ASSESS HAZARDS OF OPIOID THERAPY

Long-term opioid therapy can cause harms ranging in severity from constipation and nausea to opioid use disorder and overdose death. Certain factors can increase these risks, and it is important to assess and follow-up regularly to reduce potential harms.

1. **ASSESS.** Evaluate for factors that could increase your patient’s risk for harm from opioid therapy such as:
   - Personal or family history of substance use disorder
   - Anxiety or depression
   - Pregnancy
   - Age 65 or older
   - COPD or other underlying respiratory conditions
   - Renal or hepatic insufficiency

2. **CHECK.** Consider urine drug testing for other prescription or illicit drugs and check your state’s prescription drug monitoring program (PDMP) for:
   - Possible drug interactions (such as benzodiazepines)
   - High opioid dosage (≥50 MED/day)
   - Obtaining opioids from multiple providers

3. **DISCUSS.** Ask your patient about concerns and determine any harms they may be experiencing such as:
   - Nausea or constipation
   - Feeling sedated or confused
   - Breathing interruptions during sleep
   - Taking or craving more opioids than prescribed or difficulty controlling use

4. **OBSERVE.** Look for early warning signs for overdose risk such as:
   - Confusion
   - Sedation
   - Slurred speech
   - Abnormal gait

If harms outweigh any experienced benefits, work with your patient to reduce dose, or taper and discontinue opioids and optimize nonopioid approaches to pain management.

How to approach an opioid taper/cessation

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RECOMMENDED LENGTH OF TAPER</th>
<th>DEGREE OF SHARED DECISION MAKING ABOUT OPIOID TAPER</th>
<th>INTERVENTION/SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use disorder</td>
<td>No taper, immediate referral</td>
<td>None- provider choice alone</td>
<td><strong>Intervention:</strong> Detoxification with medication assisted treatment (buprenorphine or methadone), Naloxone rescue kit</td>
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<tr>
<td>Diversion</td>
<td>No taper*</td>
<td>None- provider choice alone</td>
<td><strong>Setting:</strong> Inpatient or Outpatient Buprenorphine (OBOT)</td>
</tr>
<tr>
<td>At risk for immediate harms</td>
<td>Weeks to months</td>
<td>Moderate- provider led &amp; patient views sought</td>
<td><strong>Intervention:</strong> Supportive care, Naloxone rescue kit</td>
</tr>
<tr>
<td>Therapeutic failure</td>
<td>Months</td>
<td>Moderate- provider led &amp; patient views sought</td>
<td><strong>Setting:</strong> Outpatient taper</td>
</tr>
<tr>
<td>At risk for future harms</td>
<td>Months to years</td>
<td>Moderate- provider led &amp; patient views sought</td>
<td><strong>Option:</strong> Buprenorphine (OBOT)</td>
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</table>

*If diverting, then patient isn’t taking opioid, taper not needed*

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