“I’m not an addict: Patient experiences with taper and discontinuation of long-term opioid therapy

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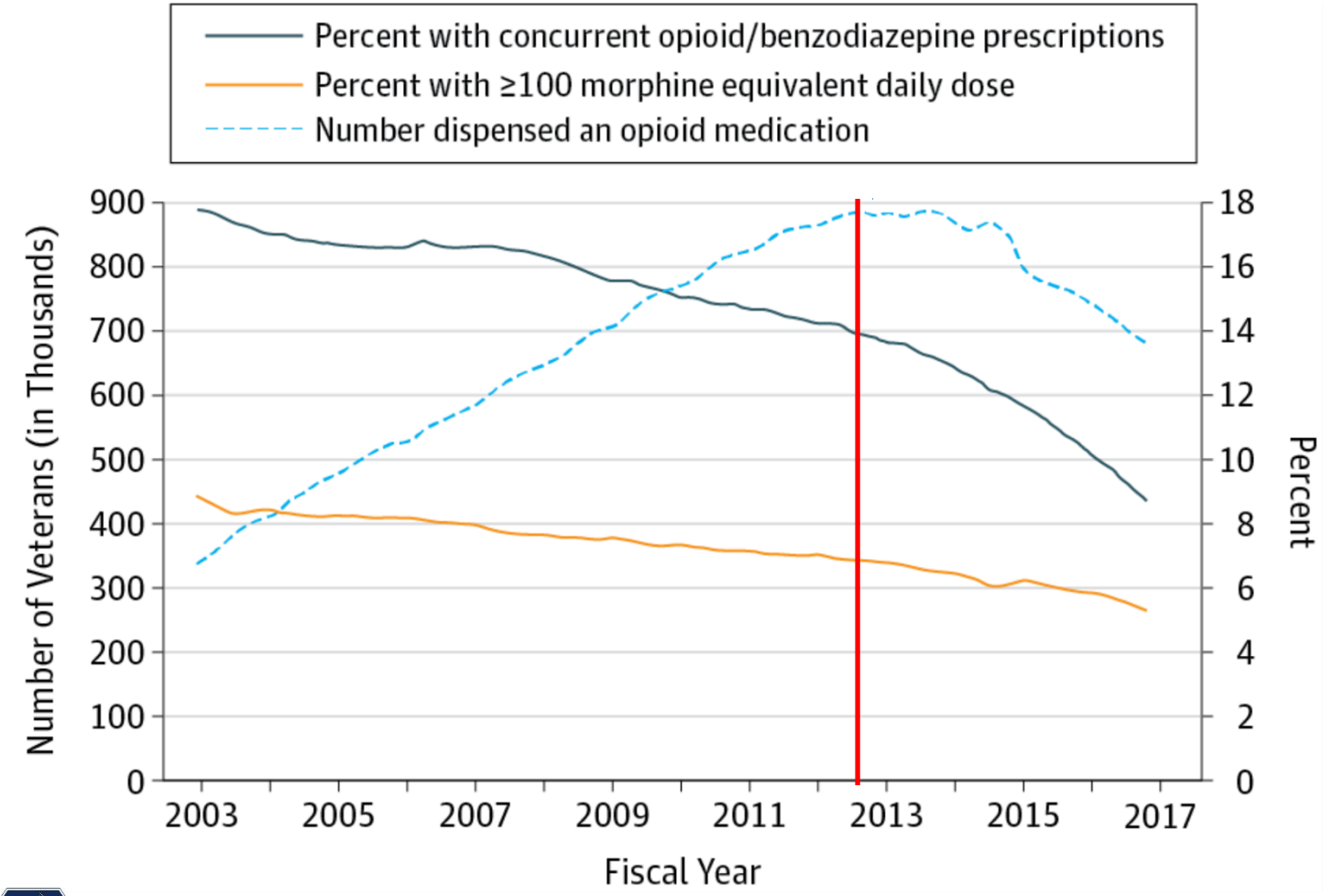
Disclosures and Conflicts of Interest

I have received research grants from the U.S. Department of Veterans Affairs, the National Institutes of Health, and Innovative Medical Equipment.

Overview

- Highlights of our (and others') recent research on the topic
  - Emerging substance use following LTOT discontinuation
  - Treating comorbid pain and SUD
- Conclusions and clinical implications

Veterans Dispensed at Least 1 Opioid Medication in the VA Health Care System, and Percent of Opioid Recipients With Concurrent Benzodiazepine Prescriptions and High Opioid Dosage



Gellad et al. Addressing the Opioid Epidemic in the United States: Lessons From the Department of Veterans Affairs. JAMA Intern Med. 2017;177(5):611-612.

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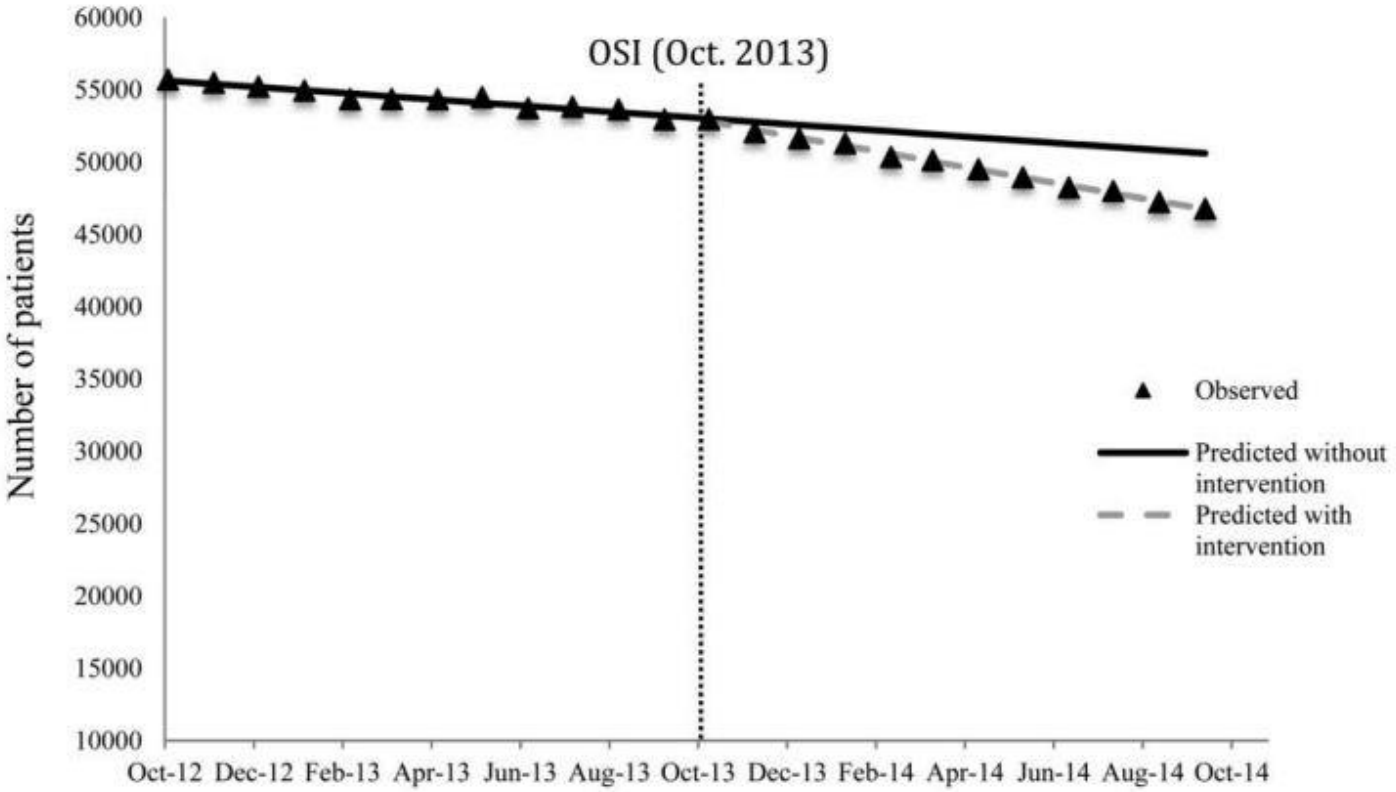
Research Paper

PAIN®

Impact of the Opioid Safety Initiative on opioid-related prescribing in veterans

Lewei A. Lin[a,*], Amy S.B. Bohnert[a,b], Robert D. Kerns[c], Michael A. Clay[d], Dara Ganoczy[b], Mark A. Ilgen[a,b]



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Morbidity and Mortality Weekly Report
March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

The CDC Guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, closely monitoring risks, and safely discontinuing opioids.

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JAMA | Original Investigation

Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain

The SPACE Randomized Clinical Trial

Erin E. Krebs, MD, MPH; Amy Gravely, MA; Sean Nugent, BA; Agnes C. Jensen, MPH; Beth DeRonne, PharmD; Elizabeth S. Goldsmith, MD, MS; Kurt Kroenke, MD; Matthew J. Bair; Siamak Noorbaloochi, PhD

Conclusions: Treatment with opioids was not superior to treatment with nonopioid medications for improving pain-related function over 12 months. Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain.

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Research Paper

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Changes in pain intensity after discontinuation of long-term opioid therapy for chronic noncancer pain

Sterling McPherson[a,b,c], Crystal Lederhos Smith[a,b], Steven K. Dobscha[d,e], Benjamin J. Morasco[d,e], Michael I. Demidenko[d], Thomas H.A. Meath[d,f], Travis I. Lovejoy[d,e,g,*]

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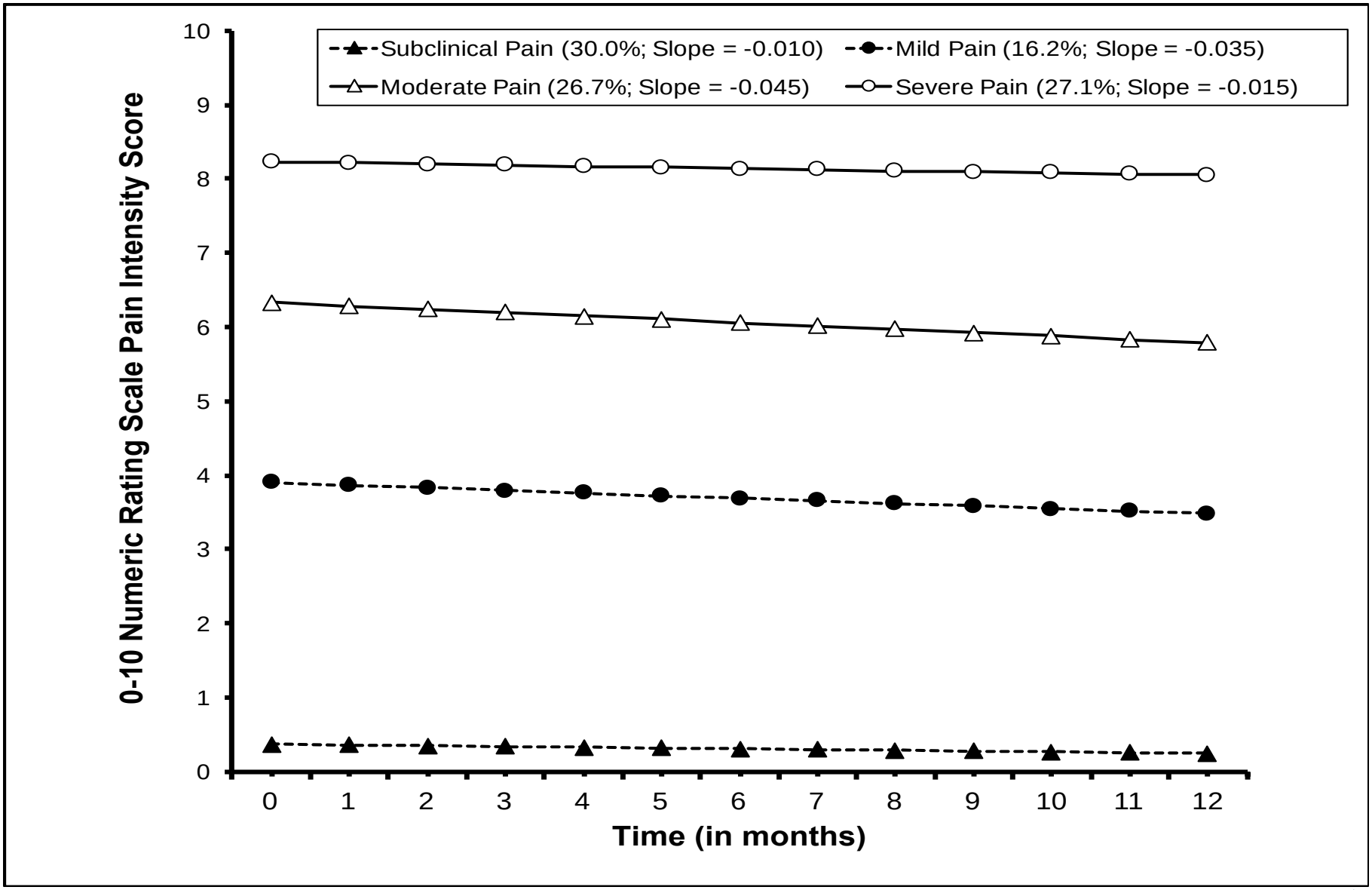

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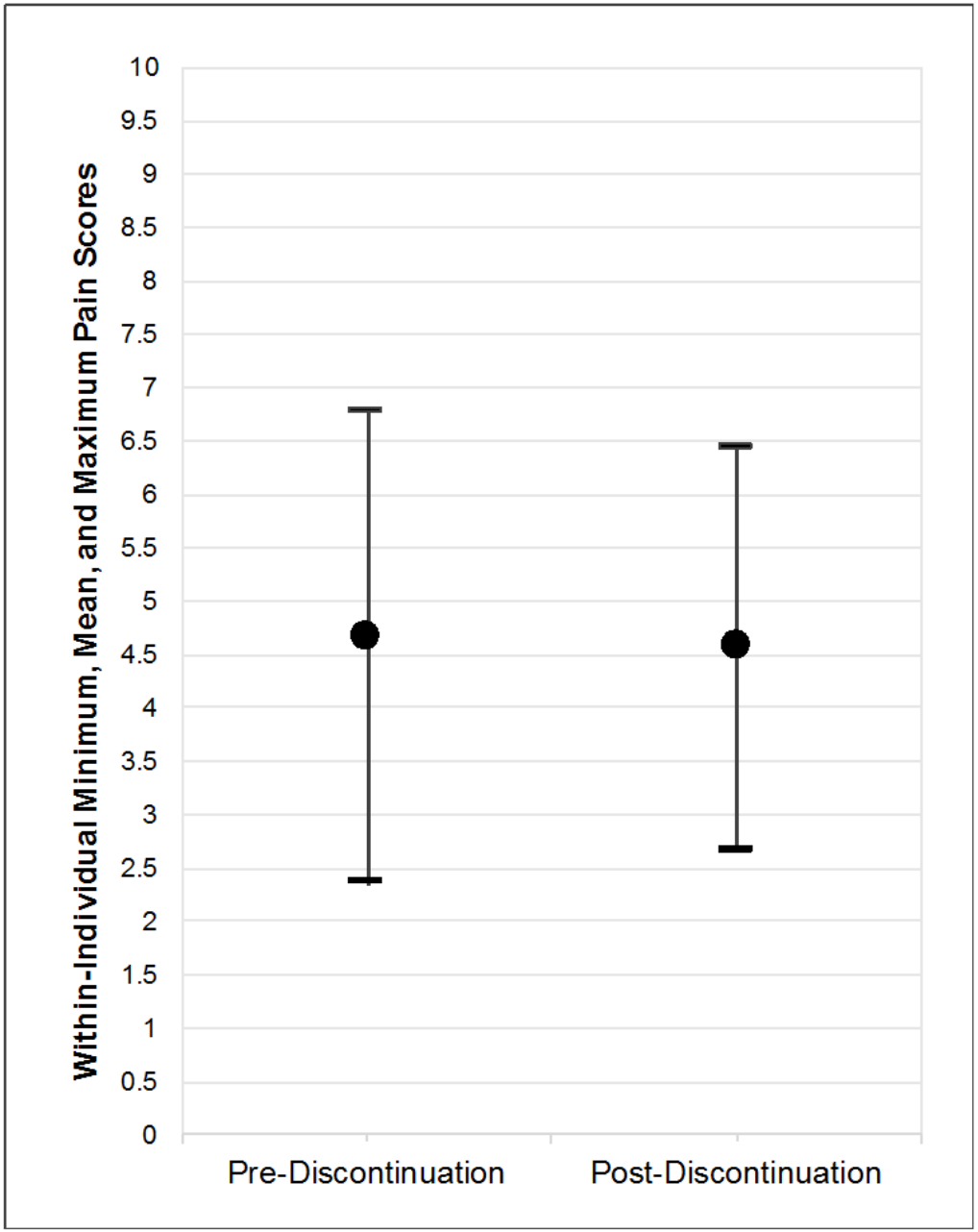

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Pain intensity after discontinuation of LTOT does not, on average, worsen for patients… particularly for patients with mild-to-moderate pain at the time of discontinuation. Clinicians should consider these findings when discussing risks of opioid therapy and potential benefits of opioid taper with patients.

General Hospital Psychiatry 47 (2017) 29–35

Contents lists available at ScienceDirect

General Hospital Psychiatry

journal homepage: www.elsevier.com/locate/genhospsych

Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users

Michael I. Demidenko[a], Steven K. Dobscha[a,b], Benjamin J. Morasco[a,b], Thomas H.A. Meath[a,c], Mark A. Ilgen[d,e], Travis I. Lovejoy[a,b,f,*]

Conclusions: Among patients with a substance use disorder and matched controls, there are high rates of SI/SSV following opioid discontinuation, suggesting that these “high risk” patients may require close monitoring and risk prevention.

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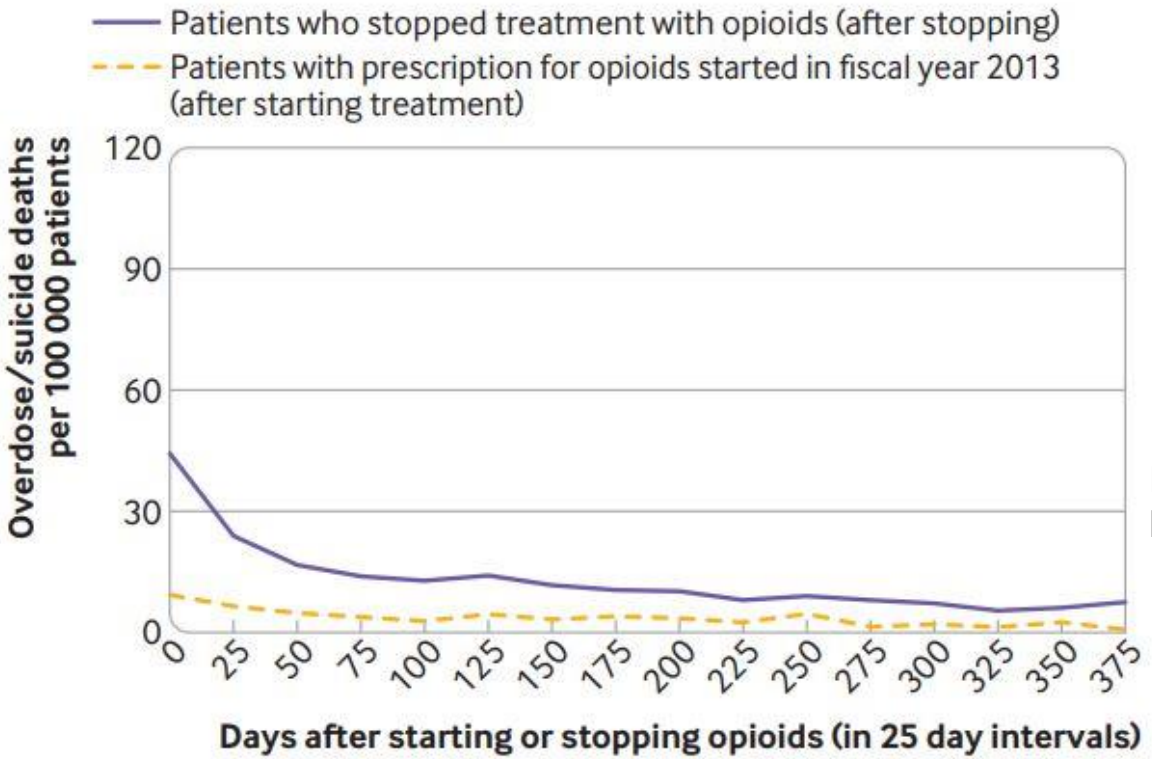
Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation

Elizabeth M Oliva,[1,2] Thomas Bowe[1,2] Ajay Manhapra,[3,4,5,6] Stefan Kertesz,[7,8] Jennifer M Hah,[9] Patricia Henderson,[1] Amy Robinson,[10] Meenah Paik,[1] Friedhelm Sandbrink[11,12,13] Adam J Gordon,[14,15,16] Jodie A Trafton[1,2,17]



BMJ 2020;368:m283
http://dx.doi.org/10.1136/bmj.m283

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The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Relationship between Nonmedical Prescription-Opioid Use and Heroin Use

Wilson M. Compton, M.D., M.P.E., Christopher M. Jones, Pharm.D., M.P.H., and Grant T. Baldwin, Ph.D., M.P.H.

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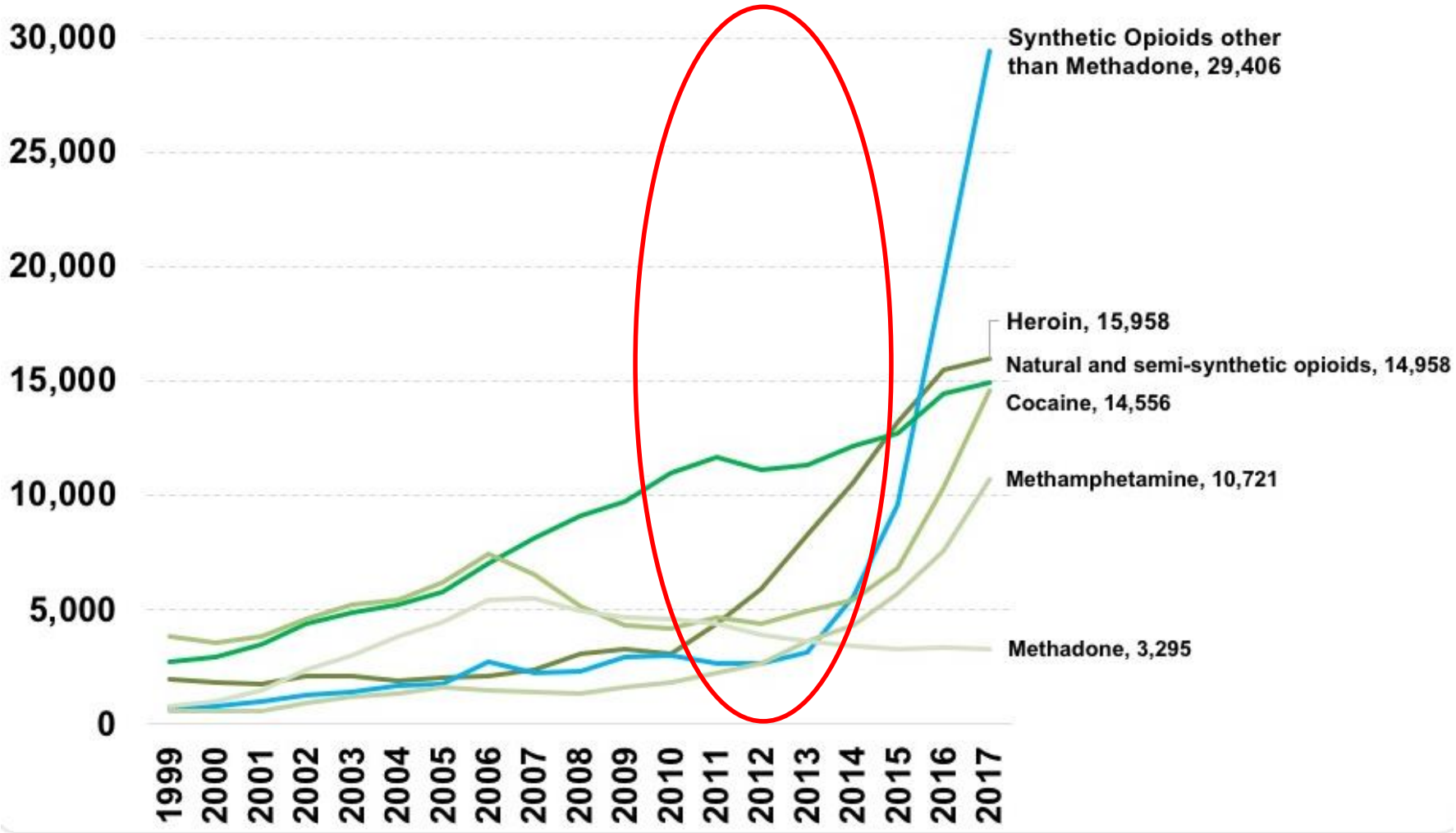
Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple cause of death 1999-2017 on CDC Wonder Online Database. Released December 2018.

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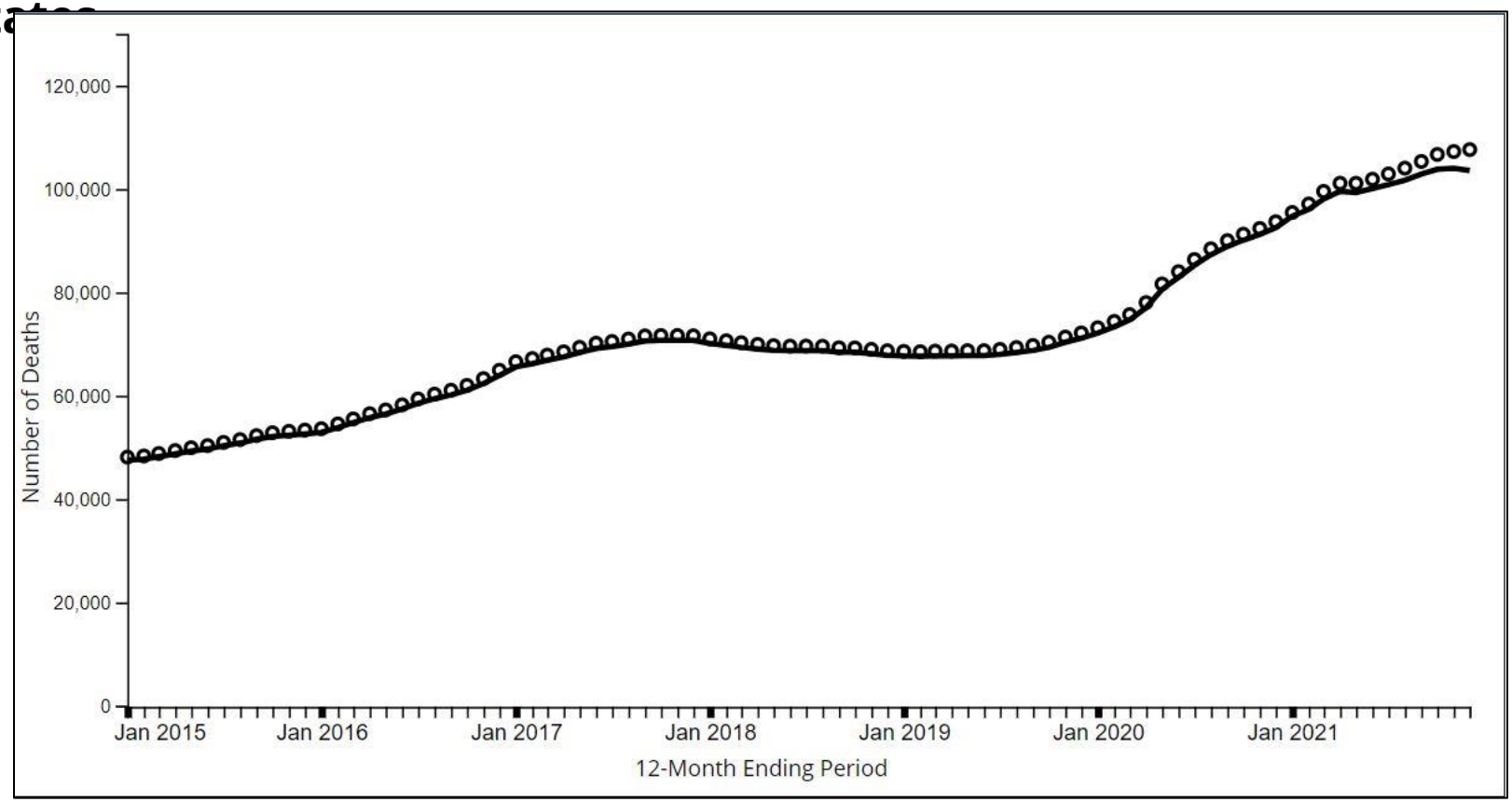
Based on data available for analysis on: May 01, 2022

12 Month-ending Provisional Counts of Drug Overdose Deaths: United Sta



CDC National Center for Health Statistics, 2022.

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Perspective
JUNE 13, 2019

No Shortcuts to Safer Opioid Prescribing

Deborah Dowell, M.D., M.P.H., Tamara Haegerich, Ph.D., and Roger Chou, M.D.

Efforts to implement prescribing recommendations to reduce opioid-related harms are laudable. Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations…inflexible application of recommended dosage and duration thresholds and policies that encourage hard limits and abrupt tapering of drug dosages, resulting in sudden opioid discontinuation or dismissal of patients from a physician's practice.

N Engl J Med 380;24 nejm.org June 13, 2019

Ongoing Prospective Cohort Study of Opioid discontinuation

- Outcomes of discontinuation: patient-reported (survey and qual interview), EHR-derived
- 1,382 Veterans nationally on LTOT
- 49% Female, 52% minoritized race/ethnicity
- 16% discontinued LTOT

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Provider Reasons

- Bad things happen to people who take opioids
- Increased potential for becoming addicted
- The system made me do it
- It’s not something I do
- Opioid safety initiative

Patient Reasons

- Opioids ineffective
- Preference to stop medication
- Admission of aberrant behavior

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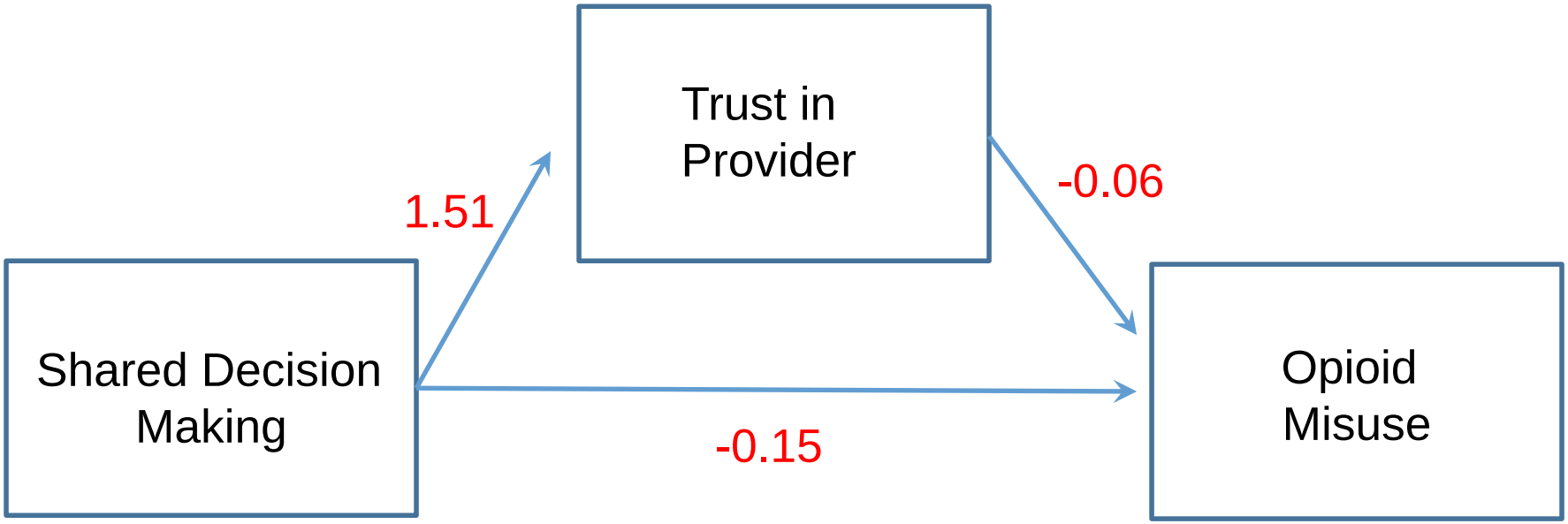
Patient	EHR
Well, he just told me. He's like: I really want to get you off this. You've been taking it a long time and you know, it's time for you to get off of it, because they want us to clear you off this stuff. You know, he said it was sort of a direction from the VA. It wasn't his choice, it was—he was being directed to.	Hx of chronic pain and anxiety. Currently on T#3 and Xanax. Recommended that we stop the T#3 and replace it with gabapentin to avoid potential adverse interaction between meds. Pt hesitant to switch to gabapentin, but agrees to give that a try. Will maintain her on Xanax for now. D/C T#3 and start gabapentin 100 mg bid.

Patient	EHR
Well I went there and, on my last checkup, which is about a month or so ago, and she said, I'm sorry buddy, but I hate to break the news to you, I can no longer give you hydrocodone. And I never was told why…and she said that I broke the contract. And I said, what contract? You know, I know you signed a yellow piece of paper, I know you signed something that you don't take medication…Dr. [name] is the one that did the surgery on my prostate and took it out, because I had cancer…she went ahead and took me off of it anyway.	Discussed with vet breach of opiate contract with recent Percocet 10/325mg received from urology Dr. [name] on [date] from procedure of penile implant and bladder sling, he had just received from VA writer on [date] VA 14 day supply of Percocet, and today vet states he told Dr. [name] that he had Percocet but still received Percocet, understands writer is stopping opiates and understands.

Patient	EHR
There was no case where I violated or misuse or overdosed or anything on my medicine. They just took it. I was a number. They treated me like a number.	Buprenorphine may be a better option than Norco…and he expressed much concern over change of medication due to his past struggles with alcohol/cocaine. We discussed specifically how the medications work and why buprenorphine may be a better option...

Patient	EHR
I didn't want to be an addict and I didn't—I knew that it wasn't working for me. And I know enough about addiction that I did not want to see myself go down a path where I was looking for something on the street.	Hello, I am very concerned for your safety. You suffered a severe fall in August and with facial trauma, broken nose and need for stitches. Your blood alcohol was 4 times over the limit. In July your blood alcohol level was three times over the limit. I feel that narcotics or benzodiazepines, that is drugs in the valium family should not be prescribed…

Patient-Provider Relationship and Opioid Misuse



Shared decision making increases trust, which in turn decreases opioid misuse

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Addiction Stigma

But she looked at me and immediately assumed that I was lying about the pain and she didn't wanna prescribe the medicine at all but, because I was on it, she didn't want to sudden withdrawal, so she cut it in half. And she just treated me very poorly and told me about all kind of things about people addicted to it and people only wantin'—you know, maybe takin' it and sellin' it. I'm like, what, I'm in here because I'm askin' for help and you're tellin' me all—I, you know, you're just treatin' me like I was a criminal off the streets is what you made me feel like.

Addiction Stigma

I even told him the reason why that I didn't have it in my system because I was doubling up on 'em because of my size and because of the, that I was getting a tolerance to 'em because of my back pain. And I told him I said you know I'm not abusing these, I'm not addicted to 'em I just, I need 'em because of my pain. And like I told him I said you know if there was ever any issue about this in the future I said well look I would make sure that I would take 'em right if I was prescribed the right dosage. I said but this can't happen with the dosage I'm on because I mean I've been on 'em for so long that and my stature and my weight it just wasn't conceivable to do that with what I was on.

Patient-Provider Relationship

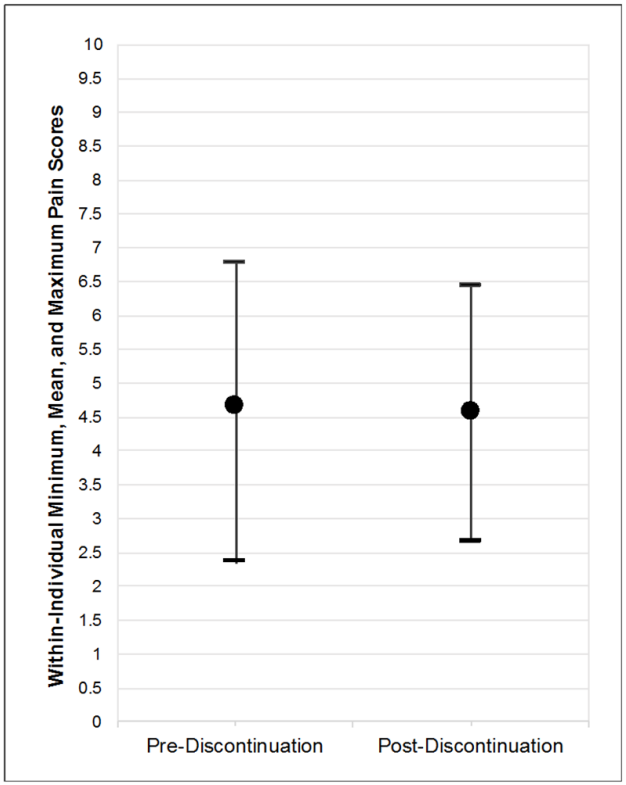
There's really no relationship with 'em because I mean they have so many patients they don't have time to sit there and spend the quality time with you and listen to and understand and get to know you because I mean there's, the whole time they're putting in information and not even looking at you. They're on the computer the whole time. So there's no, you don't develop a relationship with 'em. At least not here in the [name] clinic. I mean I guess they're so overworked they don't have the time and the, they don't have the time to I guess per se to spend the time with ya. I guess I don't know if it's due to their work or patient load or I don't know but it's just like a revolving cycle. You go in there, you sit down, you tell 'em what's goin' on, they pump information into the computer, and the next thing you know they're givin' you a list go do your X-rays, go get your medicine, or whatever.

Conclusions and Clinical Implications

- Decreasing opioids in circulation does not decrease opioid overdose deaths
- The relationship is important
- Patients do not share the same perspectives as clinicians
- How a taper process occurs may have meaningful effects on outcomes

Conclusions and Clinical Implications

- When patients taper off opioids, normalize the pain experience
  - Pain may not get better but doesn't get worse
  - Pain continues to vary widely within individuals
  - Focus on functional improvements and quality of life, in spite of pain



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