Broaching the Subject

- Involve the patient
- Take more time
- Get the support of your team
- Use motivational interviewing (reflection, validation, support)
- For inherited patients, maintain the current dose and document if considering a taper

Risk Benefit Assessment

Consider tapering for the following reasons:

- Patient request
- Pain and function not improved
- Adverse opioid effects
- Co-occurring conditions (including mental health)
- Dose over 90 MED
- Concurrent sedatives
- Opioid use disorder
- Opioid overdose

Addiction and Dependence Happen

- Addiction = The 3 C’s: Control, Craving, continued use despite Consequences
- Dependence = Tolerance, withdrawal, without the 3 C’s
- Anyone can become addicted or dependent
- Reassure patients there is effective treatment for both
- Consider buprenorphine

Velocity and Validation

- Go slowly (Tapering Examples)
- Maintain the same schedule (BID, TID)
- Let the patient drive “Which opioid would you like to taper first?”
- Take breaks, but never go backwards
- Warn patients that pain gets worse before it gets better
- Validate that opioid tapering is hard

Other Strategies for Coping with Pain

- Help patients understand how pain works
- Encourage regular, restful sleep
- Promote healthy activities
- Maintain a positive mood
- Foster social connections
- Make good nutritional choices
- Consider non-opioid pain medications