



Steps for an Opioid Tapering Discussion

1 Prepare for the conversation

Tapering conversations are not easy for the patient or the provider.

- Recognize that difficult emotions are likely to come up for the patient due to the anticipation of loss, increased suffering, etc.
- Understand the patient's story around opioid use and why tapering may be difficult.
- Have a tapering plan specific to the patient.
- Build a partnership around the plan.
- Be professional and compassionate.

2 Open the conversation

Start the conversation with a clear, direct transition statement.

- "I'd like to have a conversation with you about your use of opioids."

3 Get the patient's perspective

Ask questions and understand where the patient is today.

- "Tell me, how do you think Norco is helping you?"
- "Tell me, what you know about what happens to people who take Norco for a long time?"

4 Respond with empathy

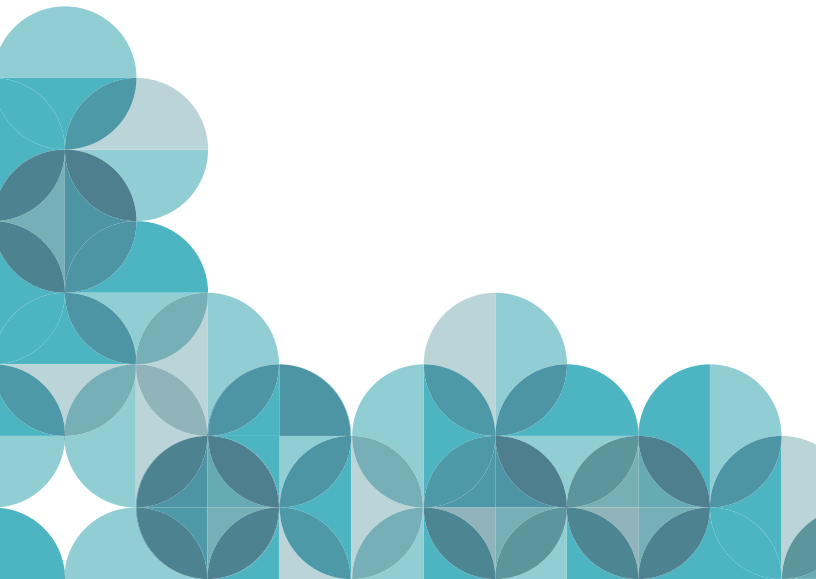
Express an understanding of the patient's feelings.

- "I know you feel it helps you be able to do the important things in your life."
- "You are right about that, and that is what I am most concerned about."

5 Present your perspective

Share your professional thoughts in a non-judgmental way. This lets the patient know their perspective was heard.

- "Tapering may be long and difficult, but in the end, most people feel better once they're off these medications. Many are more alert, have improved memory and feel less depressed."
- "Recent research has shown that opioids are proving to be less effective than we once believed. There are some potentially dangerous side effects. More people in Michigan now die of drug overdose than from motor vehicle accidents."
- "There are also other side effects to these medications, such as low testosterone and sex drive in men and thinning of the bones in women. They can also cause depression and increased pain sensitivity."
- "Increased physical activity may help reduce pain and make it possible do the things that are necessary and meaningful in life."



6 Deal with emotion (NURS)

If the patient responds in an emotionally charged way, take care of the emotion first.

N = Name the emotion

- "I know this is upsetting to hear."
- "You seem worried."

U = Understand/validate

- "I know that coming off of your medication can feel difficult and scary. That's normal."
- "I can understand that you might be angry with me for wanting to get you off the Norco when it is the one medication you feel is keeping you going."

R = Respect

- "I know this pain has been very difficult for you."
- "I know this feels like a loss for you, and I wish it could be easier than it is."

S = Support/partnership

- "I want to continue to work with you to treat this problem in the healthiest way possible."
- "I want us to work together and figure out the best way for you to taper. We will also look at other ways to manage your pain."
- "We may decide not to take you off of it completely, but at least we will get you to a safer dose."

7 Agree on mutual goals

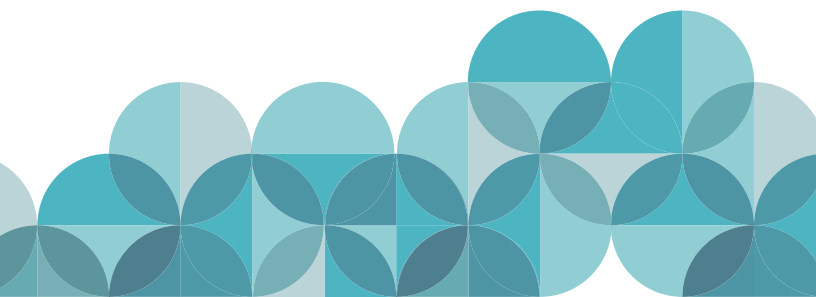
Developing a successful tapering plan is difficult and will take time. Generally, slow tapering has been proven to be most effective. Additionally, mood and pain can improve when activities are done that provide meaning and pleasure.

- "What can we agree to about reducing your narcotics?"
- "What activities have meaning to you, and how can you add them back into your life?"

8 Set limits

Create limits that are realistic.

- Set the boundaries, depending on the situation (length of taper time, medication, etc.), and then allow the patient to develop the plan.



When to Taper

Consider tapering when your patient:

- Requests dosage reduction
- Does not have clinically meaningful improvement in pain and function
- Is on dosages > 50 MME*/day without benefits or when opioids are combined with benzodiazepines
- Shows signs of substance use disorder
- Experiences overdose or serious adverse event

How to Taper

- **Go Slow**—A decrease of 10 percent of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10 percent per month) easier.
- **Consult**—Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm, such as pregnant women or patients with an opioid use disorder.
- **Support**—Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder and offer naloxone for overdose prevention.
- **Encourage**—Let patients know that most people have improved function without worse pain after tapering opioids. Some patients even have improved pain after a taper, even though pain might briefly get worse at first.

Considerations

- Adjust the rate and duration of the taper according to the patient's response.
- Don't reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
- Once the smallest available dose is reached, the interval between doses can be extended, and opioids may be stopped when taken less than once a day.