Motivational Interviewing to Support Opioid Tapering
FMF 2018
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Opioid Tapering for Chronic Pain Patients Information for Family Physicians

Evidence and Guidelines

- Among 40 studies examining patient outcomes after opioid dose reduction, improvements were reported in pain severity, function, and quality of life *(Frank et al. 2017 Annals of Internal Medicine)*
- The 2017 Canadian Opioid Guidelines recommend tapering opioids to the lowest effective dose, potentially including discontinuation, rather than making no change in opioid therapy
    - Patients on high doses (90 mg of morphine equivalent daily dose or more) should be prioritized for gradual dose reduction
    - The balance of benefits and harms often becomes unfavourable at high doses

Reasons for Tapering

- Inadequate analgesia
- Adverse events (e.g. sedation, constipation, falls in elderly, etc.)
- Long-term opioid complications including hyperalgesia, sleep apnea, and hypogonadism
- Nonadherence to the treatment plan
- Patient request (e.g. due to negative social stigma, financial issues, etc.)
- Treatment goals are not met; pain AND function have not improved by at least 30%

Precautions for Outpatient Opioid Tapering

- Patients who develop an opioid use disorder should be referred to an opioid dependency program
    - Tapering is unlikely to be successful for patients who regularly access opioids from multiple doctors or “street” sources. The high risk of relapse places them at risk of opioid poisoning.
- Pregnant patients
    - Risk for premature labour and spontaneous abortion with severe, acute withdrawal
- Significant comorbidities
    - Withdrawal can cause significant anxiety and insomnia, which can worsen unstable medical and psychiatric conditions
- Sedative-hypnotic medications (especially benzodiazepines) should be avoided

Psychosocial Support

- Emphasize that the goal of tapering is to make the patient feel better (i.e. to reduce pain intensity, and to improve mood and function)
- Explore benefits and barriers of tapering in a non-judgmental manner
- Provide supportive counseling to the patient and their family
- We recommend strong social support for the patient during an opioid taper such as access to a nurse, psychiatrist, psychologist, physiotherapist, dietician, pharmacist, social worker and others
- We recommend discussing a plan for:
    - Sleep, nutrition, movement, productivity, relationships, mindfulness, and mental health
    - The Big 5 Skills of Self-Management for chronic pain:
        - Self-Monitoring, Relaxation, Pacing, Self-Talk, and Communication

Rate of Taper

- There is no single tapering strategy to fit all patients
- Taper according to the patient’s physiologic and psychological status; adjust the taper as needed
- The longer the patient has been on opioids, the longer the taper should be
- The 2017 Canadian Opioid Guidelines recommend 5-10% every 2-4 weeks as a reasonable rate for chronic pain patients

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- Consider a slower taper for:
  - High levels of anxiety, psychological dependence, comorbid cardiorespiratory conditions, elderly
- Taper at one-half or less of previous rate when one-third of the total dose is remaining
  - The last stage of tapering is the most difficult, as the body cannot adapt as quickly to the changes in concentration and receptor activity at this stage
- Hold or plateau the dose if the patient is experiencing severe withdrawal, reduced function, or significant worsening of pain or mood
  - Do **not** return to a previous higher dose
  - Consider extending the taper rate from every 2-4 weeks to every 4-6 weeks temporarily until symptoms settle, and then continue with the taper

Type of Opioid, Dosing and Dispensing Interval

- Use a controlled-release formulation and a fixed dosing schedule (not PRN)
- Let the patient choose which dose of the day is decreased first (AM, PM or HS)
- Keep dosing interval the same for as long as possible (BID or TID)
- Prescribe at frequent dispensing intervals (daily, alternate days, or weekly)
  - If the patient runs out early, increase the frequency of dispensing
- We suggest blister packing for better control

Withdrawal

- Withdrawal can be quite uncomfortable but is unlikely to be life-threatening in patients without significant comorbidities
- Signs/symptoms: Abdominal cramping, nausea, vomiting, diarrhea, myalgias, arthralgias, muscle spasms, tremors, headaches, yawning, lacrimation, rhinorrhea, piloerection, diaphoresis, chills, hypertension, tachycardia, insomnia, fatigue, anxiety, irritability, restlessness
- Do not treat withdrawal symptoms with opioids or benzodiazepines
- Consider adjuvant agents only if necessary (to avoid sending the message that medications are the only solution). If no contraindications, clonidine 0.05-0.1 mg BID-TID PRN may alleviate autonomic symptoms such as hypertension, diaphoresis, and tachycardia (monitor blood pressure)

Monitoring

- Schedule frequent visits (e.g. weekly)
- Assess pain status, withdrawal symptoms and possible benefits (reduced pain, improved mood, energy, alertness, etc.)
- Use urine drug tests to assess compliance
- Allow between 2 weeks and 6 months or longer for the taper, depending on the situation
- Some patients may not eliminate use of opioids, but any reduction in dose may be beneficial

Patient Education

- Patients should be strongly cautioned that they may lose their tolerance after as little as a week or two after a reduction, and they are at risk for poisoning if they return to a previous opioid dose
- All patients who are on high doses of opioids should be offered a take-home naloxone kit

Specialist Link Advice (See http://www.specialistlink.ca/)

- Need advice from a chronic pain specialist? Call a nurse practitioner via Specialist Link:
  - 403-910-2551 (toll-free 1-844-962-5465)
  - Your call will be returned within one hour; available Mondays-Fridays 8 am - 4 pm.

Frank JW et al. Pt outcomes in dose reduction or discontinuation of long-term opioid therapy: a systematic review. Ann Intern Med 2017;167(3);181-191.
The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. National Pain Centre at McMaster University. Available online at: http://nationalpaincentre.mcmaster.ca/guidelines.html
Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. 2010 National Opioid Use Guideline Group (NOUGG).
Tapering and discontinuing opioids. Department of Veterans Affairs and Department of Defense. May 2013.
Interagency Guideline on Prescribing Opioids for Pain. Washington State Agency Medical Directors' Group. June 2015.
Available online at: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
CDC guideline for prescribing opioids for chronic pain 2016. US Department of Health and Services; Centers for Disease Control and Prevention. Available online at: https://www.cdc.gov/drugoverdose/prescribing/guideline.html

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Chronic Pain and Exercise

Chronic pain is a malfunctioning alarm system. The more you push through high pain (trying to do all of the things you used to do before you had pain), the more sensitive the alarm gets, and the less activity it takes to cause pain. This is a vicious circle that makes you less and less able to do the things that are important to you. Getting better is about retraining your pain system.

Increasing your activity levels in the right way can:

- teach your pain system to interpret activity as safe (lower your pain)
- improve mood
- improve sleep
- increase your ability to do the things that are important to you

Step One:
Think about activity that you would enjoy and look forward to doing. Make plans to join a gym, get trained, find friends to start the activity with you, or whatever helps you to be motivated.

Step Two:
Think about how to start that activity at a low level. Start with a level of activity that you can do even on your bad pain days. This might seem like a very low level of activity at first, but if you can be consistent about it, you will increase your ability to be active without pain. Maintain that starting level for about two weeks before you try to increase.

Step Three:
Make a plan for how to increase slowly. The more gradually you can increase your activity, the easier it will be for your pain system to adapt.

Step Four:
Once you have made a few increases in your activity plan, think about how you will adapt your activity on days when your pain levels are high. This may involve a temporary decrease in intensity or duration of activity, but try to stay active every day!

If you would like some advice on how to be active and stay active, here are a few websites:

http://www.physicalactivityline.com
http://www.exercise-works.org/useful-resources/
http://prescription4exercise.com

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	Aerobic	Muscle strength and endurance	Core stability	Flexibility and Range of motion
What am I doing now?				
What have I enjoyed doing in the past?				
What could I start doing?				
Goal Frequency				
Goal Duration				
Where will I start?				
How will I increase?				

Aerobic: Increases heart rate and breathing rate
Examples: Cycling, rowing, swimming, walking, cross country skiing, gardening, light household chores, golfing…without a cart!

Muscle strength and endurance
Examples: Weight training, Pilates, Cycling

Flexibility and range of motion
Examples: Yoga, Tai Chi, Dance

Core stability and Agility
Examples: Martial arts, Downhill skiing, Golf, Pilates

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Stages of Change in Opioid Tapering

Dr Feel Better says:

'I think it might be time to start thinking about tapering your opioid medication. '

Patient replies:

"It's not gonna happen, doc"

Pre-Contemplation

*** <** 30 seconds

* Provide concerned, caring, evidence-based advice

* Leave the door open ("If you ever want to . . .")

* Signpost ongoing monitoring

"I was thinking the same thing, how about we get all the other ducks in a row, and then start January 1, 2019"

Preparation

* SMART Goal setting
* Resources
* Support

S-pecific
M-easurable
A-ction oriented
R-ealistic
T-ime-Limited

"Yeah, I think I got this, but what do I do with the next catastrophic flare up?"

Action

* Support
* Encouragement
* Reward
* Track Progress
* Troubleshoot

"Yeah, well I started to cut back 10% per week – is that OK?"

Maintenance / Relapse Prevention

* Support
* Encourage
* Reward
* Identify Triggers
* Brainstorm replacement Behs
Relapse Plan

"I probably will eventually, but not now. I don't know . . .

Contemplation

Motivational Interviewing

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Activity #1 ***PERSONAL BEHAVIOUR CHANGE***

Think of 1 thing that you have thought about changing either more than once or for a long time (i.e. years) – we'll call this your 'Change Target'

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

Your Contemplation 'Change Target' is _____

Activity #2 ***PERSONAL AMBIVALENCE***

#1 – write down (at least) 3 reasons why working towards your Change Target would be good
#2 – write down (at least) 3 reasons why NOT working towards your Change Target would be good (i.e. less energy, less stress, less costly, less inconvenience)
#3 – write down some of the feelings associated with this ambivalence
(Ambivalence = i.e having good reasons both to work towards AND NOT work towards your Change Target)
(Feelings Examples - 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

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MOTIVATIONAL INTERVIEWING

Miller & Rollnick (2002) 2nd ed

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

Activity #3 ***OARS SKILLS PRACTICE***

- Get into groups of 3
- Each of you is going to be 'The Changer', 'The Clinician' and 'The Observer'

The Changer – talk about your 'Change Target'
The Clinician – try to practice each of the OARS skills
The Observer – keep track of which OARS skills have been used **Clinician**– use 'time out' hand signal & ask for help

3 mins + 2 mins for feedback / each

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D evelop Discrepancy
E mpathy
A mplify Ambivalence
R oll with Resistance
S elf – Efficacy

Activity #4 ***DEARS SKILLS PRACTICE***

- In your group of 3
- Each of you is going to be 'The Changer', 'The Clinician' and 'The Observer'

The Changer – talk about your 'Change Target'
The Clinician – try to practice each of the DEARS skills
The Observer – keep track of which DEARS skills have been used **Clinician**– use 'time out' hand signal & ask for help

3 mins + 2 mins for feedback / each

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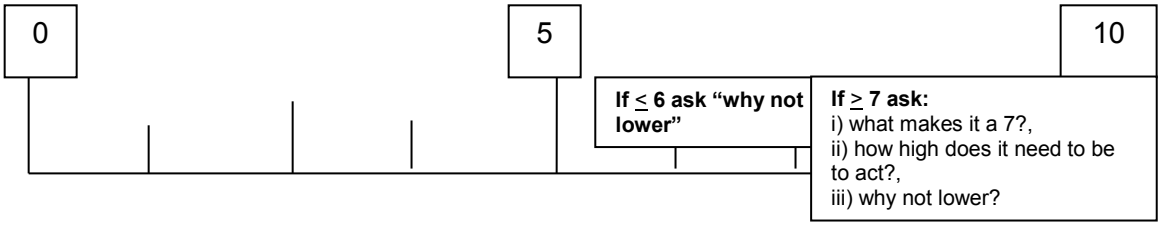
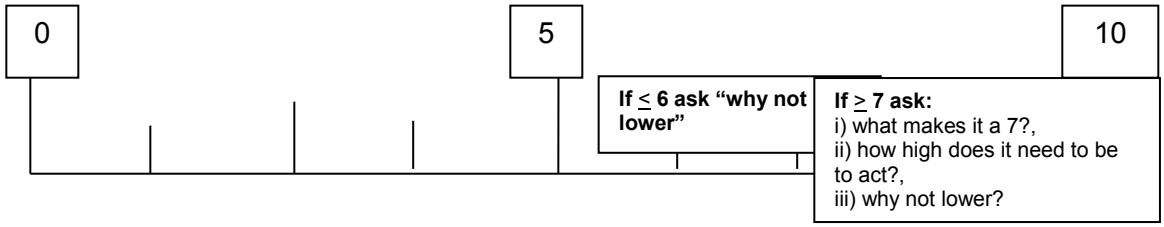
Readiness Rulers

How <u>important</u> is making this change to you – at present?



How <u>confident</u> that you are presently able to make this change?



Activity #5 ***OARS + DEARS + READINESS RULERS PRACTICE***

- In your group of 3
- Each of you is going to be 'The Changer', 'The Clinician' and 'The Observer'

The Changer – talk about your 'Change Target'
The Clinician – try to practice each of the OARS, DEARS and READINESS RULERS skills
The Observer – keep track of which skills have been used
Clinician– use 'time out' hand signal & ask for help

4 mins + 2 mins for feedback / each

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Exercise #6 ***A NEW PERSONAL SKILL CHANGE***

Consider 1 technique or skill that you might consider changing with regards your practice (OARS, DEARS, Readiness Rulers)

Find a partner – 1 person tell the other person a specific OARS, DEARS or Readiness Ruler Skill you are seriously thinking about trying

Partner – Start with a Readiness Ruler

If partner is Pre-contemplative (Importance = 0)

- ≤ 30 seconds
- Provide concerned, caring evidence-based advice
- Leave the door open
- Signpost ongoing monitoring

If partner is in Preparation (Importance > 0, ready to make a commitment, wants to make a plan -> Set a SMART goal

If partner is Contemplation (Importance > 0, NOT ready to make a commitment yet)

- OARS, DEARS them

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Patient Label

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		
Mood		
Nutrition		
Bowel		
Work		
Exercise/ Activity		
Social/ Relationships		
Flare-up	Mild	
	Moderate	
	Severe	