


B

Broaching the Subject

- Involve the patient
- Take more time
- Get the support of your team
- Use motivational interviewing (reflection, validation, support)
- For inherited patients, maintain the current dose and document if considering a taper





R

Risk Benefit Assessment

Consider tapering for the following reasons:

<ul style="list-style-type: none"> Patient request Pain and function not improved Adverse opioid effects Co-occurring conditions (including mental health) 	<ul style="list-style-type: none"> Dose over 90 MED Concurrent sedatives Opioid use disorder Opioid overdose
--	--







A

Addiction and Dependence Happen

- Addiction = The 3 C's: *Control, Craving, continued use despite Consequences*
- Dependence = Tolerance, withdrawal, without the 3 C's
- Anyone can become addicted or dependent
- Reassure patients there is effective treatment for both
- Consider buprenorphine






V

Velocity and Validation

- Go slowly (*Tapering Examples*)
- Maintain the same schedule (BID, TID)
- Let the patient drive "*Which opioid would you like to taper first?*"
- Take breaks, but never go backwards
- Warn patients that pain gets worse before it gets better
- Validate that opioid tapering is hard



O

Other Strategies for Coping with Pain

- Help patients understand how pain works
- Encourage regular, restful sleep
- Promote healthy activities
- Maintain a positive mood
- Foster social connections
- Make good nutritional choices
- Consider non-opioid pain medications

