

"I Will Report You for Patient Abandonment!"

SCOPE of Pain *Colleague to Colleague* Audio Short: #9

Welcome back to the SCOPE of Pain Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine SCOPE of Pain Program.

When discussing tapering a patient's opioids due to lack of benefit and apparent harm, she continues to request a higher opioid dose. She states that her pain is so severe she's unable to get out of bed most days. She angrily says that if you don't increase her dose, she's going to report you to the board of medicine for abandoning her. How will you respond to this patient's response to your plans for an opioid taper?

The first step is to make sure she understands why she thinks her opioids need to be tapering using very specific clinical information that you have obtained over time. What have been your specific observations that make you concerned of a lack of benefit and that she's not achieving her realistic goals. What have been your observations that make you concerned that she suffering harm, such as loss of control, compulsive use, and/or continued use despite harm?

Next, you should remind her that not all chronic pain is opioid responsive and that more opioid is not always better, and more opioid may actually increase the risk of adverse effects.

Finally, remind her that some chronic pain actually improves after an opioid taper. Stress how much you believe her reports of severe pain and be empathic for her suffering. Express frustration that the opioid did not achieve adequate benefits and focus on her strengths and encourage therapies for coping with pain.

Show a commitment to continue caring for her even without opioids and schedule close follow-ups during and after the opioid taper. The important message is that you're not abandoning this patient, but you are abandoning the opioid therapy.

As far as taper goes, there is no validated tapering protocol or published comparison of speed of tapers in patients on long-term opioids for chronic pain. The general approach is that the speed of taper depends on the level of concern. For example, is it due to lack of benefit? Then you can do it over weeks to months versus apparent harm or risk. Then you're talking about tapering over days to weeks.

First, reduce medication dose to the smallest available dosage unit. Then increase the amount of time between doses. An immediate-release, short-acting opioid can be started after tapering to the lowest dose of the extended-release, long-acting opioid formulation. You can also use alpha-adrenergic agonists, such as clonidine or tizanidine off-label to treat withdrawal symptoms.

Build up alternative pain treatment modalities as short-term opioid withdrawal can lead temporarily to increased pain.

How to talk to patients about lack of adequate benefit or evidence of apparently harm due to opioid therapy and approaches to opioid tapers are all discussed in more detail in the SCOPE of Pain program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Audio Shorts will be added throughout the year.

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