

Tapering Guidance for Opioids: Existing Best Practices and Evidence Standards

Webinar of the Action Collaborative on Countering the U.S. Opioid Epidemic

The National Academy of Medicine held a public webinar on July 22, 2019 titled “Tapering Guidance for Opioids: Existing Best Practices and Evidence Standards” in which five expert panelists presented on a diverse set of patient case scenarios and discussed pain management challenges through patient and caregiver perspectives. **The webinar illuminated that the current evidence for tapering best practices and pain management is sparse, and panelists emphasized the need for randomized controlled trials and rigorous observational studies to compare tapering methodology; identify safe, efficacious protocols; and examine changes in patient outcomes resulting from changes in clinical practice and policy.**

Clinicians and Patients are in Need of Evidence-Based Tapering Best Practices

When the risks of opioid use outweigh the benefits, it may be in the patient’s best interest to gradually taper their opioid dose under the supervision of their health care providers. However, a lack of comprehensive and evidence-based best practices make the tapering process challenging for clinicians and patients alike. In addition to the physical, emotional, and pharmacologic complexity of initiating a taper, patients are often apprehensive about undergoing such a protocol. The opioid tapering guidance that is currently available to health professionals is not always evidence-based and may be misapplied, resulting in some patients experiencing harmful, temporary tapers; experiencing abrupt tapers; and patients experiencing complete discontinuation of their opioid-based pain management. Chronic pain patients tend to be especially apprehensive, especially in cases where their pain has been managed by opioids for years. Patient reluctance toward opioid tapering may stem from the belief or experience that there are not other effective or accessible evidence-based therapies to treating their pain, or may experience barriers to accessing these therapies, adding to their reluctance to taper off opioids, as they may fear that opioids may be the only available treatment for their pain. In addition, patients may fear opioid tapering because the abrupt discontinuation of treatment can lead to withdrawal symptoms, including heightened pain, psychological distress, and other physically and emotionally painful side effects. Rigorous, evidence-based tapering guidance and best practices would help give both clinicians and patients confidence in the process.

Presentation of Patient Case Studies and Perspectives

Panelist *Chad Brummett, Co-Director of the Michigan Opioid Prescribing Engagement Network (Michigan OPEN)*, presented a postsurgical case. **Dr. Brummett emphasized that the increased amount of opioids prescribed post-surgery does not improve patient pain or satisfaction.** He also suggested avoiding preoperative opioid exposure among opioid naïve patients when possible and the importance of weaning plans for patients using opioids for more than a few days after surgery.

Panelist *Erin Krebs, Chief of General Internal Medicine at the Minneapolis VA Health System*, reviewed a case where a patient’s pain has been treated with high-dose opioids for years. **Dr. Krebs underscored the importance of a patient-centered approach in any tapering plan and the inclusion of patients in short-term and long-term goal setting.**

Panelist *Anna Lembke, Associate Professor at Stanford University*, presented a complex legacy case, in which a patient has been taking opioids for pain for years but may have underlying substance use disorder or other challenges in managing his/her pain. **Dr. Lembke focused on the BRAVO protocol, which gives providers guidance on how to safely and compassionately initiate and undertake the tapering process.**

Panelist *Anne L. Burns, Vice President of Professional Affairs at the American Pharmacists Association*, spoke from the perspective of a pharmacist and a caregiver. **Ms. Burns emphasized that while pharmacists have the training to assist with tapers for patients, they are often underutilized, and that patients need better access to individualized, multimodal, multidisciplinary pain management.**

Panelist *Kate Nicholson, Co-Chairperson of the Chronic Pain/Opioids Task Force for the National Centers on Independent Living*, spoke from a patient- and policy-centered perspective. Ms. Nicholson discussed her own tapering experience and identified the prevalence of non-ideal tapering processes in health care today. **Ms. Nicholson also emphasized the need for further research on tapering best practices, dissemination of those best practices, and elevation of the harms associated with forced tapering.**

“Patients really do want [providers] to ask and talk about how pain affects their lives - not just about how bad the pain is.” - *Erin Krebs*

“For many patients with chronic pain who have been on opioids long-term, even just bringing up the subject of a taper is extremely anxiety provoking.” - *Anna Lembke*

Key Messages

- Health care providers need to plan for and schedule adequate time to discuss tapering protocols with patients, as protocols should be individualized and patients need space to ask questions.
- When suggesting a taper, providers should give the patient specific reasons why they believe that a taper is in the patient's best interest. This conversation should also include a discussion about other forms of pain management, which might be best for the patient, and how to access them.
- Providers must elicit and address patient concerns about tapering, which commonly include fears of increased pain, withdrawal, and provider abandonment, among others.
- Shared decision-making should be employed whenever possible when preparing for and throughout a taper. The decision-making should include the health care provider and patient at a minimum, and can include significant others, family members, and/or close friends.
- Tapering plans should include other members of the health care team, including pharmacists, physical therapists, nurses, and/or mental health professionals when possible.
- Providers should be alert to signs of opioid use disorder that may emerge during tapering. If opioid use disorder is diagnosed, providers should offer or arrange for treatment, including access to evidence-based medications to treat opioid use disorder. Providers should remind patients that addiction is a brain disease that can occur as a complication of prescribed opioid therapy, not a lack of will or personal strength.
- It is usually okay to take time to develop a collaborative taper plan and to taper slowly. One of the most common mistakes that providers make is tapering too rapidly, as this can lead to adverse side effects for the patient and failure of the taper. Patients who struggle with tapering may simply need a pause in the taper or a slower tapering rate.
- Providers should inform patients that their pain may increase temporarily after opioid dose decreases, but that the increase in pain will not be permanent. In fact, pain can improve during and after undergoing an opioid taper.

About the Action Collaborative on Countering the U.S. Opioid Epidemic

The Action Collaborative is a public-private partnership of over 60 participants committed to developing, curating, and disseminating multi-sector solutions designed to reduce opioid misuse and improve outcomes for individuals, families, and communities affected by the opioid crisis. Learn more about the Action Collaborative at nam.edu/OpioidCollaborative.

