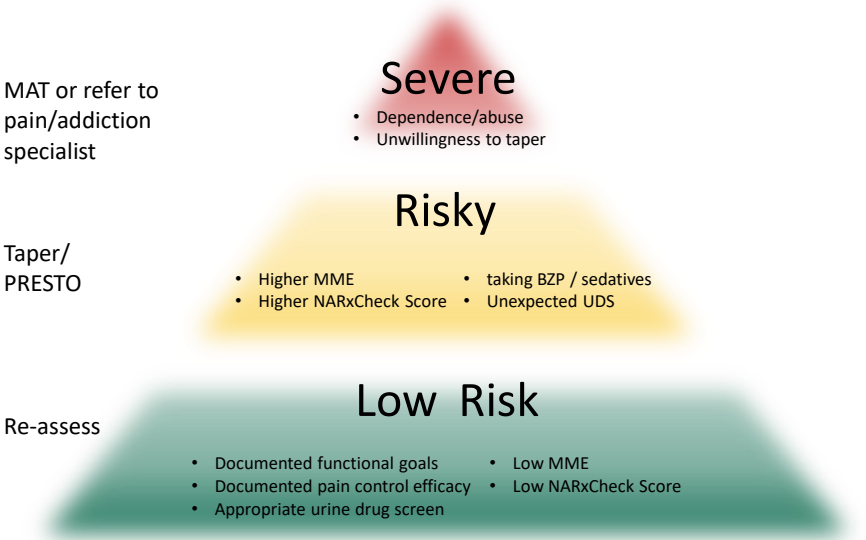
PRESTO

Promoting **E**ngagement for the **S**afe **T**apering of **O**pioids (and Benzodiazepines)



Reasons to Consider Tapering

- Patient requests
- No meaningful improvement in function (<30%)
- Risk of opioid is high or exceeds benefit
- Severe adverse outcome / overdose event
- Patient has substance use disorder
- Use of opioids is not compliant with medical law
- Aberrant behaviors

Interagency Guideline on Prescribing Opioids for Pain. www.agencymeddirectors.wa.gov

Assessing risk

- hx substance use disorder
- depression/PTSD
- aberrant behavior
- unexpected UDS
- high dose (MME >50)
- PDMP
- multiple prescribers
- multiple pharmacies
- hx of OD

Potential Harms of Chronic Opioid Use

- aggravation of sleep apnea
- hypogonadism, sexual dysfunction
- opioid hyperalgesia
- immunosuppression
- osteopenia / fractures
- falls
- substance use disorder
- aggravation of depression
- overdose/death

Opioid taper

- Taper one med at a time (start with opioid, then BZP)
- Determine rate (5-10% every 1-4 weeks)
- Maintain current short-acting medication
- Frequent visits to assess and reinforce behavior support
- Pain management
- Psychologic adjuncts
- Continually reassess risk- UDS, pill counts, PDMP
- Consider supportive meds (antidepressants, gabapentin, NSAID, anti- nausea, anti-diarrhea)

CDC Guideline for Prescribing Opioids for Chronic Pain

- nonpharmacologic & nonopioid pharmacologic tx is preferred
- establish goals for pain & function
- continually assess risk & benefit, responsibilities
- choose immediate release over long-acting
- use lowest effective dose (caution points 50, 90 MME)
- for acute pain limit to 3-7 days
- evaluate benefit/harm at 1-4 wks, every 3 mos, taper/cease when harm>benefit
- continually assess risks for harm; if high risk prescribe naloxone
- review PDMP data every prescription & every 3 mos
- obtain urine drug testing at least annually
- avoid opioid plus benzodiazepine
- offer or arrange evidence-based treatment for OUD (MAT, behavioral tx)

PEG Scale (pain & function)

1) What number best describes your pain in the past week? (0 = no pain, 10 = worst pain imaginable)
2) What number describes how pain has interfered with your life in the past week? (0 = not at all, 10 = complete interference)
3) What number describes how pain has interfered with our general activity in the past week? (0 = not at all, 10 = complete interference)

PRESTO Steps

Raise subject & assess risk

Tell me about your history with _____ (opioid or benzodiazepine medication).
Explore and determine risk

- Higher MME
- Higher NARxCheck Score
- Unexpected UDS
- taking BZP, other sedatives

Let's assess your pain and how you are functioning.
How do you think the opioid is helping?
How is your life now compared to before you started the opioid?
What concerns do you have about the opioid?

Enhance motivation with integrated feedback

Ask permission and provide information
Review benefits and harms
Review NaRxCare Score
Suggest a tapering strategy and what it might look like
Review support you will provide
Recall benefits in other patients
What do you like about taking opioids (benzodiazepines)? What don't you like?
What concerns do you have about taking this (these) medication(s)?
What do you know about hyperalgesia?
What do you know about osteoporosis?
What have you noticed about your sexual function since you've been on these medications?
What have you noticed about your breathing? How much risk of overdose death are you willing to have in your pain management regimen? (compare to NarX Check score)
With your current medication, it's recommended that I prescribe naloxone for you. What are your thoughts about this?
Summarize what the patient likes about their current meds, and then summarize concerns that have been raised. "Given these concerns, how ready would you be to start a slow taper of _____, on a scale of 0-10 with 0 being not ready at all, and 10 being reading to start today?"

Negotiate plan

Discuss the recommended tapering protocol. Elicit patient reaction to this.
Address any potential barriers/challenges/concerns that the patient has identified, with emphasis on eliciting from the patient how she/he might manage the concerns.
Summarize the benefits that have been discussed regarding the tapering.
Review specifics (e.g., follow-up, UDS, etc.)