

## DISCONTINUING OPIOID THERAPY

### Medically or psychiatrically unstable?

- Provide medical and psychiatric treatment to stabilize

### Evidence of illegal or unsafe behavior?

- Stop opioid therapy
- Apply legal mandates
- Document in medical record

### Behavior suggestive of addiction?

- Refer to substance use specialty for management

### Patient does not accept referral for further evaluation?

- Address safety and misuse
- Discontinue opioid use
- Offer detox if indicated

### Other psychiatric comorbidity

- Refer to mental health

### Severe uncontrollable adverse affects?

- Discontinue opioid therapy
- Taper medication

### Pain resolved, lack of efficacy, or patient desire to stop?

- Educate on withdrawal symptoms
- Taper medication

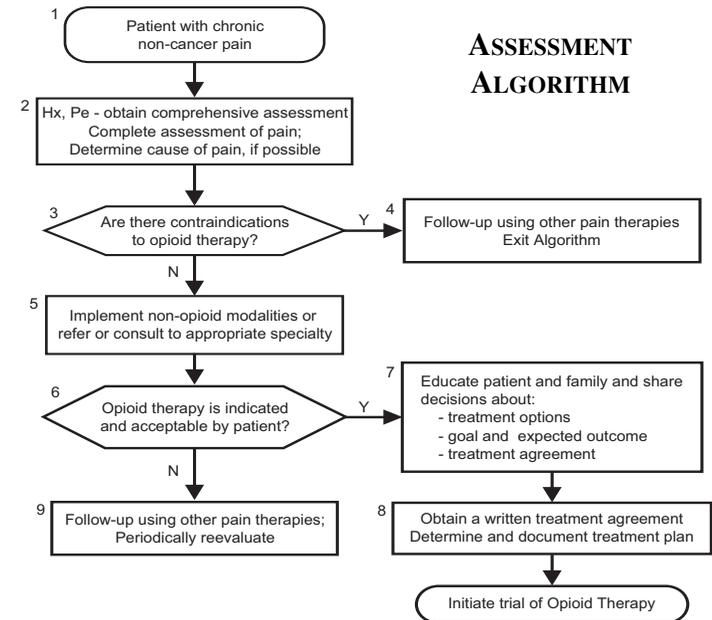
### For all conditions:

- Remain engaged
- Address alternative treatments for pain
- Follow up with support during tapering as indicated

## Discussion about Treatment Agreement

- Goals of therapy: partial relief and improvement in physical, psychological, and/or social functioning
- The requirement for a single provider or treatment team
- The limitation on dose and number of prescribed medications and the proscription against changing dosage without permission; discuss the use of “pill counts”
- A prohibition on use with alcohol, other sedating medications, or illegal medications without discussing with provider
- Agreement not to drive or operate heavy machinery until medication-related drowsiness is cleared
- Responsibility to keep medication safe and secure
- Prohibition of selling, lending, sharing, or giving any medication to others
- Limitation on refills: only by appointment, in person, and no extra refills for running out early
- Compliance with all components of overall treatment plan (including consultations and referrals)
- The role of urine drug screening and alcohol testing
- Acknowledgement of adverse effects and safety issues, such as the risk of dependence and addictive behaviors
- The option of sharing information with family members and other providers, as necessary
- Need for periodic reevaluation of treatment
- Consequences of nonadherence

## VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain Assessment & Treatment Pocket Guide



**Symptom Attributes**

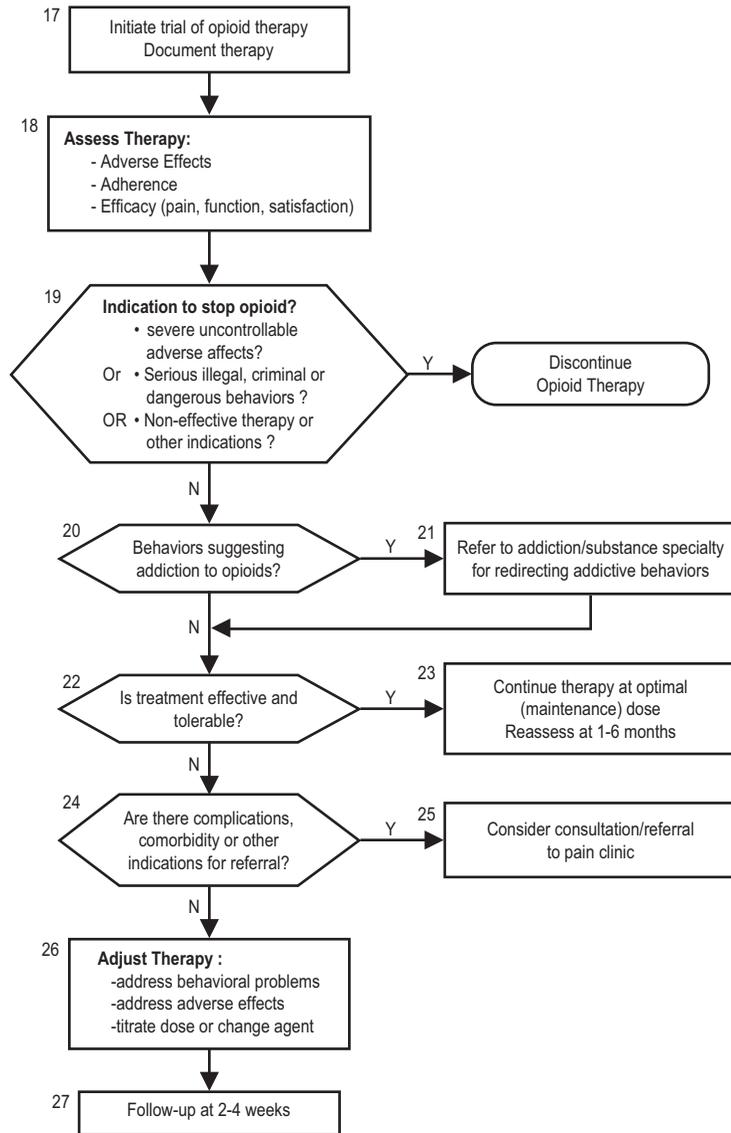
- Duration of symptom
- Onset and triggers
- Location
- Comorbidity
- Previous episodes
- Patient perception of symptoms
- Previous treatment and medications
- Intensity and impact

**Comprehensive Assessment: History**

History:

- Pain history and results of previous treatments
- Impact of pain on family, work, life
- Review of previous diagnostic studies
- Additional consultations and referrals
- Coexisting illnesses and treatments and effect on pain
- Significant psychological, social, or behavioral factors that may affect treatment
- Collateral or family involvement

### TREATMENT ALGORITHM



**Table 1: Use Of Opioids For Chronic Pain In Special Populations**

Medication	Swallowing Difficulty	GI Malabsorption	Elderly or Debilitated	Hepatic Dysfunction	Renal Dysfunction	Seizures	Decreased CYP-2D6 Activity
Codeine	✦ (OS)			✗			Less effective
Fentanyl TDS <sup>(a)</sup>	✦	✦					
Hydrocodone	✦ (OS)				◆ and ↓		? Less effective
Hydromorphone	✦ (OS, RS)	✦ (RS)					
Levorphanol			◆ and ↓				
Methadone <sup>(b)</sup>	✦ (OS)			◆ and ↓			
Morphine	✦ (OS, RS)	✦ (RS)			↓ or ✗		
Morphine CR/SR					↓ or ✗		
Oxycodone	✦ (OS)				◆ and ↓		? Less effective
Oxycodone CR					◆ and ↓		? Less effective
Propoxyphene			✗	✗	✗	◆	
Tramadol			◆ and ↓	◆ and ↓	◆ and ↓	✗	? Less effective

See Appendix G, Tables 1 and 2, and Methadone Dosing Recommendations for Treatment of Chronic Pain in the full Guideline for further details and references.  
 CR = Controlled release OS = Oral solution RS = Rectal suppository SR = Sustained release TDS = Transdermal system  
 ✦ = Recommendable ◆ = Use with caution ↓ = Reduce dose ✗ = Not recommended  
 ? Less effective = conversion to the active metabolite may be decreased. Impact on analgesic efficacy is unknown.

<sup>(a)</sup> Transdermal System, consider if oral intake or bowel absorption is impaired.  
<sup>(b)</sup> The only long-acting opioid available as an oral solution.

**Aberrant Behavior that Requires Attention**

- Aggressive complaining about needing more of the drug
- Drug hoarding during periods of reduced symptoms
- Requesting specific drugs
- Openly acquiring similar drugs from other medical sources
- Unsanctioned dose escalation or other noncompliance with therapy on one or two occasions
- Unapproved use of the drug to treat another symptom
- Reporting psychic effects not intended by the clinician
- Resistance to a change in therapy associated with “tolerable” adverse effects, with expressions of anxiety related to the return of severe symptoms
- Missing appointment(s)
- Not following other components of the treatment plan (physical therapy, exercise, etc.)

**Predictors of Opioid Misuse**

<p><b>Illegal or Criminal Behavior</b></p> <ul style="list-style-type: none"> <li>• Diversion (sale or provision of opioids to others)</li> <li>• Prescription forgery</li> <li>• Stealing or “borrowing” drugs from others</li> </ul> <p><b>Dangerous Behavior</b></p> <ul style="list-style-type: none"> <li>• Motor vehicle crash /arrest related to opioid or illicit drug or alcohol intoxication or effects</li> <li>• Intentional overdose or suicide attempt</li> <li>• Aggressive/threatening/belligerent behavior in the clinic</li> </ul>	<p><b>Behavior that Suggests Addiction</b></p> <ul style="list-style-type: none"> <li>• Use of prescription medications in an unapproved or inappropriate manner (such as cutting time-release preparations, injecting oral formulations, and applying fentanyl topical patches to oral or rectal mucosa)</li> <li>• Obtaining opioids outside of medical settings</li> <li>• Concurrent abuse of alcohol or illicit drugs</li> <li>• Repeated requests for dose increases or early refills, despite the presence of adequate analgesia</li> <li>• Multiple episodes of prescription “loss”</li> <li>• Repeatedly seeking prescriptions from other clinicians or from emergency rooms without informing prescriber, or after warnings to desist</li> <li>• Evidence of deterioration in the ability to function at work, in the family, or socially, which appears to be related to drug use</li> <li>• Repeated resistance to changes in therapy despite clear evidence of adverse physical or psychological effects from the drug</li> <li>• Positive urine drug screen—other substance use</li> </ul>
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