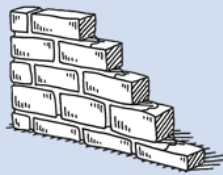


Addressing Barriers to Opioid Tapering

Identified Barriers to Tapering

- Patient's fear of returning pain and/or unpleasant withdrawal symptoms and anxiety
- Psychological and physical dependence causing patient to rely on medication to function
- History of chronic use contributing to a reluctance to discontinue and resistance to change
 - Difficulties convincing patient that medication is no longer beneficial and poses risk/harm
- Patient's sense of safety because of long-term use without side effects
- Patient denial of side effects, or minimizing severity of side effects
 - Unable to recognize that side effects can be attributed to opioid medications
- Negative patient attitude towards non-opioid treatments for pain
- Physician's fear of disrupting the physician-patient relationship
 - Prescribing medication may be viewed by the patient as caring and showing concern
 - Physicians may feel as if prescribing medication is an act of empathy
- Lack of patient and physician knowledge on successful tapering techniques and non-pharmacological treatment options
- Reluctance to change or discontinue medication prescribed by a different physician
- The emotional burden experienced by providers when attempting to discuss and initiate an opioid taper
- Lack of trust within the physician-patient relationship
- Lack of time to initiate de-prescribing conversation, difficulty implementing taper, and limited experience with tapering and withdrawal management



Strategies to Overcome Barriers to Tapering



- Emphasize positives associated with discontinuing medication
- Consider a slow taper to reduce/avoid withdrawal symptoms
- Express empathy for patient's experience and provide support
- Encourage patient to seek support from family/friends and provide resources for group support opportunities (e.g., chronic pain support group)
- Engage patient in shared-decision making and open communication
- Recognize patient is at greater risk taking the medication than not taking it
- Provide patient education explaining that withdrawal symptoms will improve with time
- Treat withdrawal symptoms with the appropriate alternative agents or psychotherapy
- Emphasize risks of continuing medication (e.g., cognitive/functional impairment, difficulties with balance, falls, motor vehicle accidents, unintentional overdoses)

Strategies to Prevent Inappropriate Use

- Explain the benefits versus the risks prior to initiating an opioid analgesic
- Inform the patient of the plan for short-term or intermittent, as needed, or scheduled use
- Avoid use of opioid analgesics in patients with risk factors for adverse outcomes, such as:
 - Current, recent, or recurrent substance use disorder
 - Current benzodiazepine use
 - Elderly patients
 - Diagnosis of sleep apnea or COPD
- Discuss the value of non-pharmacological therapies in addition to or in place of opioid analgesics

Adapted from: Gold J and Ward K. Pharmacist Toolkit: Benzodiazepine Taper. College of Psychiatric and Neurologic Pharmacists website. <https://cpnp.org/guideline/benzo>.

Additional resources: (1) Frank, J. Patients' Perspectives on Tapering of Chronic Opioid Therapy: A Quality Study; *Pain Medicine*. 17(10):1838-1847. 2016. (2) Gnjidic, D. Deprescribing Trials: Methods to Reduce Polypharmacy and the Impact on Prescribing and Clinical Outcomes. *Clinics in Geriatric Medicine*. 28(2):237-253. 2012. (3) Kennedy, L. "Those Conversation in My Experience Don't Go Well": A Qualitative Study of Primary Care Provider Experiences Tapering Long-term Opioid Medications. *Pain Medicine* 19(11):2201-2211. 2018.