

Starting a Conversation about Deprescribing Opioids or Benzodiazepines

Conversation Starters

“In looking at your medication list, I have some ideas about how we might work together to [reduce your risk of falls and injuries / decrease the number of pills you are taking / minimize your medication costs / reduce the cognitive effects of your medications]. Would you like to talk about it?”

“As we get older, our bodies process medications differently and what once was a reasonable dose for a give medication may no longer be safe as you get older. I’d like to talk with you about reducing your risk.”

“Here is a brochure about (one of) your medications. Would you mind if we discussed some of the information in here?”

Additional strategies to use when discussing an opioid or benzodiazepine taper with a patient:

- ✓ **Discuss the pros and cons of continuing the medication(s) vs reducing the dose** (Table 1)
 - Ask the patient if they have experienced/are experiencing any negative effects with their opioid(s) and/or benzodiazepine(s). Use this as an opening to further discuss the pros and cons of tapering.
 - Show the patient a list of the pros and cons of deprescribing to initiate a discussion
 - Give the patient an educational handout and use the resource to facilitate a discussion. Keep copies of these handouts in your practice’s waiting room and exam rooms.
 - [Prescription Opioids: What You Need to Know](#) (CDC patient handout)
 - [EMPOWER Trial Brochure](#) (patient education resource)
 - [Is a Benzodiazepine or Z-Drug Still Needed for Sleep?](#) (deprescribing.org patient resource)
 - [Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?](#) (CDC patient handout)
 - [Ten Medications Older Adults Should Avoid or Use with Caution](#) (HealthinAging.org tip sheet)
 - Hang posters throughout your practice (in waiting room, exam rooms) and refer to them when broaching the subject
 - [Deprescribing: Reducing Medications Safely to Meet Life’s Changes](#) (deprescribing.org)
 - [Treating Your Pain at Home](#) (UNC Healthcare)
 - [Safer, More Effective Pain Management](#) (CDC poster)

- ✓ **Mention key opioid and benzodiazepine prescribing guideline recommendations and best practices to bolster your recommendation of initiating or continuing a taper** (Table 2)

Table 1. Pros and Cons of Deprescribing

Positives Associated with Deprescribing	
<ul style="list-style-type: none"> ✓ Risk of developing dependence is reduced ✓ Potential side effects may be alleviated ✓ Risk of falls, fall-related injuries, and motor vehicle accidents is reduced ✓ Likelihood of memory problems and daytime fatigue is minimized 	
Potential Risks of Continuing the Medications (at current doses)	
<u>Opioid Side Effects/Risks</u> Constipation Daytime sleepiness Confusion Breathing issues during sleep Abnormal gait Craving higher doses	<u>Benzodiazepine Side Effects/Risks</u> Memory and/or concentration problems Daytime fatigue Falls or fear of falling Motor vehicle accidents (even minor)
<i>*Be sure to note other medications or conditions that could be contributing to these symptoms as well*</i>	
Risks Associated with Deprescribing	
<u>Risks</u> Withdrawal effects Return of pain/anxiety/insomnia	<u>Potential Solutions</u> Slow or pause the taper Add adjunctive therapies while tapering

Table 2. Key Talking Points

- Opioid doses ≥ 50 MME/day are considered unsafe; doses ≥ 90 MME/day should be avoided (CDC guidelines)
- Duration of opioid use should be limited to $\leq 3-5$ days for acute pain (CDC Guidelines)
- Opioid and benzodiazepine co-prescribing should be avoided (CDC Guidelines)
- Shorter acting opioids should be prescribed over longer acting ones (CDC Guidelines)
- Long-term use of benzodiazepines for anxiety and/or sleep is not recommended (AGS, Beers Criteria)
- As we age, our bodies process these types of medications differently (due to pharmacokinetic and pharmacodynamics changes). What once was a reasonable dose may no longer be safe as you age.