Primary care academic detailing service

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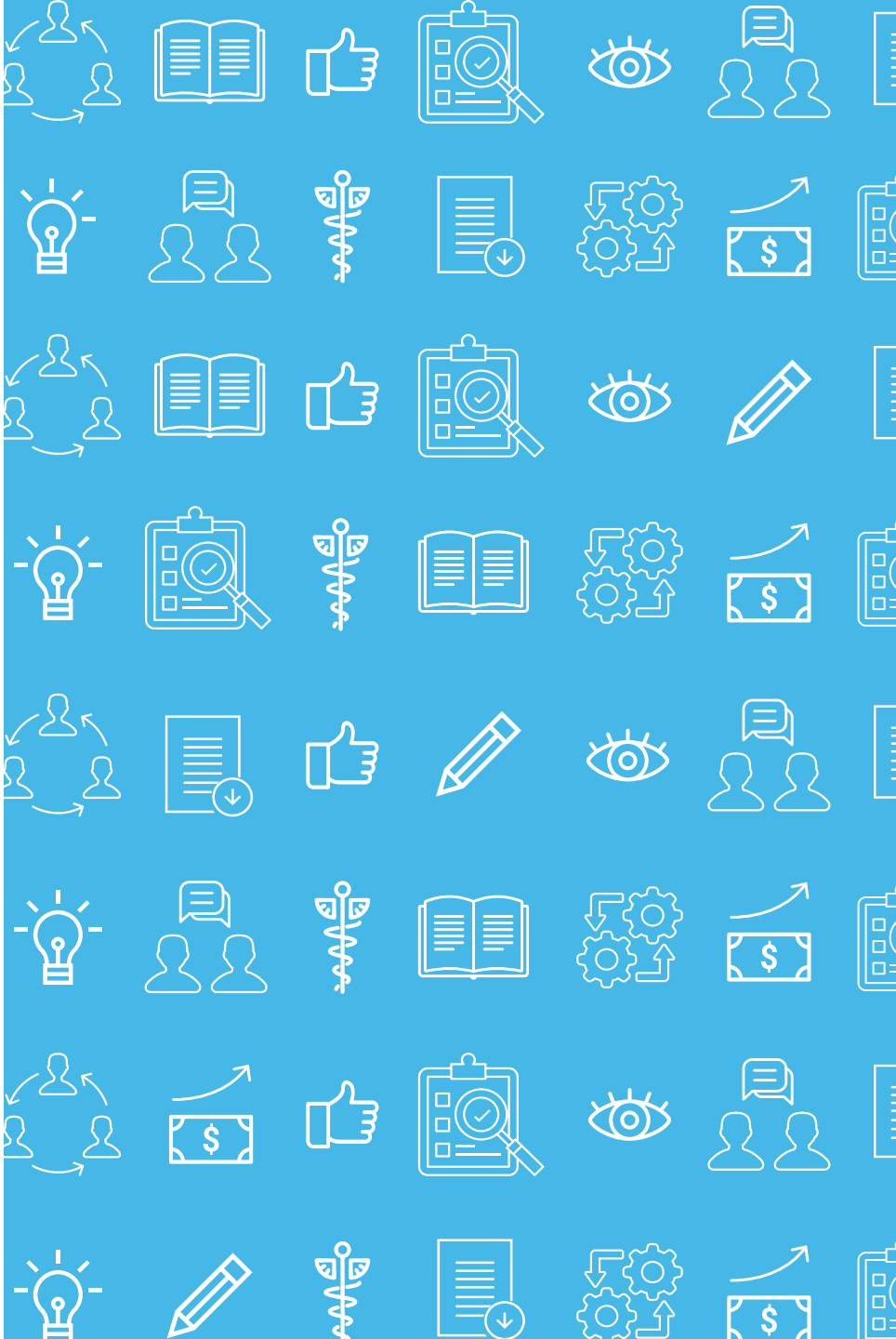
www.cep.health



Presenter disclosure

Name of presenter: Tupper Bean

Relationship with financial sponsors: NONE

- *Grants/research support: NONE*
- *Speakers bureau/honoraria: NONE*
- *Consulting fees: NONE*
- *Patents: NONE*
- *Other: Tupper Bean is the Executive Director of the Centre for Effective Practice*

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Disclosure if financial support

- *The primary care academic detailing service is funded by the Ministry of Health and Long-Term Care*
- *This service has received in-kind support from: N/A*
- *Potential for conflict(s) of interest: N/A*

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Mitigating potential bias

N/A

Academic detailing service

Health care providers...

working together to discuss...

objective, balanced, evidence-informed information on best practices...

based on the physician's expressed needs...

at a location and time that is convenient for the provider.

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Goals of academic detailing

Providers are satisfied with the service provided.

Service leads to increased provider knowledge and skills.

Service leads to healthcare system improvements.

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Visit topics

The service has been Mainpro+ certified by the College of Family Physicians of Canada and the Ontario Chapter

Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
Mar – Jul 2018	Aug – Dec 2018	Jan – Apr 2019	May – Sep 2019	Oct – Feb 2020

Visit 1-3

Supporting FPs care for their patients with CNCP:
currently on opioid therapy
considering opioid therapy
and problematic opioid use

VISIT 4+

To be informed by participant feedback and aligned with provincial/LHIN priorities

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Academic detailers

- Clinical pharmacists
- Strong foundational experience in:
  - Pharmacotherapy
  - Clinical evidence appraisal
- Free of commercial interest
- Extensive training in the clinical evidence / topic

Visit discussions

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Opioid Taperi

This tool is to support prima
with all adult patients curren
reducing opioid dosages in a

Section A: Important considerations for opioid tapering

- Clinicians should engage patients in shared decision-making, including consideration of the patient's values, goals, concerns and preferences prior to tapering.[1,2]
- When possible, an interdisciplinary team approach should be used during the tapering process to support complementary non-pharmacological and pharmacological management.[1,2]
- For patients st
patients' goals
Agreed-upon
- Consider the p

CAUTION:
- Pregnancy - spontaneous abortion and premature labour have been associated wit
- When you have concerns about tapers destabilizing mental illnesses, destabilizing c
disorders or medically unstable conditions (e.g. severe hypertension, unstable CAD

Naloxone

- Naloxone is a medication that can reverse the effects of an opioid overdose. It is recommended to keep naloxone on hand in case of an accidental overdose. This is particularly important for patients on doses of >50 morphine equivalent dose (MED)/day, those with a history of overdose or concurrent benzodiazepine use.
- Ontarians with a health card are eligible for a free take-home naloxone kit. You can receive these kits and training on their use from pharmacies, community organizations and provincial correctional facilities.

For more information on where, how and when to use these kits visit: https://www.ontario.ca/page/get-naloxone-kits-free#section-5

Reasons to consider opioid tapering, reduction or discontinuation

- ☐ Patient **requests dosage reduction**
- ☐ **Problematic opioid behaviour** (e.g. diversion, altering the route of delivery, accessing opioids from other sources)
- ☐ Clear evidence of **opioid use disorder (OUD)**

Tapering **alone** is not likely an effective treatment for OUD. It may require further assessment and possible consultation to identify the optimal therapeutic options.

- ☐ **Adverse effects:**
  - ☐ Experiences **overdose** or early warning signs for **overdose risk** (e.g. confusion, sedation, slurred speech)
  - ☐ Medical **complications** (e.g. sleep apnea, hyperalgesia and withdrawal mediated pain)
  - ☐ Adverse effects **impair functioning** below baseline level
  - ☐ Patient does not tolerate adverse effects
- ☐ Opioid dosages >90 MED[3]
- ☐ Opioid dosages **>50 MED without benefit** in improving pain and/or function
- ☐ Opioid is **combined with benzodiazepines**[4]
- ☐ Other:

If pain and function are not improving despite opioid therapy, one should consider the potential harms relative to the lack of benefits, reduce opioid use and focus on other approaches.

Opioid use disorder criteria[4]

- ☐ Opioids are often taken in larger amounts or over a longer period than was intended
- ☐ Persistent desire or unsuccessful efforts to cut down or control opioid use
- ☐ Spending a lot of time obtaining the opioid, using the opioid, or recovering from its effects
- ☐ Craving or a strong desire to use opioids
- ☐ Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home
- ☐ Continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use
- ☐ Stopping or reducing important social, occupational, or recreational activities due to opioid use
- ☐ Recurrent use of opioids in physically hazardous situations
- ☐ Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids

Tolerance* as defined by:
- ☐ Need for markedly increased amounts to achieve intoxication or desired effect
- ☐ Markedly diminished effect with continued use of the same amount

Withdrawal* manifesting as either:
- ☐ Characteristic opioid withdrawal syndrome (see Section C: Withdrawal symptoms & management)
- ☐ Same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

- Mild: **Presence of 2 to 3 criteria**
- Moderate: **Presence of 4 to 5 criteria**
- Severe: **Presence of 6 or more criteria**

*These criteria may be met by patients who are prescribed opioid medications for analgesia without in itself being indicative of opioid use disorder.

February 2018

thewellhealth.ca/opioidtaperingtoo

may take some time, and your pain may briefly get worse at first."

Address discrepancies between the patient's goals and their current pain management:

- "I want to make sure your pain management is as safe as possible and I want to get you back to your regular activities."

Talking Points

Provide information about why a taper might be needed:

- "Chronic pain is a complex disease and opioids alone cannot adequately address all of your pain-related needs."
- "I think it is time to consider the opioid dose you are on and its risk of harm. The risk of overdose and the risk of dying from overdose go up as the dose goes up."
- "Did you know that most of the evidence showing benefits from opioid use for chronic non-cancer pain supports relatively low doses (less than 100 MED)?"[1,2]

Example of slow taper

Current opioid: Morphine SR 120mg bid
Decrease Morphine SR by 15 mg

Weeks 1 & 2	Morphine SR 105mg qam and 120mg qhs
Weeks 3 & 4	Morphine SR 105mg bid
Weeks 5 & 6	Morphine SR 90mg qam and 105mg qhs
Weeks 7 & 8	Morphine SR 90mg bid
Weeks 9 &10	Morphine SR 75mg qam and 90mg qhs
Weeks 11 & 12	Morphine SR 75mg bid
Weeks 13 & 14	Morphine SR 60mg qam and 75mg qhs
Weeks 15 & 16	Morphine SR 60mg bid
Weeks 17 & 18	Morphine SR 45mg qam and 60mg qhs
Weeks 19 & 20	Morphine SR 45mg bid

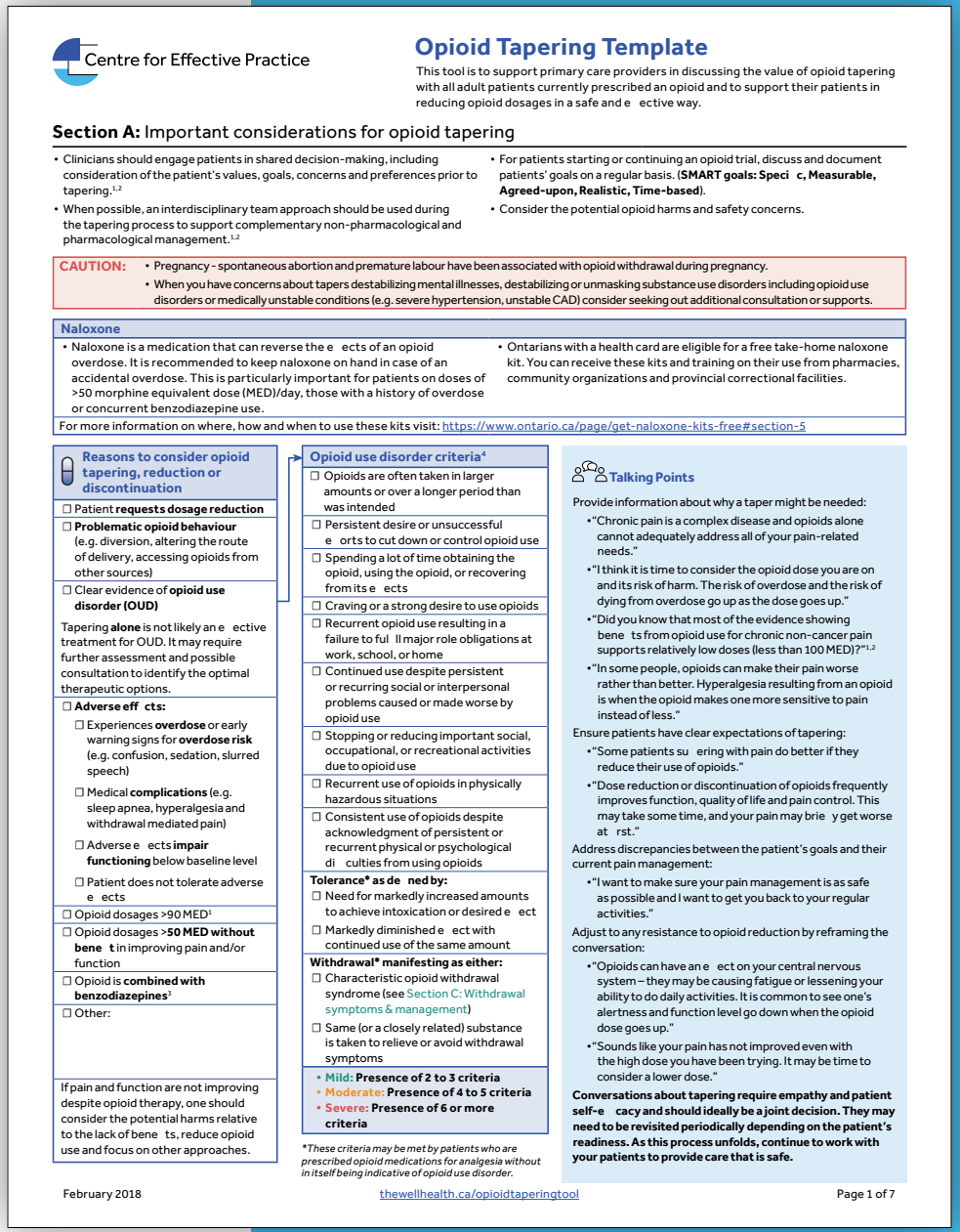
Continue until the lowest effective dose is found for the patient.

Non-opioid pharmacotherapy options:[2]

- ☐ General: acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs)
- ☐ Anticonvulsants: carbamazepine, gabapentin, pregabalin
- ☐ Antidepressants: amitriptyline, duloxetine, fluoxetine
- ☐ Topical: topical NSAIDs, topical rubifacients

Clinical tools and supports

- Opioid Tapering Template
- Management of Chronic Non-Cancer Pain (EMR & LHIN resource summaries)
- Opioid Manager
- Opioid Use Disorder Template



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Opioid Tapering Template

This tool is to support primary care providers in discussing the value of opioid tapering with all adult patients currently prescribed an opioid and to support their patients in reducing opioid dosages in a safe and e ective way.

Section A: Important considerations for opioid tapering

- Clinicians should engage patients in shared decision-making, including consideration of the patient's values, goals, concerns and preferences prior to tapering.[1,2]
- When possible, an interdisciplinary team approach should be used during the tapering process to support complementary non-pharmacological and pharmacological management.[1,2]
- For patients starting or continuing an opioid trial, discuss and document patients' goals on a regular basis. (**SMART goals: Speci c, Measurable, Agreed-upon, Realistic, Time-based**).
- Consider the potential opioid harms and safety concerns.

CAUTION:
- Pregnancy - spontaneous abortion and premature labour have been associated with opioid withdrawal during pregnancy.
- When you have concerns about tapers destabilizing mental illnesses, destabilizing or unmasking substance use disorders including opioid use disorders or medically unstable conditions (e.g. severe hypertension, unstable CAD) consider seeking out additional consultation or supports.

Naloxone

- Naloxone is a medication that can reverse the e ects of an opioid overdose. It is recommended to keep naloxone on hand in case of an accidental overdose. This is particularly important for patients on doses of >50 morphine equivalent dose (MED)/day, those with a history of overdose or concurrent benzodiazepine use.
- Ontarians with a health card are eligible for a free take-home naloxone kit. You can receive these kits and training on their use from pharmacies, community organizations and provincial correctional facilities.

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**These criteria may be met by patients who are prescribed opioid medications for analgesia without in itself being indicative of opioid use disorder.*

Talking Points

Provide information about why a taper might be needed:
- "Chronic pain is a complex disease and opioids alone cannot adequately address all of your pain-related needs."
- "I think it is time to consider the opioid dose you are on and its risk of harm. The risk of overdose and the risk of dying from overdose go up as the dose goes up."
- "Did you know that most of the evidence showing bene ts from opioid use for chronic non-cancer pain supports relatively low doses (less than 100 MED)?"[1,2]
- "In some people, opioids can make their pain worse rather than better. Hyperalgesia resulting from an opioid is when the opioid makes one more sensitive to pain instead of less."

Ensure patients have clear expectations of tapering:
- "Some patients su ering with pain do better if they reduce their use of opioids."
- "Dose reduction or discontinuation of opioids frequently improves function, quality of life and pain control. This may take some time, and your pain may brie y get worse at rst."

Address discrepancies between the patient's goals and their current pain management:
- "I want to make sure your pain management is as safe as possible and I want to get you back to your regular activities."

Adjust to any resistance to opioid reduction by reframing the conversation:
- "Opioids can have an e ect on your central nervous system – they may be causing fatigue or lessening your ability to do daily activities. It is common to see one's alertness and function level go down when the opioid dose goes up."
- "Sounds like your pain has not improved even with the high dose you have been trying. It may be time to consider a lower dose."

Conversations about tapering require empathy and patient self-e cacy and should ideally be a joint decision. They may need to be revisited periodically depending on the patient's readiness. As this process unfolds, continue to work with your patients to provide care that is safe.

Benefits for physicians

Balanced, evidence-informed information

Tailored to physicians' needs + availability

Confidential, one-on-one format

Mainpro+ accredited

Relationship-based

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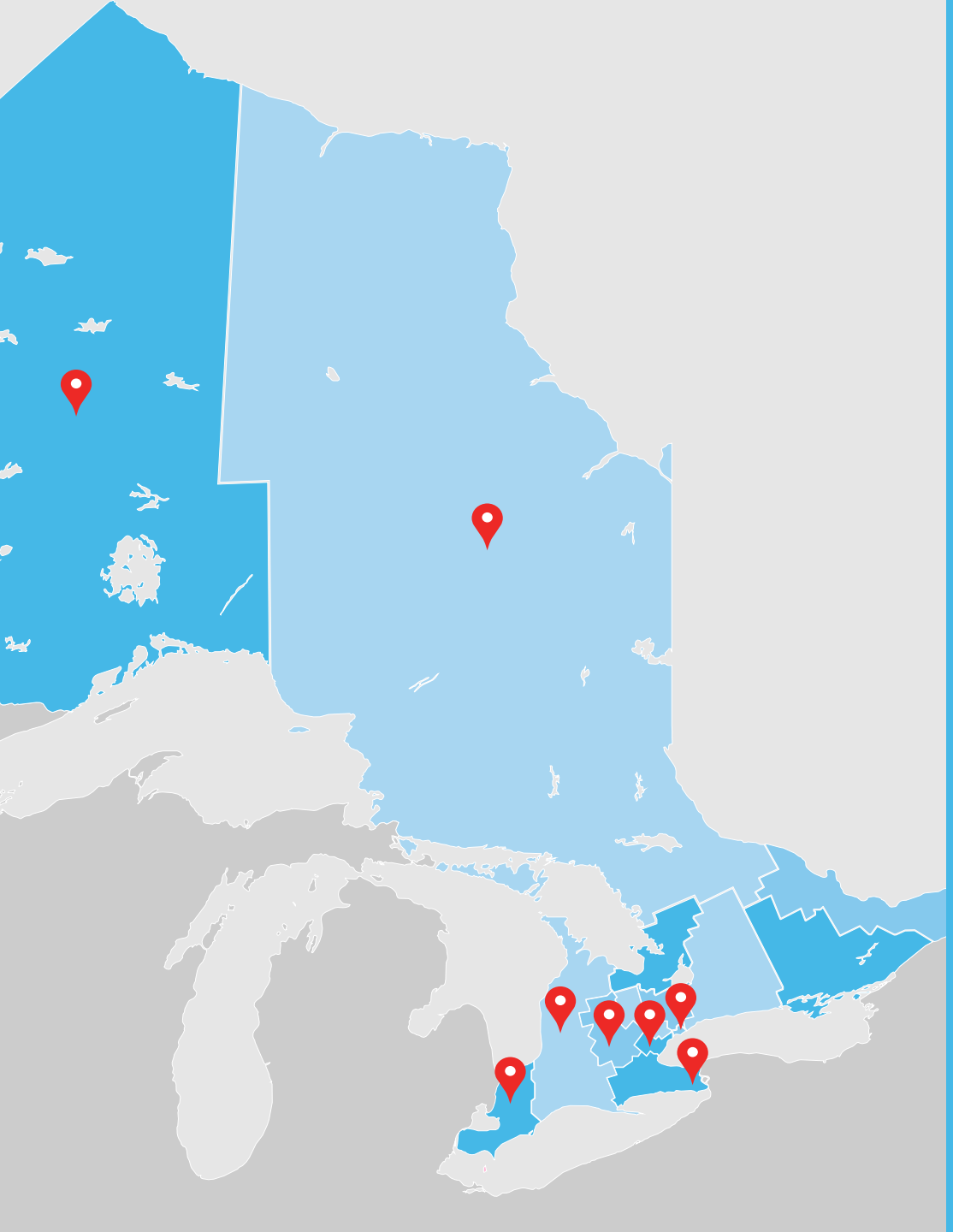

Academic detailing in Ontario

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