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Maryland Addiction Consultation Service

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Opioid Tapering: Practical Tips on the When, Why, and How

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Provides support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management.

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Disclosures

- No financial or commercial interests to report

Learning Objectives

By the end of this webinar, participants should be able to:

- Describe 3 clinical situations in which to consider opioid taper
- Apply 3 best practices to opioid tapering
- Identify 3 practices to avoid when tapering opioids

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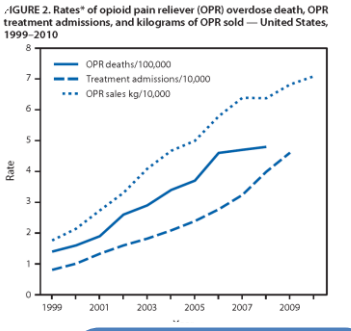
How Did We Get Here?

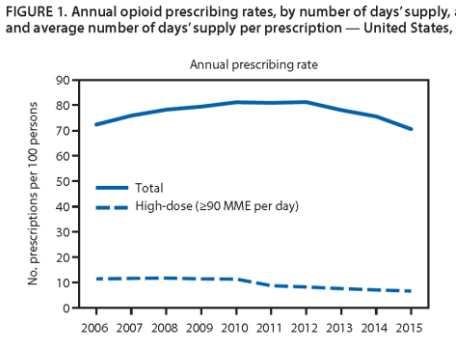


1999-2010

- Increases in Rx opioids
- Deaths from

2016

- CDC Opioid Prescribing Guideline published



2017

- Opioid scripts peaked at 255 million in 2012 and decreased to 191 million in 2017*
- 18 million Americans taking long-term

CDC data: https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html)

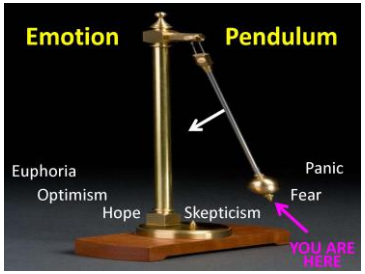
Since 2016……

PUBLIC HEALTH

Patients With Chronic Pain Feel Caught In An Opioid Prescribing Debate

July 8, 2018 · 6:10 PM ET
Heard on All Things Considered

WILL STONE



Opinion

When the Cure Is Worse Than the Disease

In an effort to reduce opioid addiction, doctors are cutting back on pain medication — and sometimes leaving patients to suffer.

By Maia Szalavitz
Ms. Szalavitz is the author of "Unbroken Brain: A Revolutionary New Way of Understanding Addiction."

Feb. 9, 2019

224

NY Times

PERSPECTIVE & COMMENTARY

Pain Medicine 2019; 20: 429–433
doi: 10.1093/pm/pny228

Commentary

International Stakeholder Community of Pain Experts and Leaders Call for an Urgent Action on Forced Opioid Tapering

Forced opioid tapering is a "large scale humanitarian issue"

In Maryland……

- Reports of patients cut off from controlled medications without warning
- Assumptions and judgments made about patients based on stigma

Problem

- Little empiric evidence on opioid tapering
- Recommendations from opioid withdrawal management (WM) protocols for opioid use disorder (OUD) in residential settings
    - 10% reduction in opioid dose every week
    - NB: High rates of relapse in OUD with WM
- Alternative recommendations from methadone experience
    - Dose reductions separated by long intervals

Trying to Right the Pendulum in 2019

1. Clarification of 2016 Opioid Prescribing Guideline in NEJM

2. Editorial highlighting conversations with patients about opioid tapering

3. FDA drug safety announcement

able. Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations.

Dowell D, MD, MPH, Haegerich T, PhD, Chou, R, MD, NEJM 2019

sources. Clinicians have a responsibility to carefully manage opioid therapy and not abandon patients in chronic pain. Obtaining patient buy-in before tapering is a critical and not insurmountable task. Motivational

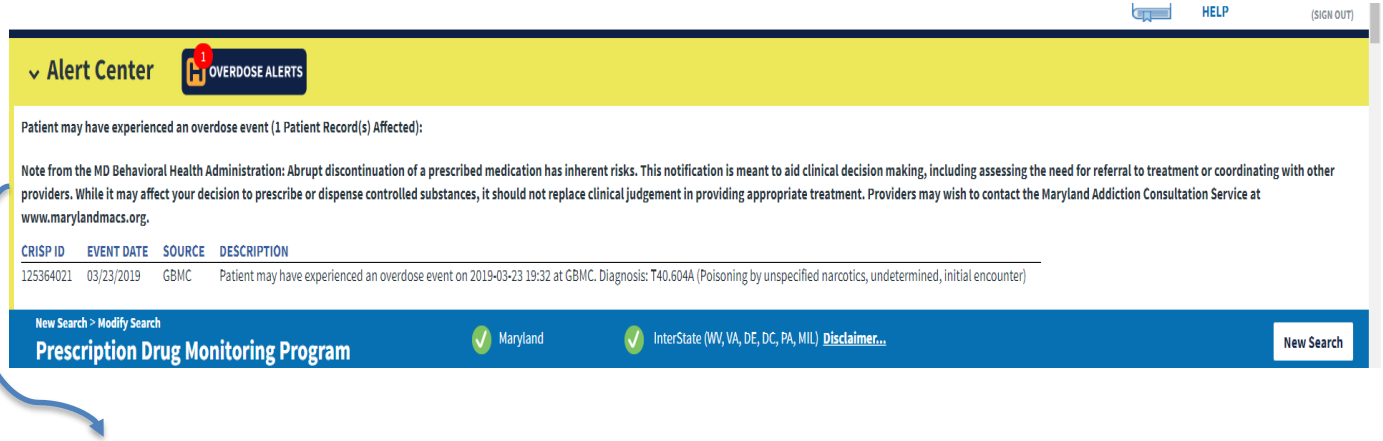
Dowell D and Haegerich T, Ann Int Med 2019

FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering

Safety Announcement

April 9, 2019:
https://www.fda.gov/media/122935/download

Alerts Center in Maryland PDMP

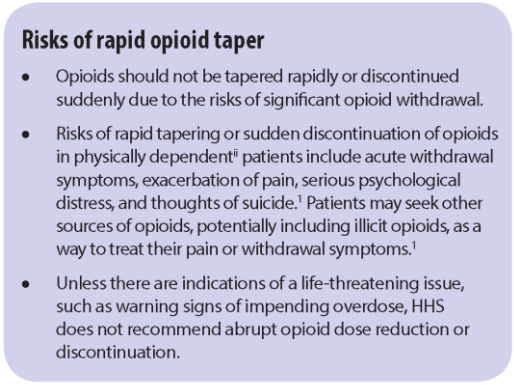


Note from MD BHA: “Abrupt discontinuation of a prescribed medication has inherent risks. This notification is meant to aid in clinical decision-making, including assessing the need for referral to treatment or coordinating with other providers. While it may affect your decision to prescribe or dispense controlled substances, it should not replace clinical judgment in providing appropriate treatment. Providers may with to contact the Maryland Addiction Consultation Services at www.marylandmacs.org”

Federal Guidance

- Focuses on individualized care
- Emphasizes team-based care and care coordination
- Presents situations in which tapering could be considered - but no absolutes

https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf



Risks of rapid opioid taper

- Opioids should not be tapered rapidly or discontinued suddenly due to the risks of significant opioid withdrawal.
- Risks of rapid tapering or sudden discontinuation of opioids in physically dependent[ii] patients include acute withdrawal symptoms, exacerbation of pain, serious psychological distress, and thoughts of suicide.[1] Patients may seek other sources of opioids, potentially including illicit opioids, as a way to treat their pain or withdrawal symptoms.[1]
- Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation.

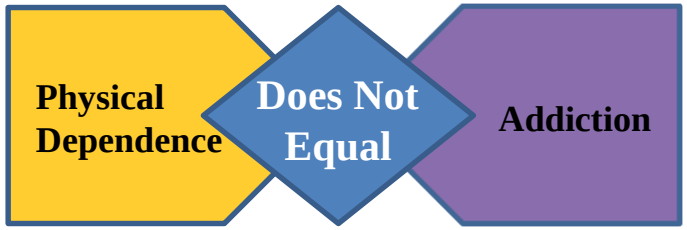
When to Consider Taper

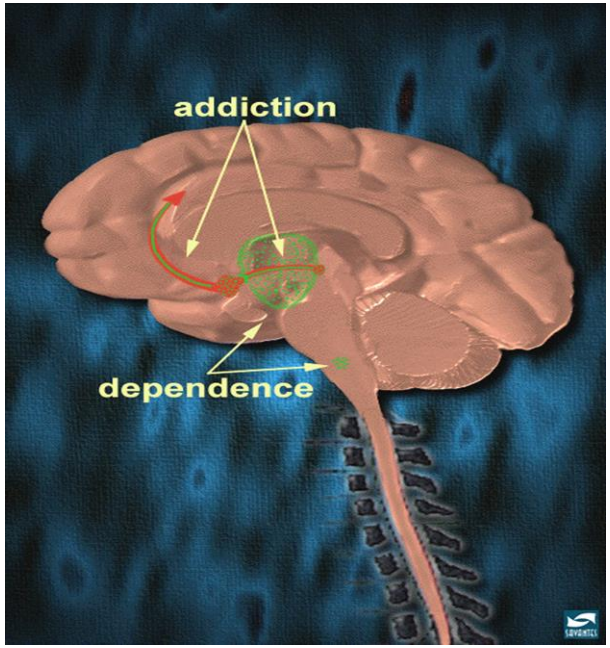
- Risks outweigh benefits
  - Intolerable side effects
  - Opioid-related overdose
  - Worsening of other conditions (e.g. falls, OSA, confusion)
  - Minimal benefit in pain improvement
  - No improvement in functionality
  - Higher opioid dose w/o evidence of benefit
- When requested by patient
- Pain improves
- Concern for OUD/addiction

Key Point Alert

Anyone who takes opioids in a sufficient dose and duration for any reason will develop physical dependence.

Addiction or Physical Dependence?





Physical dependence in and of itself is not an indication for tapering opioids

More Taper Context

- Prescription opioid death rates have declined but still high
  - Jan-Jun 2018: 17% of all opioid related deaths only involved Rx opioids*
- Opioid induced hyperalgesia improves with opioid dose reductions
- Patients can have pain and OUD at same time
- Effective alternative options exist

*MMWR, Aug 30, 2019

How To Taper Opioids – Guiding Principles

1. Patient-provider communication is key
    a. differentiate between dose reduction and full taper to off
2. Shared decision-making with patients
    a. Education
    b. Voluntary
3. Use biopsychosocial model of chronic pain
4. Avoid re-traumatizing patients
5. Team based approach
6. Identify and treat depression
7. Maximize non-opioid pain management therapies
8. Frequent follow up

Mechanics of Opioid Taper

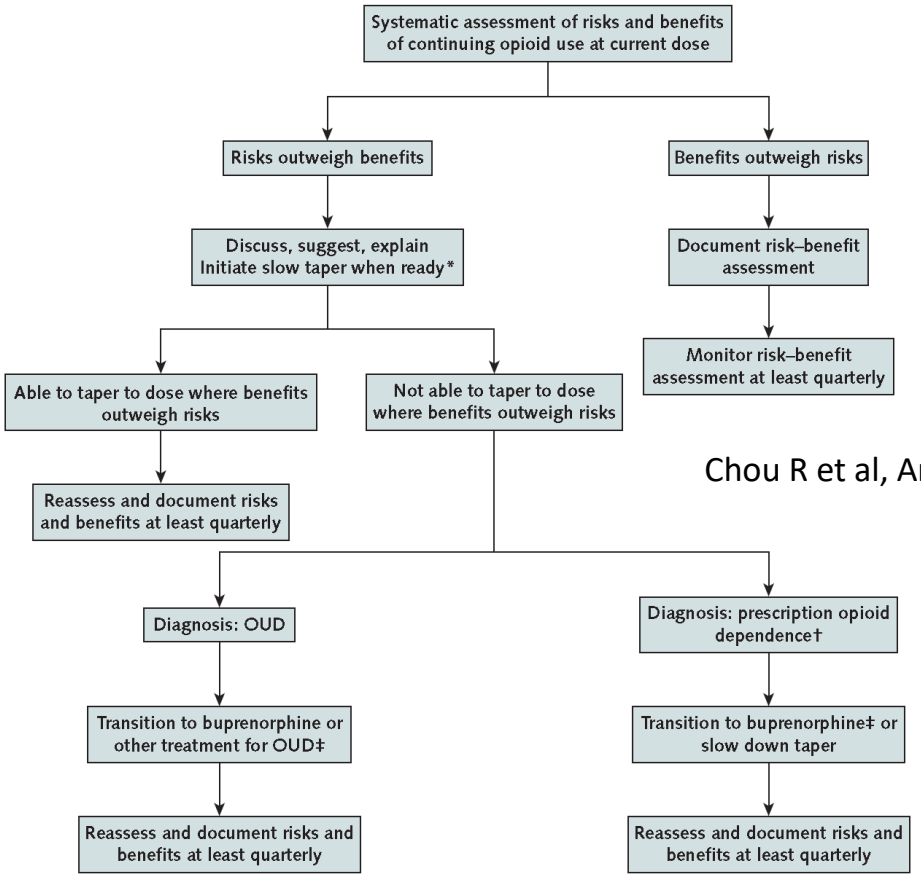
- Goal is to minimize opioid withdrawal
- Use individualized taper plan
- Slower is better
- Consider half life of opioid being tapered, starting dose
  - 5-10% of dose every 4 weeks
  - Reset absolute dose reduction as taper proceeds
  - Tapers can take months to years
  - Consider taper pauses if patients struggle
  - Once patient taking opioid less than once a day, d/c completely
- Consider buprenorphine

Patient Story: Ms. DC

- 39 yo female, veteran, chronic low back and left leg pain from sciatica and PTSD, prescribed high dose opioids for years after failed back surgery.
  - Oxycodone CR 40mg BID
  - Oxycodone 30mg q4 hours
- Begged pain management to taper opioids and prescribe buprenorphine - told this unavailable
- Last dose of oxycodone CR: AM prior to starting buprenorphine
- Last IR oxycodone 9pm night before
- COWS = 12 at visit
- Started buprenorphine/naloxone 4mg SL x1; titrated to 4mg TID
- Other adjunctive meds: topiramate, baclofen, venlafaxine
- Weekly individual counseling sessions
- Stable with improved pain and function now in year 4

Use of Buprenorphine and Opioid Tapering

Figure. Clinical pathway for consideration of tapering in patients using opioids for >90 d.



Chou R et al, Ann Int Med 2019

Symptomatic treatments for opioid withdrawal

- Best treatment is avoiding withdrawal altogether
- If develops:
  - NSAIDS/acetaminophen for myalgias
  - Ondansetron for nausea (avoid promethazine)
  - Trazodone for sleep (avoid benzos/z-drugs)
  - Dicyclomine for abdominal cramping
  - Consider lofexidine

What Not To Do – Federal Guidance

- "Avoid misinterpreting cautionary dosage thresholds as mandates for dose reduction."
- "Avoid insisting on opioid tapering or discontinuation when opioid use may be warranted."
- "Avoid dismissing patients from care…. Ensure patients continue to receive coordinated care."
- "Avoid abrupt tapering or sudden discontinuation of opioids."

https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf

Don’t Forget…….

- Ensure patient and family/identified supports receive opioid overdose prevention education
- Prescribe or provide naloxone

System Level Needs

- Adequate coverage of all effective therapies for chronic pain
- Coordination between prescribers of opioids and addiction medicine colleagues
- Shared learning on effective models of care, patient communication strategies, and community resources

Take Home Points

- Communicate, communicate, communicate
- Discuss and re-evaluate end goals with patients and care team
- Have patience

People need to see that you care before they care what you think

Resources

- CDC toolkits
  - https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf
  - https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html
  - https://www.cdc.gov/drugoverdose/pdf/Assessing_Benefits_Harms_of_Opioid_Therapy-a.pdf
- HHS
  - https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf
- Stanford Center for Continuing Medical Education. How to Taper Patients Off of Chronic Opioid Therapy.
  - https://stanford.cloud-cme.com/default.aspx?P=0&EID=20909

QUESTIONS?

Additional questions:

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