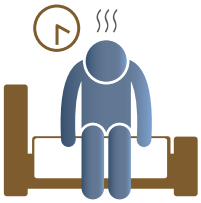
DISCUSSION GUIDE

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
PBM Academic Detailing Services

Opioid Medicine Risks

Do you know the possible risks of taking opioids?

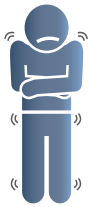


Feeling tired or drowsy

Worsening pain

- Depression, mood changes
- Irritability, anger

Constipation



- Becoming physically dependent
- Withdrawal symptoms
- Opioid use disorder

- COPD and sleep apnea may get worse
- Pneumonia

- Unsteady walking
- Increased risk of falls, broken bones, or concussion

- Car accidents
- Impaired driving

Overdose—especially when combined with alcohol, benzodiazepines, and/or street drugs

- Memory issues
- Thinking problems

- Birth defects
- Baby may need emergency care because of withdrawal symptoms

- Reduced levels of sex hormones
- Reduced sexual function

There are other effective and less harmful treatments available for pain.

Discussing opioid reduction

1 Assess patient's willingness to discontinue or reduce the dose.

Action	Provider response
Express concern	*"I would like to discuss my concerns about your pain medicine (opioid name)."*
Provide education on potential risks	*"Because of your [age or other risk factors], I am concerned that taking (opioid name) may put you at increased risk for [relevant repercussion]."*
Assess patient's readiness to begin taper process	*"What do you see as the possible benefits of stopping or reducing the dose? What concerns do you have? How confident are you in your ability to reduce the dose?"* If patient indicates no desire to change, provide information and give the *Slowly Stopping Opioids* handout. If there is an imminent risk from continuing opioids and a taper is required, refer to the *Opioid Deprescribing Discussion Tool Clinician's Guide.*
Negotiate plan and suggest referral	*"What changes are you willing to make to meet this goal?"* *"Would you be willing to talk to someone to discuss options to support your changes?"*

2 Agree on timing and discuss symptoms that can occur with an opioid taper.

Inform patients:

- Symptoms of withdrawal are only temporary, and not everyone has them.
- Slowly tapering can decrease or avoid withdrawal symptoms.
- If distressing symptoms are experienced, the taper can be adjusted.
- Provide overdose prevention education and naloxone distribution (OEND).

3 Provide written instructions for the taper. Be prepared to slow the taper and pause as necessary.*

Example opioid tapers

SLOW TAPER	SLOWER TAPER
Reduce by 5-20% every 4 weeks with pauses as needed.	Reduce by 2-10% every 4-8 weeks with pauses as needed.

Example of a slower taper using morphine SR 30 mg three times daily (90 mg MEDD)

Weeks 1–4	Morphine SR 15 mg: 2 tablets in AM, 1 tablet in afternoon and 2 tablets at bedtime (75 mg MEDD)
Weeks 5-8	Morphine SR 15 mg: 1 tablet in AM, 1 tablet in afternoon and 2 tablets at bedtime (60 mg MEDD)
Weeks 9-12	Morphine SR 15 mg: 1 tablet in AM, 1 tablet in afternoon, and 1 tablet at bedtime (45 mg MEDD)
Weeks 13-16	Morphine SR 15 mg: 1 tablet in AM and 1 tablet at bedtime (30 mg MEDD)
Weeks 17-20	Morphine SR 15 mg: 1 tablet at bedtime (15 mg MEDD)
Week 21	Discontinue

Considerations during a taper*

- Veteran may have opioid use disorder (OUD).
  - Screen for OUD; if patient has OUD, provide or refer for medications for opioid use disorder (mOUD).
- The speed of the taper may be too fast.
  - Reducing by 5-20%/month is appropriate for many patients; some may need a slower taper.
  - Pausing for an additional 4-8 weeks after a dose reduction may be needed.
- Veteran may be anxious about the taper and may need more counseling and support.
- Co-occurring mental health conditions may worsen during the taper and should be addressed.
- Veteran may need other non-pharmacologic and non-opioid treatments.

***See the *Opioid Deprescribing Discussion Tool Clinician's Guide* for additional details on risks and taper examples.**

This reference guide was created to be used as a tool for VA providers and is available from the Academic Detailing SharePoint. These are general recommendations only; specific clinical decisions should be made by the treating provider based on an individual patient's clinical condition.

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