Oregon Opioid Tapering Guidelines Task Force:
Resources from Task Force Members

TAPERING RESOURCES

1. Drug Alcohol Dependence. (2010) Risks for Opioid Abuse and Dependence Among Recipients of Chronic Opioid Therapy: results from the TROUP Study. (submitted by Paul Coehlo) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2967631/pdf/nihms-214364.pdf
2. The Journal of Pain. (2017) "I'm Not Gonna Pull the Rug out From Under You": Patient-Provider Communication About Opioid Tapering. (submitted by Laura Heesacker) https://www.jpain.org/article/S1526-5900(17)30631-4/fulltext
3. Pain Medicine Journal. (2016) Patients' Perspectives on Tapering of Chronic Opioid Therapy: A Qualitative Study. (submitted by Laura Heesacker) https://academic.oup.com/painmedicine/article/17/10/1838/2270351?searchresult=1
4. Substance Abuse. (2017) A chronic opioid therapy reduction policy in primary care. (submitted by Paul Coehlo) https://www.tandfonline.com/doi/full/10.1080/08897077.2015.1129526?scroll=top&needAccess=true
5. JAMA Intern Medicine. (2018) Patient-Centered Prescription Opioid Tapering in Community Outpatients with Chronic Pain. (submitted by) https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2672574
6. Pain Med. (2016) Patients' Perspectives on Tapering of Chronic Opioid Therapy: A Qualitative Study. (submitted by Paul Coehlo) https://academic.oup.com/painmedicine/article/17/10/1838/2270351
7. Journal Pain. (2017) Prescription Opioid Taper Support for Outpatients with Chronic Pain: A Randomized Controlled Trial. (submitted by Paul Coehlo) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5337146/
8. Eur J Pain. (2018) Tapering off long-term opioid therapy in chronic non-cancer pain patients: A randomized clinical trial. (submitted by Paul Coehlo) https://www.ncbi.nlm.nih.gov/pubmed/29754428
9. Medicaid Evidence-based Decisions Project. (2018) MED report: Tapering or Discontinuing Opioid Use Among Patients With Chronic Noncancer Pain: Update Report. https://www.oregon.gov/oha/HPA/DSI/QHOCMeetingDocuments/Opioid-Tapering-Update-Report-2019.pdf (submitted by OHA)

PROVIDER TOOLS

10. PEG-3: Pain Screening Tool (submitted by Laura Heesacker - below)
11. VA/DoD. Stratified Tool for Opioid Mitigation: STORM. (submitted by Meenakshi Dogra – attached)
12. VA/DoD. Pain Scale. (awaiting from Meenakshi Dogra)

GENERAL RESOURCES

13. Difficult Conversations video from OPG. (submitted by Laura Heesacker) https://www.oregonpainguidance.org/resources/difficult-conversations/

14. Opioid Safety and Risks (submitted by Jonathan Robbins - attached)
15. Summary of beliefs and perspective. (submitted by Laura Heesacker - below)

Summary beliefs and perspectives on opioid tapering from people on chronic opioid prescriptions

1. Don't believe they are at risk of overdose
2. Don't believe in non-opioid Rx options
3. Highly fearful of their pain and the pain of withdrawal
4. Need to understand individualized reasons for tapering
5. Need to have some input in the tapering agenda (e.g. rate, etc.)
6. Need to believe they won't be abandoned throughout the tapering process
7. Have a strong belief in a trusted healthcare provider, family and friends

PEG-3: PAIN SCREENING TOOL

What number best describes your pain on average in the past week?

No Pain										Pain as bad as you can imagine
0	1	2	3	4	5	6	7	8	9	10

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

Does not interfere										Unable to carry on any activities
0	1	2	3	4	5	6	7	8	9	10

What number best describes how, during the past week, pain has interfered with your general activity?

Does not interfere										Completely interferes
0	1	2	3	4	5	6	7	8	9	10

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

Final Score

The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun.

Reference: Krebs, E.E., Lorenz, K.A., Blair, M.J., et al. (2009). Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. Journal of General Internal Medicine, 24: 733-738.

The PEG-3 and other tools are available online at www.oregonpainguidance.org/clinical-tools.

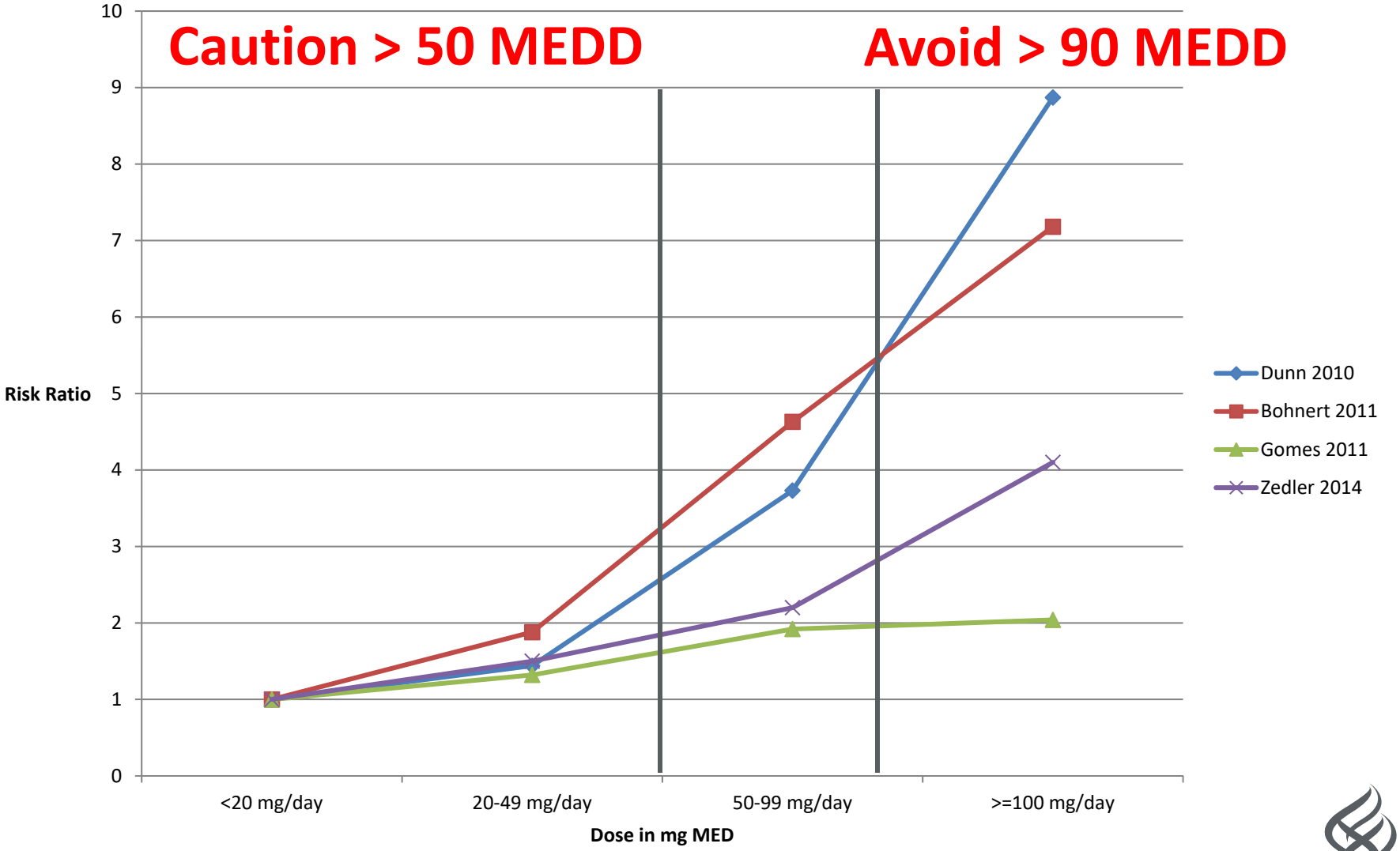
Opioid Safety and Risks

- **Allergies** are rare; **side effects** are common
  - Nausea, sedation, constipation, urinary retention, sweating
  - Respiratory depression – sleep apnea
- **Organ toxicities** are rare
  - Suppression of hypothalamic-pituitary-gonadal axis
- **Worsening pain** *(hyperalgesia in some patients)*
- **Addiction (Opioid use disorder)**
- **Overdose**
  - when combined w/ other sedatives
  - at high doses
- **Diversion**

Dunn KM et al. Ann Intern Med 2010
Li X et al. Brain Res Mol Brain Res 2001
Doverty M et al. Pain 2001
Angst MS, Clark JD. Anesthesiology 2006

OHSU

Dose-related Risk of Overdose



Courtesy Gary Franklin, Roger Chou

OHSU

VA STORM risk tool: Provided by Dr. Dogra

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Stratified Tool for Opioid Risk Mitigation(STORM) Review Note

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PATIENT'S CURRENT RISK LEVEL AND CURRENT HIGH RISK FLAGS

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STORM Model Risk Estimates

Risk of suicide-related event or overdose in the next year:

36.3% (Very High - Active Opioid Rx)

Risk of suicide-related event, overdose, fall or accident in the next 3 years:

96.6% (Very High - Active Opioid Rx)

RIOSORD Risk Class: 8

RIOSORD Score: 55

REACH VET

Currently Identified in REACH VET:

No

In REACH VET in the past 30 months:

No

High Risk Flags

High Risk For Suicide: No

Behavioral: No

Missing Patient: No

FACTORS CONTRIBUTING TO PATIENT'S RISK

Diagnosis

VA STORM risk tool: Provided by Dr. Dogra

Adverse Event:

- Related to falls
- Related to sedatives
- Related to sedatives

Medical:

- Cardiac Arrhythmia
- Chronic Pain
- Chronic Pulmonary Dis
- Diabetes
- Fluid Electrolyte Disorders
- Hypertension
- Neurological disorders - Other
- Sleep Apnea

Mental Health:

- Bipolar
- Bipolar I
- Dementia
- PTSD
- Serious Mental Illness

Substance Use Disorder:

- Opioid Overdose or Adverse Events

VA STORM risk tool: Provided by Dr. Dogra
Medications

Opioid:

- MORPHINE

Pain Medications (Sedating):

- GABAPENTIN

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METHODS TO REDUCE PATIENT'S RISK

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Risk Mitigation Strategies:

[X] MEDD <= 90** 45

[ ] Naloxone Kit 11/14/2016

[X] #Error 4/13/2017

[X] Timely Follow-up (90 Days) 4/4/2019

[X] Timely UDS (1 Year) 12/14/2018

[ ] Psychosocial Assessment

[X] Psychosocial Tx 3/11/2019

[X] PDMP 8/7/2018

[X] Data-based Opioid Risk Review 2/21/2019

[ ] Suicide Safety Plan

Non-pharmacological Pain Treatments:

[ ] Active Therapies

[ ] CIH Therapies

[ ] Chiropractic Care

[X] Occupational Therapy 12/18/18

[X] Pain Clinic 2/21/19

[X] Physical Therapy 12/20/18

[ ] Specialty Therapy

VA STORM risk tool: Provided by Dr. Dogra

[ ] Other Therapy

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APPOINTMENTS

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Last VA Contact

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(648) Portland, OR (CACHE 5.0)

- Primary Care Appointment PRIMARY CARE/MEDICINE

- Any Clinical Appointment MENTAL HEALTH CLINIC - IND

- MH Appointment MENTAL HEALTH CLINIC - IND

Future Appointments

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(648) Portland, OR (CACHE 5.0)

- Any Clinical Appointment MENTAL HEALTH CLINIC - IND

- MH Appointment MENTAL HEALTH CLINIC - IND

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ASSIGNED PROVIDERS

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This risk assessment is based on available information in the corporate data warehouse which may lag from CPRS (usually 1-2 days) and only includes information previously documented in the medical record.

This risk assessment should be used as one element to inform an overall clinical treatment plan. Further assessment, reassessment, and treatment planning should be completed as clinically indicated by this Veteran's established care teams. The calculated risk score is determined by both static and dynamic factors. Treatment planning should focus on providing the best whole person clinical care while aiming to reduce the risk of adverse events and should not aim at reducing the calculated risk score.

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Stratified Tool for Opioid Risk Mitigation (STORM) Review Note

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