Starting conversations with patients about opioid tapering can be challenging. Try these approaches:

- **Use the term ‘pain medicines’ rather than ‘pain killers’**. In chronic non-cancer pain there is no such thing as a ‘pain killer’, and this term may give patients the impression that they will be pain-free.

- **Ask ‘how’ and ‘what’ questions, instead of asking ‘why’** (eg, ‘How do you feel about using this medicine?’, ‘What aspects of using this opioid are you not so happy about?’) Starting with ‘why’ invites the patient to rationalise their current actions and give excuses, rather than more factual accounts that can provide a basis for possible intervention.

- **Use language that builds relationships and reduces stigma**. For example: refer to the pain, not their/your pain, say ‘a person with chronic or persisting pain’ instead of ‘a pain sufferer’. Terms that judge (eg, ‘good’, ‘bad’) could make patients feel they shouldn’t use opioids even when they are appropriately prescribed.

- **Find out how much patients understand about the risks of long-term opioid use and tailor messages about tapering to suit each patient’s circumstances**. Patients may not believe the risk of opioid misuse applies to them personally, and risk of overdose has not been found to be a primary motivator for opioid tapering.

- **Avoid scaremongering when discussing the risks of opioids**. Present facts that do not vilify opioids, and deliver an appropriate message about the risk for each patient which could lead to a conversation about tapering.

- **Discuss non-medicine approaches** to help when tapering and ensure patient feels supported.

References


What do you know about the long-term use of opioids?

Opioids work well to relieve short-term pain. However, the longer you use an opioid, the less well it works and sometimes it can even make the pain worse. Your body and mind get used to the medicine, and over time you may feel like you need more medicine for the same amount of pain relief. This can actually be an indication that they are not working well for you any more.

What do you feel are the upsides and downsides to continuing to take opioids?

Increasing knowledge about the risks of long-term opioid use can encourage patients to reconsider how much they depend on medicine for pain relief.

How do you see yourself in a few weeks/months time if you were able to reduce/stop the medicine?

We can think about other strategies to help you manage the pain, so that we can reduce the amount of medicine you have to take. How do you feel about that?

Empower patients to imagine change by exploring how they would like things to be different.

We can think about other strategies to help you manage the pain, so that we can reduce the amount of medicine you have to take. How do you feel about that?

What worries you about reducing your opioid dose?

Allow patients to raise concerns they have about tapering. They may have had past experiences with reduced or missed doses and conversations can be rooted in their experience.

How do you feel as we talk about reducing your medicine?

Reassure patients that their medicine will not be taken away immediately, and that prescribers will not abandon them throughout the tapering process.

Let’s focus on your goals. What do you want to be able to do day-to-day that you can’t do right now?

Inquire directly about patients’ expectations of pain relief and functionality. Having a common understanding is important to establish realistic treatment goals and set criteria for success.