

A-TAPER: Deprescribing Opioids

Assess *then* TAPER

- A** **Assess** opioid use
- T** **Talk** about risks
- A** Select **Alternatives**
- P** **Plan** next steps
- E** **Engage** patient (shared decision-making)
- R** **Reduce** dose

Deprescribing Opioids: A-TAPER Checklist

Before getting started: *Review the patient’s complete medication list.

I. ASSESS	
Assess Opioid Use	
	*Identify all opioids the patient is currently taking
	*Calculate the total daily dose (TDD) of opioids being taken – in morphine milligram equivalents (MME)
	*Determine length of opioid therapy (how long the patient has been taking opioids)
	*Assess appropriateness of patient’s opioid use (indication and goals of therapy)
	Assess the effectiveness of patient’s opioid therapy
	*Assess the safety/potential for harm of patient’s opioid therapy
	Screen for misuse/abuse/non-use (adherence) [*Check the NC CSRS]
Assess at follow-up visits:	
	Assess adherence to de-prescribing regimen; identify barriers to implementation
	Assess symptoms/severity of pain
	Assess for side effects/withdrawal symptoms
II. TALK about Risks	
	Discuss risks associated with opioid use
	Discuss strategies for reducing falls risk
III. Select ALTERNATIVES	
	*Select non-pharmacological strategies for managing pain
	*Select alternate medications for managing pain
IV. PLAN next steps	
	*Prioritize medications to be tapered or substituted
	*Identify a final dose goal for each medication being tapered
	*Plan a dose reduction strategy (or adjust dose reduction strategy as needed at follow-up)
	Consider implementing an opioid taper agreement with patient
	*Use adjuvant medications, as needed, to mitigate withdrawal symptoms
	Ensure patient receives adequate and ongoing psychosocial support
	*Establish a monitoring and follow-up plan
V. ENGAGE patient (shared decision-making)	
	Include patient &/or caregiver in all decisions made concerning alternate therapies and tapering schedule
	Use Motivational Interviewing (MI) techniques when engaging with the patient
VI. REDUCE dose	
	Implement plan for opioid tapering and initiation of any alternate therapies
	Educate patient on how to store and dispose of unused opioids appropriately
	Educate patient about signs/symptoms of withdrawal or re-emergence of their disease symptoms

**Step will be performed by a consultant pharmacist upon reviewing the patient’s medical record. The consultant pharmacist’s findings and recommendations will be included in a documentation-only note for the patient’s provider to consider.*

Deprescribing Opioids: A-TAPER Guidance & Resources

Before getting started: Review the patient's complete medication list*

Medication review best practices:

- ✓ Ensure patient's medication list is up-to-date and accurately reflects everything they are taking
- ✓ Assess patient's medication experience: beliefs, concerns, expectations, and understanding
- ✓ For each medication assess: indication and goals of therapy
- ✓ For each medication assess: effectiveness, safety, and patient adherence
- ✓ Assess any barriers to care (e.g., socioeconomic barriers or cognitive impairment) that may impact a patient's ability to fully adhere to their medication regimen
- ✓ Make appropriate medication therapy changes, as warranted, based on assessments of indication, effectiveness, safety, and patient adherence [IESA]
- ✓ Educate the patient on any medication changes made

Resources

- [SAFE Medication Review Framework](#) (CDC handout)
- [Ten Medications Older Adults Should Avoid or Use with Caution](#) (HealthinAging.org tip sheet)
- [Medication Management Resources for Providers](#)

I. ASSESS

➤ Assess **opioid** use

- Identify all **opioids** the patient is currently taking*
 - Common prescription opioids [generic (brand) names]:
 - Codeine (Tylenol with Codeine)
 - Fentanyl (Duragesic)
 - Hydrocodone (Hyslinga ER, Zyhodro ER)
 - Hydrocodone + acetaminophen (Lorcet, Lortab, Norco, Vicodin)
 - Hydromorphone (Dilaudid)
 - Methadone
 - Morphine (MS Contin)
 - Oxycodone (OxyContin, Roxicodone)
 - Oxycodone + acetaminophen (Endocet, Percocet)
 - Oxymorphone (Opana, Opana ER)
 - Tapentadol (Nucynta, Nucynta ER)
 - Tramadol (Ultram)
 - Resources
 - [Opioid Information Sheet](#) (UNC resource)
- Calculate **total daily dose (TDD)**, in morphine milligram equivalents (MME), factoring in scheduled and on-demand doses*
 1. Determine total daily amount of each opioid patient is actually taking
 2. Convert each to MMEs, using the appropriate conversion factor
 3. Add totals together to get total daily dose (TDD) in MME

Resources

- [Opioid Information Sheet](#) (UNC resource) [recommended resource]
- [Calculating Total Daily Dose of Opioids for Safer Dosage](#) (CDC conversion chart)
- [Opioid Conversion Table](#) (AAFP Chronic Pain Management Toolkit resource)
- [Opioid Equianalgesic Dosing](#) (UNC Medical Center Guideline)

□ Determine length of opioid therapy*

- Determine **how long** the patient has been taking opioids (length of therapy), and if their use has been persistent or intermittent

□ Assess **appropriateness** patient's opioid use*

- Clarify indication for use and goals of therapy, considering clinical, functional, and patient personal goals of therapy.

Resources

- [Opioid Clinical Implementation Tools and Factsheets](#) (CDC quick reference guide)
- [CDC Guideline for Prescribing Opioids for Chronic Pain](#) (CDC resource)

□ Assess **effectiveness** of patient's opioid therapy

- Assess patient's level of pain control (should not be the sole assessment for effectiveness)
 - [PEG Screening Tool](#): Pain average, interference with Enjoyment of life, and interference with General activity (PEG) Assessment Scale
- Assess patient's functional status/functional goals

□ Assess **safety**/potential for harm of patient's opioid therapy*

1. Assess opioid-induced side effects.
2. Assess potential drug interactions and cumulative effects.
3. Consider offering patient a prescription for Naloxone, especially if risk factors for overdose are present. Ensure education on appropriate use is provided.

Resources

- [Assessing Benefits and Harms of Opioid Therapy](#) (CDC factsheet)
- [Guideline for Prescribing Opioids for Chronic Pain](#) (CDC factsheet)
- [Opioid Information Sheet](#) (UNC resource)

□ Screen for misuse/abuse/non-use (**adherence**)*

- Assessing a patient's adherence to a prescribed medication regimen is always important. For opioids, screening for misuse, abuse, and non-use is also critical for evaluating the safety and effectiveness of the medication.
 1. Assess patient/caregiver understanding of regimen(s)
 2. Utilize assessment tools
 - [Current Opioid Misuse Measure \(COMM\) Worksheet](#)
 - [Opioid Risk Tool \(ORT\)](#)
 3. Perform a pill count for all opioids the patient is taking
 - [Pill Count Procedure](#) (UNC resource)
 4. Check your state's [Prescription Drug Monitoring Program \(PDMP\)](#) at least every 3 months [e.g., NC Controlled Substance Reporting System (CSRS)]*

5. Perform Urine Drug Screen (UDS) at least annually, if available
 - [UNC Sample Urine Drug Screening Report](#) (UNC resource)
 - [Urine Drug Testing Factsheet](#) (CDC handout)
 - [Urine Drug Testing](#) (AAFP resource)

➤ Assess at **follow-up** visits

At all **follow-up** visits:

- Assess adherence to deprescribing regimen; identify barriers to implementation
 - [Addressing Barriers to Opioid Tapering](#) (UNC resource)
- Assess symptoms/severity of pain
 - [PEG Screening Tool](#)
- Assess for side effects/withdrawal symptoms
 - [Clinical Opiate Withdrawal Scale \(COWS\)](#)
 - [Subjective Opiate Withdrawal Scale \(SOWS\)](#)
 - [Clinical Institute Narcotic Assessment \(CINA\)](#)
 - [Opioid Information Sheet](#) (UNC resource)
 - Opioid Withdrawal: Care Instructions (Epic patient education resource)

II. TALK about Risks

- Discuss risks associated with opioid use
 - Educate patients on risks associated with opioid use and the potential benefits of reducing the amount they take.

Resources

- [Assessing Benefits and Harms of Opioid Therapy](#) (CDC provider resource)
- [Prescription Opioids: What You Need to Know](#) (CDC patient handout)
- [Ten Medications Older Adults Should Avoid or Use with Caution](#) (HealthinAging.org tip sheet)
- [Opioid Information Sheet](#) (UNC resource)
- [Opioid Taper/Discontinuation \(The BRAVO Protocol\)](#) (Oregon Pain Guidance)
- Learning About Opioids (Epic patient education resource)
- Learning About Safe Use of Long-Acting Opioids (Epic patient education resource)
- Safe Use of Opioid Pain Medicine: Care Instructions (Epic patient education resource)
- Opioid Withdrawal: Care Instructions (Epic patient education resource)
- Learning About Opioid Use Disorder (Epic patient education resource)
- Learning About Naloxone for Opioid Overdose (Epic patient education resource)
- Learning About Medication-Assisted Treatment for Opioid Use Disorder (Epic patient education resource)
- Learning About Pain Control When You Have a History of Opioid Dependence (Epic patient education resource)

- Discuss strategies for reducing falls risk
 - Review fall prevention strategies with the patient and/or caregiver.

Resources

- [Algorithm for Fall Risk Screening, Assessment, and Intervention](#) (CDC STEADI provider resource)
- [Stay Independent: Learn More About Fall Prevention](#) (CDC STEADI patient pamphlet)
- [Check for Safety – A Home Fall Prevention Checklist for Older Adults](#) (CDC STEADI patient pamphlet)
- [Talking About Fall Prevention with Your Patients](#) (CDC STEADI provider resource)
- [Take Steps to Prevent Older Adult Falls](#) (CDC STEADI provider resource)
- [What YOU Can Do to Prevent Falls](#) (CDC STEADI patient pamphlet)
- [Protect Your Loved Ones From Falling](#) (CDC STEADI patient pamphlet)
- [Tips for Preventing Serious Falls](#) (HealthinAging.org tip sheet)
- [Home Safety Tips for Older Adults](#) (HealthinAging.org tip sheet)
- [Take Control of Your Health: 6 Steps to Prevent a Fall](#) (National Council on Aging patient resource)
- Preventing Falls: Care Instructions (Epic patient education resource)
- Preventing Outdoor Falls: Care Instructions (Epic patient education resource)
- 13 Ways to Prevent Falls in the Hospital (Epic patient education resource)
- How to Get Up Safely After a Fall: Care Instructions (Epic patient education resource)
- Preventing Falls – videos (Epic patient education resource)

III. Select ALTERNATIVES

- Select alternative medications and non-pharmacological strategies*
 1. Select non-pharmacological strategies for managing pain
 2. Select alternative medications for managing pain

Resources

- [Opioid Information Sheet](#) (UNC resource) [recommended resource]
- [Non-Opioid Treatments for Chronic Pain](#) (CDC provider resource)
- [Alternatives to Opioids \[VIDEO 7:13\]](#) (UNC resource)
- Pain Medicine: Care Instructions (Epic patient education resource)
- Learning About Pain Control When You Have a History of Opioid Dependence (Epic patient education resource)

IV. PLAN next steps

- Prioritize medications to be tapered or substituted*
 - “Consider sequential tapers for patients who are on chronic benzodiazepines and opioids. Coordinate care with other prescribers (e.g., psychiatrist) as necessary. In general, taper off opioids first, then the benzodiazepines” [wa.gov]

Reference

- [Washington State Interagency Guideline on Prescribing Opioids for Pain \[06-2015\]](#)

- Identify a final dose goal for each medication being tapered*
 - Decide if the ultimate goal for the taper is dose reduction or medication discontinuation. If dose reduction, decide what the final dose goal will be.

- Plan a dose reduction strategy (or adjust dose reduction strategy as needed at follow-up)*
 - Consider starting with reducing Total Daily Dose (TDD) of the patient's opioid(s) by 10% every 1-2 weeks.
 - For patients who have been on opioids for a longer period of time (e.g., years), a slower taper (e.g., 5-10% every 1-2 months) may be warranted in order to minimize withdrawal symptoms.
- Resources
- [Opioid Information Sheet](#) (UNC resource) [recommended resource]
 - [Opioid Tapering Resource](#) (AAFP resource)
 - [Opioid Taper Decision Tool](#) (U.S. Department of Veterans Affairs resource)
 - [Tapering Long-term Opioid Therapy in Chronic Noncancer Pain](#) (Mayo Clinic resource)
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- Consider implementing an opioid taper agreement with patient
 - Having a patient and their provider sign an opioid taper agreement ensures that both the patient and the provider know what goal they are working towards and the responsibilities of each party involved.
- Resources
- [Opioid Taper Agreement](#) (UNC resource)
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- Use adjuvant medications, as needed, to mitigate withdrawal symptoms
 - A taper can also be paused or slowed if withdrawal symptoms persist or are severe.
- Resources
- [Opioid Information Sheet](#) (UNC resource)
 - [Opioid Withdrawal: Care Instructions](#) (Epic patient education resource)
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- Ensure patient receives adequate and ongoing psychosocial support
 - Refer patient to a mental health provider (psychiatrist, psychologist, counselor) or help in the management of pain and/or opioid use disorder.
 - Encourage the use of cognitive behavioral therapy (CBT) for increased success in tapering plan.
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- Establish a monitoring and follow-up plan*
 - Having a follow-up plan in place will facilitate tapering success.

V. ENGAGE patient (shared decision-making)

- Include patient &/or caregiver in all decisions made concerning alternate therapies and tapering schedule
 - All decisions made should be made in collaboration with the patient and/or caregiver. Consider implementing an opioid taper agreement with your patient to ensure that both the patient and the provider know what goal they are working towards and the responsibilities of each party involved.
- Resources
- [Opioid Taper Agreement](#) (UNC resource)
 - [Addressing Barriers to Opioid Tapering](#) (UNC resource)

- Use Motivational Interviewing (MI) techniques when engaging with the patient
 - Motivational interviewing helps the patient identify the benefits, from their perspective, of tapering their opioid medications(s).
- Resources
- [Motivational Interviewing Resource - Pain](#) (UNC resource)
 - [Opioid Taper/Discontinuation \(The BRAVO Protocol\)](#) (Oregon Pain Guidance)

VI. REDUCE dose

- Implement plan for opioid tapering and initiation of any alternate or additional therapies
 - Consider starting with reducing Total Daily Dose (TDD) of the patient's opioid(s) by 10% every 1-2 weeks.
 - For patients who have been on opioids for a longer period of time (e.g., years), a slower taper (e.g., 5-10% every 1-2 months) may be warranted in order to minimize withdrawal symptoms.
- Resources
- [Opioid Information Sheet](#) (UNC resource) [recommended resource]
 - [Opioid Tapering Resource](#) (AAFP resource)
 - [Opioid Taper Decision Tool](#) (U.S. Department of Veterans Affairs resource)
 - [Tapering Long-term Opioid Therapy in Chronic Noncancer Pain](#) (Mayo Clinic resource)
 - [Alternatives to Opioids \[VIDEO 7:13\]](#) (UNC resource)
 - Pain Medicine: Care Instructions (Epic patient education resource)
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- Educate patient on how to store and dispose of unused opioids appropriately
- Resources
- [Safe Drug Storage and Disposal](#) (UNC Health Care resource)
 - [How to Dispose of Medicines Properly](#) (EPA resource)
 - [Drug Disposal Options](#) (FDA resource)
 - [Safe Use, Storage, and Disposal of Opioid Drugs](#) (FamilyDoctor.org resource)
 - Learning About Safely Storing and Getting Rid of Opioid Pills and Patches (Epic patient education resource)
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- Educate patient about signs/symptoms of withdrawal or re-emergence of their disease symptoms
 - Some patients may experience withdrawal symptoms during the tapering process. Educating patients about common withdrawal symptoms and how these symptoms can be mitigated can help facilitate a successful taper.
- Resources
- [Opioid Information Sheet](#) (UNC resource)
 - Opioid Withdrawal: Care Instructions (Epic patient education resource)