February 2019 Mi-CCSI James D. Hudson, MD

Steps in Tapering Opiates in a Chronic pain Patient

Start the discussion with the facts. "Over the past 20 years in the United States we as a medical system have been attempting to control chronic pain with opioid medications when milder forms of pain relief have not been effective. We were led to believe that there would be a low risk of addiction, or serious side effects and that this treatment would be effective. We are the only country in the world to take this approach.

Extensive review by the Center for Disease Control has shown that this was incorrect. I'm sure you are aware of the epidemic of overdose deaths from these medications that has affected the entire nation but many people are not aware that many of these deaths have occurred in people who thought they were taking the medication as prescribed and only for legitimate medical purposes. Also studies have shown that instead of solving the chronic pain problem these drugs increase the pain experienced by patients when they are taken on a chronic daily basis. For this reason multiple states including Michigan have passed laws limiting the use of these drugs. Our office, after carefully reviewing all of this information has decided that the best treatment for our patients with chronic pain requires us to review all of our patients who are taking these medications on a regular basis and moving their treatment to safer and more effective therapies."

"We want you to know that we believe you are in chronic pain, we don't see you as an addict and we intend to move you to other treatments in a careful and gradual way. We are prepared to obtain consultations with whatever specialists are indicated to make sure that you are getting the best care possible."

"Stopping opioids suddenly, while not life threatening, can cause severe side effects like increased pain, nausea, vomiting, diarrhea, shaking, anxiety and sleeplessness. It is our intent to slowly reduce these medications so that these withdrawal symptoms are only mild. Most people who are withdrawn from opiates in this manner surprisingly find that their pain is not significantly worse and they actually feel better being off these strong medications. They report having more energy, alertness, better memory, better interactions with friends and family, better functioning at work and less depression. The problems with constipation, loss of libido and daytime drowsiness caused by opiates also resolve."

Complete a full evaluation for Chronic Pain

Consider a 45- 60 minute appointment or schedule multiple 15-30 minute appointments every 1-2 weeks.

Information for the patient to have obtain prior to exam. Pain Diagram, Review of Systems, Urine Drug Screen for Chronic Pain, MAPS, Informed Consent/Pain contract. A list of providers, hospitals and clinics who have treated or are currently treating the patient's chronic pain.

Complete history of pain from its' beginning. "When did you last feel well and healthy?

Some will have clear onset with accident, injury or surgery. Some will say "I have never felt healthy." For some there will have been a gradual onset without injury.

Present level of functioning. "Walk me through a usual day." Pay attention to how much time is spent working(and missed time from work, school etc), resting, napping, exercising and amount and quality of sleep.

Review prior treatments and response. Get records if needed.

Go through Review of systems carefully with the patient, focusing on Pertinent Positives and Negatives. This should include the following questions or similar

Do you experience the following;	YES	NO
Unusual fatigue or tiredness	_____	_____
Trouble making decisions	_____	_____
Loss of memory or concentration	_____	_____
A tendency to excessive worry	_____	_____
Attacks of anxiety	_____	_____
Feeling hopeless	_____	_____
Depression	_____	_____
Loss of temper	_____	_____
Frequent Crying	_____	_____
Work or Family Problems	_____	_____

Do you experience the following;	YES	NO
Sexual difficulties	_____	_____
Suicidal thoughts	_____	_____
Have you ever sought psychological counselling?	_____	_____
Have you had any previous mental health hospitalizations?	_____	_____
Have you ever been the victim of abuse? (physical, sexual or emotional)	_____	_____
Do you have a history of alcohol or drug abuse?	_____	_____
Are you using Marijuana?	_____	_____
Do you have a medical marijuana card?	_____	_____

Those patients who respond by agreeing to go through a slow taper should be supplied with a copy of the **Clinical Opiate Withdrawal Scale** at the time of beginning a taper and explained how to use it. They should be instructed about what to do if withdrawal symptoms are worse than expected and regular appointments should be scheduled for follow up. Some offices may want to have nurses calling the patient on a weekly basis to encourage and help monitor the progress.

Patients with mental health issues or diagnoses are of special concern. For some of these patients the opiate may be acting as a mood stabilizer and they may become more unstable as they are withdrawn. If the patient has a treating psychiatrist or a psychologist they should be made aware of the change in medication and visits coordinated if possible.

We have also seen patients who will threaten to kill themselves or even threaten the provider. These statements should be taken seriously and if the threats are felt to be credible mental health referral should be done prior to starting any taper.

Anxiety is almost universal in patients being tapered off of significant amounts of opiates and sometimes even in patients who seem to be taking almost placebo doses. Many of them can be reassured and managed with frequent visits and sometimes by the addition of antianxiety medications but caution must be observed with benzodiazepines and because of the risk of respiratory depression this is generally not recommended at all in the face of chronic opioid use.

Anxiety regarding opioid tapering is considered normal. Reassurance that the patient is not being abandoned and then proceeding with the taper and following up as often as the patient feels necessary is the best way to deal with the anxiety. Far and away most patients find it easier than they thought it would be.

Some patients find that they are unable to control their use of the opiate and will run out of the medication early. Explain to them that the use of the opiate when we are withdrawing is for the purpose of avoiding withdrawal symptoms and that pain flare ups now need to be managed with non-opioid or non-pharmacologic measures. Encourage them to take hot baths, distract themselves with a good book or movie, involve friends or family in helping them through etc.

Medications for withdrawal can include clonidine 0.1mg at HS or bid (avoid in patients on beta-blockers or with low blood pressure) and hydroxyzine for anxiety or sleep.

I have had family members dispense medications when the patient desires this. There are times when this is when it becomes clear that the problem is more addiction than dependence.