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Opioid Tapering Resource Pack

This resource pack is designed to provide simple structured guidance and resources related to opioid tapering in adults with chronic non-cancer pain

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OPIOID TAPERING FOR CHRONIC NON-CANCER PAIN

Guidance for adults in primary care [1-5]

Indications for opioid tapering and/or discontinuation

- Patient request
- > 120 mg oral morphine equivalent per day
- Opioid not providing useful pain relief
- Opioid trial goals not met
- Medical complications
- Overdose risk increased
- Opioids used to regulate mood
- Underlying painful condition resolves or stable for ≥3 months
- Side effects intolerable or impairs function
- Patient receives a definitive pain relieving intervention
- Strong evidence that the patient is diverting their medication
- Non adherence to treatment plan
- Indicators for dependence

Precautions: pregnancy, unstable psychiatric & medical conditions & opioid addiction

STEP 1

ASSESS RISK (Consider use of opioid risk tool)

Patient factors
- Depression, anxiety & history mental health
- History of alcohol or substance abuse
- History of opioid or prescription drug misuse
- Inability to engage in services to meet educational and psychological health needs

Drug factors
- High doses > 120 mg oral morphine equivalent/day
- Multiple opioids
- Multiple formulations of opioids
- More potent opioids
- Concurrent benzodiapines, gabapentinoids or sedatives

Further information: Indicators for dependence

Lower risk → **Manage within Primary Care**

Higher risk → **Consider seeking specialist advice or refer to West Suffolk Pain Services**

Consider referral at any stage to West Suffolk Pain Services single point of access for optimisation of non-pharmacological pain management strategies and /or education & support for opioid tapering

STEP 2

Prescription
Discuss with patient
- Risks and benefits of opioid tapering
- Agreed opioid tapering goals & plan and review appts
- Not to miss or delay doses
- ↑ risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced
- Frequency of dispensing interval may be dependent on their control
- Provide Opioid Tapering written information

- Optimise non-opioid management of pain
- **Taper opioids first if co-prescribed benzodiazepines**
- Where possible consolidate all opioid medication into one single modified release preparation
- Prescribe regular doses and not PRN doses
- Keep daily dosing interval the same for as long as possible e.g. twice daily
- Fentanyl patches: see Fentanyl Patches Tapering Guidance

STEP 3

Rate of taper
Discuss with patient
- A decrease by 10% of the original dose per week is usually well tolerated
- Tapering rate may vary according to response
- Completion of tapering is variable from weeks/months
- Once smallest available dose preparation is reached the interval between doses can be extended
- Prescriptions will not normally be renewed sooner than expected

Rate	Reduce 10% of the total daily dose every 1-2 weeks
Slower tapering	May be indicated for patients who are anxious, feel psychologically dependent on opioids or who have cardiorespiratory conditions
Faster tapering	May be indicated for patients experiencing significant adverse effects, displaying aberrant drug taking or drug seeking behaviours
One third of original dose is reached	Consider slowing the taper down to half of the previous rate if clinically indicated e.g. 5-10% every 2-4 weeks

PLEASE TURN OVERLEAF FOR STEP 4

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CONTINUED FROM STEPS 1, 2 & 3 OVERLEAF

STEP 4

CLINICAL REVIEWS

- Frequency of review depends on rate of taper and degree of support required e.g. monthly if 10% drop every 1-2 weeks
- Ask about reduction in side effects, improvements in alertness, daily living, mobility and emotional well-being as well as withdrawal symptoms and **pain**
- Same prescriber to ideally review patient (telephone or face to face) prior to decreasing each dose

Successful tapering

Escalation of pain or worsening of mood
Discuss with patient:

- You will closely work with them to manage their pain and mood
- The importance of using **non-drug related pain management strategies**

- Hold the tapering dose. Avoid reversing the opioid tapering or adding in PRN opioids, sedatives, hypnotics especially benzodiapines
- If patient has not received non-pharmacological education consider a referral to:
  - West Suffolk Pain Services
  - Wellbeing Services
- Consider use of **adjuvant pharmacological agents**

Withdrawal symptoms
Discuss with patient:

- You will work closely with them to manage **withdrawal symptoms**
- Although withdrawal symptoms may occur during the tapering process and are unpleasant they are rarely medically serious
- Whilst most withdrawal symptoms settle within a few weeks some may persist for up to 6 months after discontinuation of opioids

- Hold the tapering dose and consider whether tapering rate needs to be slowed down from weekly/two weekly to monthly adjustments
- Consider the use of a smooth muscle relaxant, antiemetic, anti-diarrhoeal agent, paracetamol and an NSAID
- Lofexidine, clonidine, tizanidine: on advice by West Suffolk Pain Services: 01284 712528

- Not successfully reducing or evidence of escalation of opioids beyond prescription: consider referral to West Suffolk Integrated Pain Management Service Single Point of Access or Turning Point
- Patients who are unable to complete taper may be maintained (if clinically appropriate) on a reduced dose if treatment plan is being followed and improvement is seen with pain and function. Reattempt tapering in 3- 6 months as dictated by patient and clinical factors

RESOURCES

Clinical advice required: West Suffolk Community Pain Service, Tel: 08452413313 option 6. WSH Pain Services: 01284 712528
Opioids Aware: **Dose equivalent tables and changing opioids**
Opioids Aware: **Opioids Aware-tapering and stopping** & **Identification & treatment of prescription opioid dependent patients**
Opioids Aware: **Diagnosis of dependence**
DOH **Drug misuse and dependence UK guidelines on clinical management** (July 2017-minor revisions November 2017)

References:
1. Opioids Aware: http://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware
2. http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b12.html
3. https://www2.health.vic.gov.au/public-health/drugs-and-poisons/medical-practitioners/specific-schedule-8-poisons-requirements/safer-use-of-opioids
4. http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext
5. https://thewellhealth.ca/wp-content/uploads/2017/03/CEP_CNCP_Main_V1.pdf

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OPIOID PRESCRIBING REVIEW GUIDANCE

Protocol for informed evaluation of long term opioid prescribing in non-cancer chronic pain ≥ 3 months duration in adults in primary care

If opioid therapy is required for longer than 12 months a clinical review of the case and support for continuation of opioid prescribing by a second GP is highly recommended

Evaluation criteria	Yes	No
1. CLINICAL DIAGNOSIS		
a) Is there a comprehensive documentation of the patient's pain condition, general medical condition, psychosocial history, psychiatric status and substance use history?		
b) Is the indication/diagnosis for prescribing opioids clearly supported and documented?		
c) Is opioid medication clinically appropriate in this condition?		
2. OPIOID TREATMENT		
a) Has opioid therapy produced and maintained a measurable improvement in the patient's pain and/or functional capacity (30% reduction in pain intensity, or specific functional improvement/ improvement in sleep)		
b) Are the total doses of opioids below 'ceiling' dose levels? (>90 mg in 24 hours of oral morphine equivalent/day unless on the advice of the West Suffolk Pain Services)		
c) Is the patient substantially free from adverse side effects of opioid therapy including **harm associated with long term use**?		
d) Is there continued absence of inappropriate dose escalation, aberrant behaviours, misuse or abuse of opioids?		
e) Has a reduction in opioid therapy been trialled?		
3. ADDITIONAL TREATMENT		
a) Are **non pharmacological strategies** optimised or has a referral to West Suffolk Integrated Pain Management Service Single Point of Access been considered?		
b) Have the potential benefits, adverse effects, risk of harm of long term opioid therapy, opioid safety and impairment to driving skills been discussed with the patient? Has the patient been provided with / **Taking Opioids for Pain, Driving and Pain** and **Opioid Safety** leaflets?		
c) Given the clinical complexity and risk, is the current level of specialist care and multidisciplinary intervention adequate and appropriate? In general the following scenarios are considered as complex and high risk and may require specialist and/or multidisciplinary review: • Those who use two or more psychoactive drugs in combination (polydrug use) (e.g. opioid, benzodiazepines, antipsychotic, anti-epileptics, or and antidepressants) • Patients with serious mental illness comorbidities, or antipsychotic medication • Mixed use of opioid and illicit drugs • Mixed use of opioids and benzodiazepines • Recent discharge from Drugs and Alcohol Services • Patients discharged from other general practices due to problematic behaviours • Signs of potential **high risk behaviours**		
4. COMPLIANCE		
a) Is current opioid prescribing compliant with relevant legislation, regulations and **NICE guidance** for prescribing Controlled Drugs?		

Answering 'no' to any of the above options should prompt a consideration to alter the management plan.

Recommendations

☐ Continue therapy ☐ Reduce opioid dose ☐ Reduce and cease opioids

☐ Pursue alternate therapies ☐ Suggest specialist review

Adapted from: RACGP One Year Review of Opioid Prescribing

TEMPLATE PATIENT LETTER

Invitation for opioid review

Dear [Patient name]

We are currently undertaking a review of prescriptions for medications collectively known as opioids, which maybe prescribed to patients within our practice.

This review is required as current evidence suggests that although opioids are very good for both acute and end of life pain there is little evidence that they are helpful for long-term pain. A small proportion of people, however, may obtain good pain relief with opioids in the long term if the dose can be kept low and its use is intermittent, but it is difficult to identify these people at the start of treatment.

The enclosed patient information leaflets titled 'Taking 'Opioids for Pain' discusses common side effects as well as health risks that can occur when opioids are taken at high doses for a long period. The 'Driving and Pain - Information for Patients' leaflet discusses further information relating to driving whilst taking opioids.

We are therefore writing to all patients who from our records have received a number of opioid prescriptions, above a specific dose, during the past 12 months and are requesting that they make an opioid review appointment with their GP.

At this appointment, the GP will undertake a comprehensive assessment and medication review. They will be able to discuss the benefits and risks associated with the drugs prescribed for your long-term pain and explore with your treatment options.

Please make an opioid review appointment with your GP.

OPIOID TAPERING RESOURCES

Assessment Tools
Pain scales in different languages
Pain Assessment and Documentation Tool
Opioid Risk Assessment Tool
PHQ 9 Depression Assessment Tool
GAD 7 Generalised Anxiety Disorder Assessment Tool
CAGE Questionnaire Alcohol Use Disorders Identification Test (AUDIT) Screening Questionnaire
Severity of Alcohol Dependence Questionnaire (SADQ-C)

Patient Information Leaflets
Opioids Aware - Taking Opioids for Pain
Opioid Safety
Driving and Pain
Opioid Tapering
Signposting Information for Patients and Carers

Resources for Health Care Professionals
Clinician's Quick Guide to Promoting and Supporting Self-Management
Opioid Equivalence, Risks and Recommendations Chart
Dose Equivalent Tables and Changing Opioids
Opioids for Long Term Pain
Side Effects
Long Term Harm
Identification and Treatment of Prescription Opioid Dependent Patients
Opioids Aware - Tapering and Stopping
Diagnosis of Dependence

Driving, Opioids and Pain: Information for Health Care Professionals
Guidance from The Faculty of Pain Medicine
Opioids Aware Guidance

Prescribed Opioid Addiction Resources
Opioids Painkiller Dependence Alliance (OPDA)
Painkiller Addiction Information Network (P.A.I.N)

Withdrawal Scales
Subjective Opiate Withdrawal Scale (SOWS)
Clinical Opiate Withdrawal Scale (COWS)
Objective Opiate Withdrawal Scale (OOWS)

Services Offered by West Suffolk Integrated Pain Management Services
Clinical advice: West Suffolk Community Pain Service, Tel: 08452413313 option 6
Clinical advice: West Suffolk Hospital Pain Management Service, Tel: 01284 712528
Patient education: opioid workshops to facilitate education, shared decision making and opioid tapering
Opioid clinic: education, opioid trials, opioid monitoring, opioid switching and tapering