Norfolk and Waveney
Integrated Care Board

Opioid tapering guidance and resources

This document contains guidance and links to resources to support practitioners to work in partnership with patients to taper or discontinue opioids for chronic primary pain in accordance with NICE guidelines (NG193)

Contents

Guideline for tapering opioids for chronic primary pain

Step 1: Identifying patient for opioid tapering or discontinuation

Key message: If a patient continues to have pain despite taking multiple pain management medications, these should be sequentially tapered or stopped.[1]

Indications for opioid tapering and/or discontinuation

- Patient request
- >120 mg oral morphine equivalent per day
- Opioid not providing beneficial 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, such as joint replacement
- Strong evidence patient is diverting their medication to others
- Non-adherence to treatment plan

- **Indicators for dependence**[2] i.e., refusal to explore other treatments, failure to attend appointments to review opioids, repeatedly losing medication and requests for further prescriptions, seeking opioids from different prescribers, resisting referrals to specialist services, alcohol abuse, use of illicit, over the counter or internet drugs, deteriorating social function

Precautions[3]**:**

Pregnancy: Acute opioid withdrawal has been associated with premature labour and spontaneous abortion.

Unstable physical health: Although withdrawal does not have serious physical health consequences, it can cause significant anxiety and insomnia thus potentially reducing the patient's mental capacity to address their ongoing physical health conditions(s).

Opioid addiction: Withdrawal is unlikely to be successful if patient obtains opioids from other sources, i.e., multiple prescribers, 'street'. Referral to drug addiction services will be required.

Step 2: Assess complexity of pain management strategy

High Complexity – Patients unable to engage in services to meet educational and psychological health needs

Seek specialist advice or refer

Below are examples of patient groups and specialist services.

History of opioid / prescription drug misuse

Specialist pain services

Queen Elizabeth Hospital King's Lynn

Norfolk and Norwich University Hospitals NHSFT

James Paget University Hospitals NHSFT

West Suffolk NHSFT

History of depression, anxiety or known to mental health services

Wellbeing service

https://www.wellbeingnands.co.uk

Advice & guidance

Norfolk and Suffolk NHS Foundation Trust

Community mental health services

Norfolk and Suffolk NHS Foundation Trust

History of illicit drug misuse, alcohol misuse or alcohol dependency

Change Grow Live

Online support - Norfolk Alcohol and Drug Behaviour Change Service (changegrowlive.org)

norfolk.info@cgl.org.uk

Norfolk drug and alcohol service - referral forms (changegrowlive.org)

NHSFT = NHS Foundation Trust

Low complexity – Manage in Primary Care

Below are steps to support management in primary care

Services/support available in the region

- Supervised group exercise programmes (not currently funded)
- Encouragement for people to stay active
- Acceptance and commitment therapy (ACT)
- Cognitive behaviour therapy (CBT)
- Acupuncture (where available)

See **Appendix 1** for guidance on how to **identify specialist services** depending on patient need and the **services and support on offer** from these specialists services.

Step 3: Discuss with patient

- What patients expect from the opioid tapering discussion:

What to include:

- Benefits of tapering opioids
- How opioids will be reduced or stopped
- What outcomes to expect
- Non-pharmacological / alternative treatments

What to avoid:

- Medical jargon
- Making the patient feel they are at fault
- Not involving carers

How to deliver key messages:

- Keep it simple
- Use multiple resources to support options (leaflets, websites)
- Ensure people feel in control
- Introduce topics in small chunks
- Provide contact details

- Five steps to structure the opioid tapering discussion:
  i. Invite the patient to discuss their current experience of pain, prescribed analgesia and any non-pharmacological interventions
  ii. Explain the rationale for stopping opioids
  iii. Agree outcomes of opioid tapering
  iv. Arrange for monitoring and support
  v. Document any agreed tapering schedule

See **Appendix 2** for guidance on how to **structure the opioid tapering or discontinuing consultation** with patients.

See **Appendix 3** for the **Opioid Patient Information Leaflet**

Step 4: Start the tapering process

- **Optimise non-opioid management** of pain
- Consolidate all opioid medication in to one **single modified-release preparation**
- Prescribe regular doses and **not PRN**
- Keep daily dosing interval the same for as long as possible e.g. twice daily
- Dispensing intervals will be dependent on patients' degree of control over opioid use (daily or weekly)
- Inform patient there is an increased risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced
- Do not attempt to taper other dependence forming medications concurrently with opioid tapering

Rate of taper:	Will vary according to individual response. A **decrease of 10%** of the total daily dose every **one to two weeks** is usually well tolerated.
Slower tapering:	May be indicated for patients who are anxious, psychologically dependent on opioids, have cardio-respiratory co-morbidities or who have been on opioids for >2 years. These patients require specialist input. Seek advice as above.
Faster tapering:	May be indicated for patients experiencing significant tapering adverse effects, displaying aberrant drug taking or drug seeking behaviours. Seek advice as above.

Hold or increase the dose:	If the patient experiences severe withdrawal symptoms, a significant worsening of pain or mood, or reduced function during the taper.

- Once one-third of the original total daily dose is reached, **slow the taper** to half or less of the previous rate e.g. 5-10% every 2 – 4 weeks.

Step 5: Follow-up and review

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

Worsening pain or mood: Hold the tapering dose. Avoid reversing the opioid tapering or adding in PRN opioids, sedatives or hypnotics

Withdrawal symptoms:
Hold the tapering dose and consider whether tapering rate needs to be slowed

→ **Seek specialist advice or refer as above**

Patients who are unable to complete taper may be **maintained on a reduced dose,** if clinically appropriate, providing the 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.

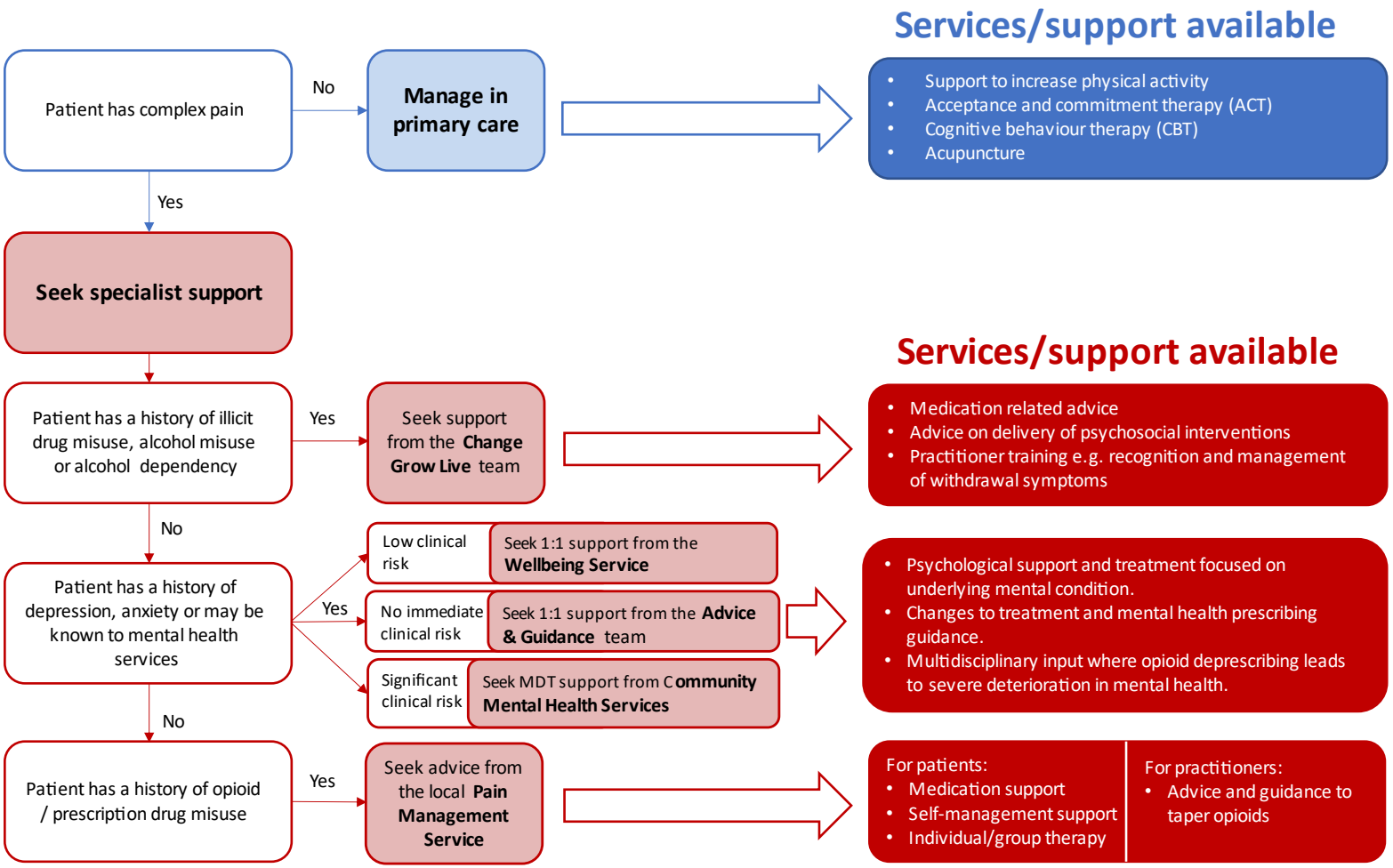
References:

Adapted from NHS West Suffolk Clinical Commissioning Group Opioid Tapering Resource Pack
http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2018/04/2828-NHSWSCCG-Opioid-Tapering-Resource-Pack.pdf

1. SIGN 136 Management of chronic pain: A national clinical guideline
   http://www.sign.ac.uk/assets/sign136.pdf
2. Identification and treatment of prescription opioid dependent patients
   https://www.rcoa.ac.uk/system/files/FPM-OA-identification-treatment.pdf
3. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain Appendix B-12: Opioid Tapering http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b12.html
4. Opioid Tapering
   http://nationalpaincentre.mcmaster.ca/documents/Opioid%20Tapering%20Patient%20Information%20(english).pdf

Appendix 1

Guidance to identify specialist services depending on patient need and the services and support on offer



Appendix 2

Guidance to help practitioners structure the opioid tapering or discontinuing consultation with patients

1) **Invite the patient to discuss their current experience of:**
    - Pain
        - Adopt a biopsychosocial approach: explore the relationship between how pain affects thepatients's life and how life affects the patient's pain, including:
            - Day-to-day activities, work and sleep.
            - Physical and psychological wellbeing.
            - Stressful life events, including emotional and physical trauma.
            - Social interaction and relationships.
        - Examples of useful phrases here may be:
            - "pain is not something you can see on a scan, there are lots of things which influence it"
            - "there is evidence that the sort of things which can happen in a bad childhood, can lead to a nervous system that is more sensitive to pain or threat"
        - Examples of useful questions here, may be:
            - "when was the last time that you **didn't** have pain?"
            - "tell me what has happened since then?"
        - Take a positive approach:
            - What matters to this patient (what does living well look like)?
            - What are their strengths (skills they have already to manage pain; what helps when their pain is difficult to control)?
        - Establish whether opioid is working
            - Explore some of the things which have helped in the past, have any pain killers helped?
    - Prescribed analgesia
        - Investigate use of and attitudes toward non-opioids
        - Investigate use of and attitudes towards opioids plus any associated side effects
        - Investigate potential for opioid abuse (e.g. opioid risk tool)
    - Any non-pharmacological interventions
        - Investigate adherence to recommended activities
        - Attitudes towards trying additional/different non-pharmacological intervention.

2) **Explain the rationale for stopping opioids:**
    - Invite patient to describe their understanding, thoughts and concerns regarding stopping
    - Recognise, acknowledge and validate thoughts and concerns
    - Address any inaccuracies using non-judgemental, supportive language
    - E.g."We can think of pain as a smoke alarm, alerting to danger, but sometimes it is triggered by making toast, rather than a fire. Every time you trigger the alarm, the alarm gets more sensitive. We need to try to reset it."

3) Agree outcomes of opioid tapering

- Incorporate outcomes to which patient assigns a high positive value (things that are important to the patient in terms of improved function)
- Explicitly discuss that:
    - Symptoms will likely fluctuate over time and flare-ups may occur.
    - It is possible that the cause of the flare-up may not be identifiable.
    - Pain may not improve or may get worse and need ongoing management.
    - There is an increased risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced.
    - Quality of life CAN improve even if the pain remains unchanged.
- "one thing that a lot of other people find helpful is moving more, is there any activity that you used to enjoy?"
- Physiotherapy will recommend exercises, but most patients should be able to move more themselves, and finding activity that they enjoy is more likely to continue.

4) Arrange for monitoring and support

- Ensure that the patient feels that they are not 'in this alone', if it doesn't work as hoped they can come back to you and re-evaluate/refine the plan
- Develop a care and support plan, exploring with the patient their preferences, strengths, priorities, interests and abilities (think: which primary care team members can contribute to this?). This should include:
    - Priorities, abilities and goals.
    - What they are doing already that helps.
    - Preferred approach to treatment.
    - Additional support needed for young people age 16–25 years to continue with education and training.

5) Document an agreed tapering schedule

Your own organisation will likely have a template alternatively, guidance regarding content to document is provided on the **Opioids Aware** website

Appendix 3

Opioid Patient Information Leaflet

This document aims to help patients make an informed decision about whether opioid medication is the best option for them.

What are opioids?

Opioids are medicines for relieving pain from injury, surgery or cancer. When used for a short time, they work well to relieve moderate to severe pain.

Examples of opioids are codeine (including co-codamol), tramadol, fentanyl, morphine and oxycodone.

People prescribed opioids need to be monitored as they can cause harmful side effects and the smallest dose that works should be used for the shortest time possible. The longer that an opioid is prescribed, the greater the risk of harm.

Why stop opioids?

Opioids should only be used for days or a few weeks. We know that long-term use of opioids is not very good at helping with pain so there may be more side effects than benefits.

The longer that opioids are used and the higher the doses, the more the brain becomes sensitive to pain and so levels of pain actually increase.

The higher the dose of opioid that a person takes, the higher the dose the body starts to need to get the same effect.

What are the side effects of opioids?

Short-term side effects within days of taking an opioid

- Feeling sick; Being sick
- Constipation
- Itching
- Drowsiness

Long-term side effects appearing if used for more than a few weeks

- Constipation
- Itching
- Increased levels of pain and increased sensitivity to pain
- Difficulty breathing at night
- Weight gain
- Irregular periods; Reduced sex drive; Erectile dysfunction; Fertility issues
- Reduced ability to fight infection
- Early death

Signs of addiction can include:

- Craving the opioid
- Feeling you need to take more opioid than prescribed – even if bad for your health
- Feeling you need to take more opioid for the same effect
- Taking opioids for reasons other than pain relief
- Experiencing withdrawal effects when you stop taking the opioid

Withdrawal symptoms – if stopped too quickly

- Shivers and body aches
- Widespread pain; increased pain
- Sweating
- Feeling sick and being sick
- Diarrhoea
- Difficulty sleeping; irritability and agitation

Driving and opioids

Opioids can have the same effect on driving as alcohol or illicit drug use. Even if a person feels like their usual self, the opioid can still be:

- reducing concentration
- Increasing reaction times - can impair your ability to respond quickly to a hazard
- Impairing ability to control a vehicle including gears, steering, acceleration and braking.

If a police officer suspects that a person's driving is impaired because of opioids, the person can be arrested and prosecuted for 'Driving whilst Unfit' (section 4 road traffic act).

Stopping opioids

If a person has been using opioids for less than a few weeks, it is safe to stop at the end of the prescription.

If the person has been using opioids for longer than a few weeks, to prevent withdrawal effects, the opioid should be stopped gradually. This can be difficult and a balance may need to be found between a level of pain that is manageable and protection from the harmful effects of long-term opioids. Clinicians can help you reduce your opioids and it is important that you are involved in the discussions about the stopping process. If you would like more information, please contact the surgery to arrange an appointment.

Appendix 4

Opioid tapering resources

For practitioners

Opioids Aware: Dose equivalent tables and changing opioids

Opioids Aware: Tapering and stopping

National Institutes of Health (US): Opioid Risk Tool

Red Whale webinars

Network Contract Directed Enhanced Service: Additional Roles Reimbursement Scheme Guidance – NHS England

Oral morphine equivalence calculator – Faculty of Pain Medicine

Reducing opioid prescribing in chronic pain – PrescQIPP

Tapering and Stopping – Faculty of Pain Medicine

Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain – UEA

For patients

Live Well with Pain: Health Check tool and Health Check guidance to explore how pain affects people's health and life (patient to complete and discuss with helathcare team)

NPS MedicineWise (Australia): Lowering your opioid dose – My Tapering Plan, a diary for recording how people feel during the opioid tapering process

Opioids. Chronic Pain and the Bigger Picture – NPS Medicinewise

Using Medicines for Persistent Pain – Live Well

Ready to Change – Norfolk County Council