ECHO IDAHO

Opioids, Pain and Substance Use Disorders

Opioid Tapering in Primary Care

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Project ECHO

Disclosures

- No Disclosures

Learning Objectives

- List risks of chronic opioid use
- Choosing who is appropriate for opioid taper
- Describe patient centered opioid tapers
- Discuss safety concern regarding opioid tapers

Reviewing Key Concepts

- **Tolerance**: higher or more frequent doses to achieve desired effect

- **Dependence**: Neurons only function correctly in presence of drug
- Absence of drug -> physiologic rxn such as withdrawal
- Example: No caffeine causing headache

- **Addiction**: Compulsive or uncontrolled drug seeking and/or substance use despite harmful consequences (See DSM for specific criteria)

Source: Oregon Taper Guidelines, 2020

Dose Dependent Risks

- Risk of overdose death **4x higher** at 50-100 MME per day
- Risk of overdose death **7x higher** at >100 MME per day

When compared with 1 to 20 MME per day.

Source: Bonert, 2011 and CDC, 2022

Opioid Hyperalgesia

“Paradoxical response whereby a patient receiving opioids for the treatment of pain could actually become more sensitive to certain painful stimuli.” (Lee, 2011)

When to consider taper

- No reduction in pain or improvement in function
- Unmanageable adverse effects
- Overdose or Risky Behavior
- Non-adherence to treatment plan

Source: CDC, 2022

Individualized Plan

- Consider patient's history, goals, and your overall objective assessment
- The speed of the taper may change over time
- Most common cause of failed tapers is going too rapidly

Source: HHS Guidelines, 2019

Risk of Suicidality and Adverse Events

Multiple Studies have found an association between stopping opioids and adverse events

1. Long-term Risk of Overdose or Mental Health Crisis After Opioid Dose Tapering (Fenton, 2022)
2. Comparative Effectiveness of Opioid Tapering or Abrupt Discontinuation vs No Dosage Change for Opioid Overdose or Suicide for Patients Receiving Stable Long-term Opioid Therapy (Larochelle, 2022)
3. Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation (Oliva, 2020)

A Change in Culture

- Fear around CDC 2016 Guidelines
- CDC Guideline update in 2022 which emphasizes individualized plan, shared decision making with improved communication, and reducing risks associated with opioid pain therapy

- One study involving 494 patients found that each additional week of tapering time before opioid discontinuation was associated with a 7% relative reduction in the risk of opioid-related emergency department visits or hospitalizations (Mark, 2019)

Patient Presentations

Ms. Marie

- You recently inherited Ms Marie from a retiring physician. She is a 79yo F with PMHx of rheumatoid arthritis and hyperlipidemia who has been on Hydrocodone 10mg q4 PRN and scheduled Percocet 10mg/325mg q6hrs (daily total MME 120) for 30 years. She still experiences pain occasionally but denies any complications related to her medications.

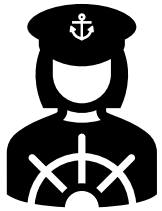
Q: What would your approach to her taper be?

Mr. Henry

- You recently inherited Mr Henry from a retiring physician. He is a 55yo M with PMHx of tobacco use disorder and arthritis in his right knee. He was initially prescribed Hydromorphone after his knee surgery 6 years ago but was continued on Oxycodone 15mg twice daily and Codeine 20mg PRN once daily for varied other MSK issues which has changed over the years. (Daily total of 51 MME)

Q: What would your approach to her taper be?

Ms. Patricia



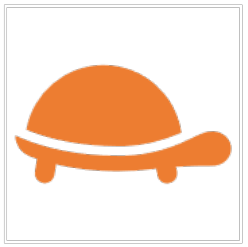
- You recently inherited Ms Patricia from a retiring physician. She is a 70yo F with PMHx of chronic low back pain, diabetic retinopathy, and COPD on 2L NC. She has been taking Tramadol 100mg every 4 hours due to her back pain (Total daily 120 MME) for the past 9 months. She recently had a fall which required an overnight stay in the hospital where the hospitalist said reducing her Tramadol may improve her quality of life. She is motivated to make a change!

Q: What would your approach to her taper be?

Mr Keith

- Mr Keith is newly establishing care with your clinic after a recent hospitalization for accidental opioid overdose. He did not realize prescription medications could be dangerous. He is a 42yo M with PMHx of AUD and fibromyalgia who has been on Hydrocodone 10mg q4hrs (Daily total 60MME) for the past 2 years since he was diagnosed with fibromyalgia. He recently started drinking again after taking a part-time job as a bartender.

Q: What would your approach to his taper be?

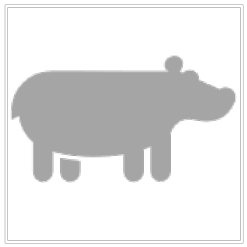


Years (Super Slow):

reduce by 2-10% every 1-2 months

Ms Marie

- No immediate risk
- Long history of opioids

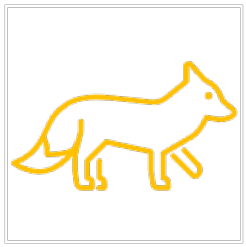


Months – Years:

reduce by 5-20% every month

Mr Henry

- Younger
- No clear indication

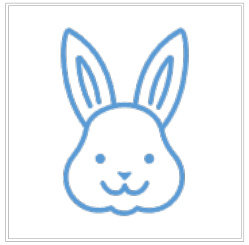


Weeks

reduce by 10-20% every week

Ms Patricia

- Multiple risk factors
- Short duration
- Motivated to stop



Days

reduce by 20-50% of first dose
then reduce by 10-20% every day

Mr Keith

- Recent OD
- Risk of repeat OD
- Patient buy in?

Source: VA Pain Management Opioid Taper Decision Tool

Example: 1 Month Reduction

180 MME -> 135 MME

Days 1-10: 15mg reduction

Days 11-20: 15mg reduction

Days 21-30: 15mg reduction

	Morning	Afternoon	Evening	MME Totals
Days 1 to 10	4 tablets = 60 mg	3 tablets = 45 mg	4 tablets = 60 mg	165
Days 11 to 20	3 tablets = 45 mg	3 tablets = 45 mg	4 tablets = 60 mg	150
Days 21 to 30	3 tablets = 45 mg	3 tablets = 45 mg	3 tablets = 45 mg	135

Source: VA Pain Management Opioid Taper Decision Tool

Addiction and Harm Reduction

- Don’t forget about Naloxone!
- Consider MOUD if you suspect OUD
- Loss of tolerance shortly after taper

Fantastic Resources

- HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics

- VA: Pain Management Opioid Taper Decision Tool

- CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

Key Points

- Chronic opioid use has risks and may not be effective for some types of pain
- Individualize opioid taper plans, slow is OK
- Don’t forget to prescribe Naloxone

“If the existing opioid regimen does not put the patient at imminent risk for overdose or other injury, tapering does not need to occur immediately, and clinicians can take time to reach agreement with patients” (CDC, 2022)

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