PRESTO

**Promoting Engagement for the Safe Tapering of Opioids** (and Benzodiazepines)

**Severe**
- Dependence/abuse
- Unwillingness to taper

**Risky**
- Higher MME
- Higher NARxCheck Score
- Taking BZP / sedatives
- Unexpected UDS

**Low Risk**
- Documented functional goals
- Documented pain control efficacy
- Appropriate urine drug screen
- Low MME
- Low NARxCheck Score

MAT or refer to pain/addiction specialist

Taper/
PRESTO

Re-assess
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


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 your general activity in the past week? (0 = not at all, 10 = complete interference)
**PRESTO Steps**

1. **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?

2. **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 ready to start today?”

3. **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.)