

# Opioid Medication Risks

Do You Know the Possible Risks from Taking Opioids?



Feeling tired, drowsy, or foggy



Worse pain



Depression, mood changes



Constipation



- Becoming dependent
- Withdrawal symptoms



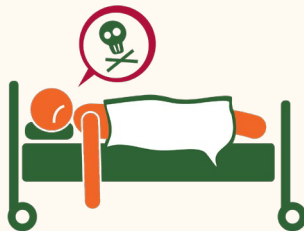
- Breathing problems/COPD
- Worsening sleep apnea



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



- Car accidents
- You can be arrested for Driving While Impaired/Driving Under the Influence



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



Memory and thinking problems



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



- Reduced levels of sex hormones and sexual dysfunction

How ready are you to make a **CHANGE**?



There are More 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 take a minute to discuss my concerns about your use of (opioid name)."
Provide Education on Potential Risks	"Because of your [age or other risk factors], I am concerned that your use of (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 about stopping? What can we do together to help address these concerns? How confident are you in your ability to reduce the dose?" If patient indicates no desire to change, provide information and give Slowly Stopping Opioids handout.
Negotiate Plan	"What changes are you willing to make to meet this goal?"
Suggest Treatment Referral	"Would you be willing to talk to one of my colleagues to learn about options to support your changes?"

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

Inform Patients	<ul style="list-style-type: none"> <li>• Withdrawal is only temporary and not all patients will have symptoms</li> <li>• Slowly tapering will decrease these symptoms</li> <li>• Report distressing symptoms and if necessary adjust the rate of taper</li> </ul>
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### 3. Provide written instructions for a structured medication taper. Be prepared to slow the taper if the patient reports significant withdrawal symptoms.

#### Example of Opioid Tapers

<b>Slower Taper</b> (over months to years) Reduce by 5 to 20% every 4 weeks with pauses in taper as needed <i>Most Common Taper</i>	<b>Slowest Taper</b> (over years) Reduce by 2 to 10% every 4 to 8 weeks with pauses in taper as needed
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#### 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

#### Warning Signs During a Taper

- The speed of the taper may be too fast
  - Reducing by 5 to 20%/month is appropriate for most patients; some may need a slower taper
  - Pausing for 2–4 weeks after a dose reduction may be needed to adjust to the lower dose
- Veteran may be anxious and fearful about the taper and may need more counseling and support
- Co-occurring mental health conditions may be worsening during the taper and should be addressed
- Veteran may have opioid use disorder (OUD)\*
  - Screen for OUD; if patient has OUD, provide or refer for medication assisted treatment (MAT)
- Veteran may need other non-pharmacologic and non-opioid treatments

\*Remain watchful for symptoms of OUD - Veteran reports a strong desire to take more opioids, cannot take mind off opioids, or is unable to take opioids as prescribed. Assess for OUD or refer for OUD assessment and MAT as indicated.