Starting conversations with patients about opioid tapering can be challenging. Try these approaches:

- **Use the term 'pain medicines' rather than 'pain killers'**. In chronic non-cancer pain there is no such thing as a 'pain killer',[1] and this term may give patients the impression that they will be pain-free.
- **Ask 'how' and 'what' questions, instead of asking 'why'** (eg, 'How do you feel about using this medicine?', 'What aspects of using this opioid are you not so happy about?') Starting with 'why' invites the patient to rationalise their current actions and give excuses, rather than more factual accounts that can provide a basis for possible intervention.[1]
- **Use language that builds relationships and reduces stigma**.[2] For example: refer to *the* pain, not *their/your* pain, say 'a person with chronic or persisting pain' instead of 'a pain sufferer'. Terms that judge (eg, 'good', 'bad') could make patients feel they shouldn't use opioids even when they are appropriately prescribed.
- **Find out how much patients understand about the risks of long-term opioid use and tailor messages about tapering to suit each patient's circumstances**. Patients may not believe the risk of opioid misuse applies to them personally,[3] and risk of overdose has not been found to be a primary motivator for opioid tapering.[4]
- **Avoid scaremongering when discussing the risks of opioids**. Present facts that do not vilify opioids, and deliver an appropriate message about the risk for each patient which could lead to a conversation about tapering.
- **Discuss non-medicine approaches** to help when tapering and ensure patient feels supported.

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NPS MEDICINEWISE

Starting a conversation about opioid tapering with patients

Practice tips for GPs and pharmacists

"What do you know about the long-term use of opioids?"
"What do you feel are the upsides and downsides to continuing to take opioids?"

- Increasing knowledge about the risks of long-term opioid use can encourage patients to reconsider how much they depend on medicine for pain relief.

"Opioids work well to relieve short-term pain. However, the longer you use an opioid, the less well it works and sometimes it can even make the pain worse. Your body and mind get used to the medicine, and over time you may feel like you need more medicine for the same amount of pain relief. This can actually be an indication that they are not working well for you any more."

- See consumer resources at **nps.org.au**

"How do you see yourself in a few weeks/months time if you were able to reduce/stop the medicine?"
"We can think about other strategies to help you manage the pain, so that we can reduce the amount of medicine you have to take. How do you feel about that?"

- Empower patients to imagine change by exploring how they would like things to be different.[5]
- Highlight the benefits of tapering to engage patients. Often, patients do not understand why their opioid doses are being reduced,[4] and may find discussions about tapering confusing, as it is not usual to taper and discontinue a medicine that appears to be working.[3]

"There is not enough evidence of long-term benefits when using opioids for chronic non-cancer pain. Opioids are a bit like scaffolding and should only be used to help support you to get started with other ways to manage pain. Once these approaches are established, the aim is to lower the dose or stop them completely. Now might be a good time to start thinking about reducing your dose."

"Dose reduction can improve function, quality of life and pain control. You may be more alert and therefore more connected and engaged with others around you."

"What worries you about reducing your opioid dose?"

- Allow patients to raise concerns they have about tapering. They may have had past experiences with reduced or missed doses and conversations can be rooted in their experience.

"For some people, thinking about lowering their opioid dose can feel very scary, especially if they have been taking them for a long time. But be reassured it's never too late to try."

"How do you feel as we talk about reducing your medicine?"

- Reassure patients that their medicine will not be taken away immediately, and that prescribers will not abandon them throughout the tapering process.[3]

"Dose reduction won't happen overnight, and the time it takes depends on how much you take and your own personal circumstances."

"The pain may briefly get worse at first, and you may experience unpleasant side effects. You may feel that taking the medicine as before can relieve these effects. This is expected because of the way your mind and body have adapted to the medicine. But we can make sure that your pain management is as safe as possible, and that you experience improved function with a lowered dose."

- Explain to patients that there are evidence-based strategies that can be used in conjunction with opioid tapering.[5] Patients are often concerned that once opioids are removed nothing will replace them and the pain will increase.[4]

"There are also many different strategies and services that will be part of the dose reduction plan, that form part of pain management for you now and in the long term."

- Refer to the Resources list at **nps.org.au/opioids** for services and strategies available (eg, tapering plan).

"Let's focus on your goals. What do you want to be able to do day-to-day that you can't do right now?"

- Inquire directly about patients' expectations of pain relief and functionality. Having a common understanding is important to establish realistic treatment goals and set criteria for success.[6]

"Your goals can be as simple as walking a little further every day, gardening, walking the dog around the block, or standing up and sitting down without pain. The main aim of pain management is not necessarily that you have no pain at all, but that you can still function daily, at the level of pain that you may have that day."