal
 - Review the "Tapering Plan" template (attached)
 - Use the opioid they are already on

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- Switch to low dose tablets (ie 8 x 10mg tablets so that patient can see dose decreasing)
 - Dispense one week at a time, prescribe exact quantities, blister packed
 - Use regularly scheduled opioid (avoid prn)
 - 10% of the total daily dose every week as a rough guide
- Agree in advance that the taper can pause/plateau if necessary, but **not** reverse course.

RESOURCES FOR THE PATIENT

Brainman stops his opioids: <https://www.youtube.com/watch?v=MI1myFQPdCE>

Mike Evans opioid video: <https://www.youtube.com/watch?v=7Na2m71x-hU>

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Medication Tapering Plan

Date: _____

Prescribing Physician Responsible for Taper: _____

Medication that is being tapered and current dose:	
Target dose after taper:	

Physician's reason for taper:	
Patient's reason for taper:	
Benefits to taper:	
Barriers to taper:	

Sleep	Patient may have difficulty sleeping. Explore sleep hygiene strategies and cognitive behavioural therapy
Mood	Patient may have increased anxiety. Discuss relaxation techniques
Nutrition	Specific plan for making meals ahead, menu planning, etc. for days when you don't feel like cooking.
Bowel	Patient may experience diarrhea; discuss dietary ways of managing – avoid ETOH, caffeine, fruit juices, for example. Increase bananas and rice when possible. Psyllium and probiotics can help.
Work	There may be work commitments that dictate the best time to start a taper. For example, an accountant may not want to plan a taper to start in April...
Exercise/Activity	Patient may become less activity-tolerant. Review options to be active. Regular daily activities are essential
Social/Relationships	Do the people around the patient know the reasons for the taper and the plan? Who is available to support if their motivation flags?
Flare-up	Mild: avoid adding medications. List self management strategies here
	Moderate: Some non opioid options might include a brief course of muscle relaxant.
	Severe: discuss a plan for adding opioids (for example surrounding surgery) and how the dose will be quickly tapered back to baseline to continue to original taper.