

ASSESS HARMS 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.

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How to approach an opioid taper/cessation

ISSUE	RECOMMENDED LENGTH OF TAPER	DEGREE OF SHARED DECISION MAKING ABOUT OPIOID TAPER	INTERVENTION/SETTING
Substance use disorder	No taper, immediate referral	None- provider choice alone	Intervention: <i>Detoxification</i> with medication assisted treatment (buprenorphine or methadone), Naloxone rescue kit Setting: Inpatient or Outpatient Buprenorphine (OBOT)
Diversion	No taper*	None- provider choice alone	Determine need based on actual use of opioids, if any.
At risk for immediate harms	Weeks to months	Moderate- provider led & patient views sought	Intervention: Supportive care, Naloxone rescue kit Setting: Outpatient taper Option: Buprenorphine (OBOT)
Therapeutic failure	Months	Moderate- provider led & patient views sought	Intervention: Supportive care, Naloxone rescue kit Setting: Outpatient taper Option: Buprenorphine (OBOT)
At risk for future harms	Months to years	Moderate- provider led & patient views sought	Intervention: Supportive care, Naloxone rescue kit Setting: Outpatient taper Option: Buprenorphine (OBOT)

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

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