

Communication techniques for opioid analgesic tapering conversations

The Communication Techniques for Opioid Tapering Conversations Guide has been adapted using the 'FRAME' acronym for leading deprescribing conversations with permission by the authors of "Communication Techniques for Deprescribing Conversations"¹.

This conversation guide aims to provide guidance on structuring opioid tapering conversations and can be used in conjunction with existing clinical and policy guidance.

F	Fortify trust Prior to initiating conversations about opioid tapering, establish a trusting relationship with the patient and/or caregiver where goals, values and concerns are well understood. These goals may be developed in collaboration with the patient and/or caregiver. Poorly communicated deprescribing advice can lead to mistrust or feelings of abandonment. Trust may be fortified through providing reassurance regarding the prescriber's commitment to work with patients in maintaining effective pain management. The use of appropriate, inclusive and non-stigmatising language is important when talking to people living with chronic pain: https://www.painaustralia.org.au/static/uploads/files/chronic-pain-language-guidelines-wfbpxnviyfyf.pdf
R	Recognize patient willingness or barriers to tapering Incorporate open-ended questions such as: <ul style="list-style-type: none">• "How do you feel about the medications you are taking?"• "Are any of your medications a problem for you?"• "Why would you want to consider reducing your medications?"• "What do you feel are the upsides and downsides of continuing to take opioids"• "What aspects of using this opioid are you not so happy about?"• "What, if anything, would you like to change about how you take your medicines?" Motivational Interviewing is an evidence-based communication strategy involving a conversational, patient-centred history-taking approach which is utilised over multiple visits. ² It is meant to gauge a patient's willingness or ambivalence to make a clinically recommended behavioural change and then empowering a commitment toward that change. ²⁻⁴ Motivational interviewing has been shown to be useful in leading deprescribing or tapering conversations. ⁵ When used for deprescribing, it involves four key principles: <ol style="list-style-type: none">1) Empathetic listening to any expressed barriers2) Determination of the patient's stage of willingness to pursue tapering3) Using clinical discrepancy if resistance to tapering develops4) Empowering patient self-efficacy by noticing even small incremental changes Some other resources to support GPs in having tapering discussions with patients include: https://www.nps.org.au/assets/NPS_MedicineWise_Opioids_Conversation_Starter_FINAL.pdf https://www.nps.org.au/opioids-communication-videos Screening for opioid dependence tool, Monash Addiction Research Centre: https://www.monash.edu/_data/assets/pdf_file/0015/2333301/OWLS-HCP-V.20-2020.pdf https://www.monash.edu/medicine/ehcs/marc/research/completed/room The Revised Patients' Attitudes Towards Prescribing (rPATD) is a validated questionnaire which aims to gain a better understanding of patients' or families' beliefs and barriers to deprescribing. rPATD questions may serve as a useful tool to supplement and guide conversations about deprescribing.

	<p>The Revised Patients' Attitudes Towards Prescribing (rPATD) tool:⁶ https://link.springer.com/article/10.1007%2Fs40266-016-0410-1</p>
A	<p>Align tapering recommendations to goals of care</p> <p>Tapering recommendations will be better received if they align with the patient's medical goals and values. <i>"Thank you for telling me that you want to be able to drive more. I want to help you reduce your oxycodone as this medication can cause fatigue and you have mentioned that you have been feeling drowsy."</i></p> <p>Key resources: https://www.tga.gov.au/resource/clinician-information-sheet-opioid-analgesic-tapering https://www.nswtag.org.au/wp-content/uploads/2018/06/1.8-Deprescribing-Guide-for-Regular-Long-Term-Opioid-Analgesic-Use-in-Older-Adults.pdf</p>
M	<p>Manage cognitive dissonance</p> <p>Cognitive dissonance occurs when a person experiences mental discomfort from being faced with their own simultaneous contradictory beliefs, ideas, or values.</p> <p>Often patients or caregivers struggle with cognitive dissonance when deprescribing or tapering is recommended because they associate medications with helping them, rather than putting them at risk of harm. Unless cognitive dissonance is addressed, patients may not be open to tapering recommendations. Various techniques have been described for addressing cognitive dissonance during deprescribing or tapering conversations:</p> <p><u>Direct:</u> <i>"I know you are taking a lot of pain medications, but I don't think it's good for you to be on this many. I want to help you reduce the number of medications."</i></p> <p><u>Emotional:</u> <i>"I am concerned about your falls. Some of your pain medications may be clouding your mind and affecting your concentration and balance, so hurting not helping you."</i></p> <p><u>Reading for Next Time:</u> In its simplest form, "Reading for Next Time" states: <i>"Here is some information regarding [medication X] for you. Read this for our next visit and we can discuss it"</i>. A randomized study of 303 long-term users of benzodiazepines (BZDs) showed that the intervention group who received a "Reading for Next Time" deprescribing brochure, that described the risks of BZD use, was significantly more likely to discontinue BZDs than the control group.⁷</p> <p>Some useful consumer resources:</p> <p>Fact sheets from Pain Australia: https://www.painaustralia.org.au/health-professionals/resources/fact-sheet</p> <p>NPS MedicineWise has easy-to-read information about opioids and chronic pain: https://www.nps.org.au/consumers/opioid-medicines?utm_medium=referral&utm_source=s-holders&utm_campaign=opioids&utm_content=web</p> <p>Reachforthefacts.com is a South Australian prescription opioid community awareness campaign website with useful information: https://reachforthefacts.com.au/</p> <p>Pain Management Network: Online resource to develop skills and knowledge for self-management alongside information for healthcare providers: https://www.aci.health.nsw.gov.au/chronic-pain/chronic-pain</p>
E	<p>Empower patients and caregivers to continue the conversation</p>

Deprescribing or tapering conversations should NOT be limited to one point in the health care. Further or subsequent conversations are needed to empower self-efficacy and effectively decrease unnecessary pill burden. Clinicians can help prepare an individual for further conversations via motivational interviewing techniques towards the end of a visit. Sample phrasing include: “Where do you want to go from here?” “Would you like to think about the benefit that oxycodone is providing you and how your health may look if you were to reduce or discontinue? We can have a follow-up meeting to discuss your thoughts and preferences together.”

NPS has developed an action plan for use with patients:

<https://www.nps.org.au/assets/NPS-MedicineWise-Lowering-your-opioid-dose.pdf>

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