

Appendix 1: Guidance to help practitioners structure the opioid tapering or discontinuing consultation with patients

1. Invite the patient to discuss their current experience of pain:

- Adopt a biopsychosocial approach: explore the relationship between how pain affects the patient's life and how life affects the patient's pain, including:
 - Day-to-day activities, work and sleep
 - Physical and psychological wellbeing
 - Stressful life events, including emotional and physical trauma.
 - Social interaction and relationships
- Examples of useful phrases here may be:
 - "pain is not something you can see on a scan, there are lots of things which influence it"
 - "there is evidence to suggest that experiences you have throughout your life (including your early life) determine how your nervous system responds to pain or threat, which can make some individuals more likely to experience painful sensation in their bodies"
- Examples of useful questions here, may be:
 - "when was the last time that you didn't have pain?"
 - "tell me what has happened since then?"
- Take a positive approach:
 - What matters to this patient (what does living well look like)?
 - What are their strengths (skills they have already to manage pain; what helps when their pain is difficult to control)?
- Establish whether the opioid is working
 - Explore some of the things which have helped in the past, have any pain medicines helped?
- Prescribed analgesia
 - Investigate use of and attitudes toward non-opioids
 - Investigate use of and attitudes towards opioids plus any associated side effects
 - Investigate potential for opioid abuse (e.g. opioid risk tool)
- Any non-pharmacological interventions
 - Investigate adherence to recommended activities
 - Attitudes towards trying additional/different non-pharmacological intervention

2. Explain the benefits of reducing or stopping opioids:

- Invite patient to describe their understanding, thoughts and concerns regarding stopping
- Recognise, acknowledge and validate thoughts and concerns
- Address any inaccuracies using non-judgemental, supportive language
- E.g., "We can think of pain as a smoke alarm, alerting to danger, but sometimes it is triggered by making toast, rather than a fire. Every time you trigger the alarm, the alarm gets more sensitive. We need to try to reset it"
- E.g., "there is evidence to show that taking opioid-based medications for some time can increase the level of pain you experience - so the alarm is not only more sensitive but also louder when it goes off"

- E.g., “would you be interested in hearing what has helped other patients we have worked with?”

3. Agree outcomes of opioid tapering

- Incorporate outcomes to which patient assigns a high positive value (things that are important to the patient in terms of improved function)
- Explicitly discuss that:
 - Symptoms will likely fluctuate over time and flare-ups may occur
 - It is possible that the cause of the flare-up may not be identifiable
 - Pain may not improve or may get worse and need ongoing management
 - There is an increased risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced
 - Quality of life **can** improve even if the pain remains unchanged
- "One thing that a lot of other people find helpful is moving more, is there any activity that you used to enjoy?"
- Physiotherapy will recommend movement, but most patients should be able to move more themselves, and finding activity that they enjoy is more likely to continue.

4. Arrange for monitoring and support

- Ensure that the patient feels that they are not ‘in this alone’, if it doesn’t work as hoped they can come back to you and re-evaluate/refine the plan
- Develop a care and support plan, exploring with the patient their preferences, strengths, priorities, interests and abilities (think: which primary care team members can contribute to this?). This should include:
 - Priorities, abilities and goals
 - What they are doing already that helps
 - Preferred approach to treatment
 - Additional support needed for young people aged 16–25 years to continue with education and training.

5. Document an agreed tapering schedule

- Guidance regarding content to document is provided on the [Opioids Aware](#) website.
- The Oxford University Hospitals website includes [templates](#) for opioid reduction which may be useful.

Use Ardens opioid monitoring template to aid the structured medication review and opioid tapering consultation.

The [Ardens Opioid Monitoring template](#) can be accessed from the analgesia formulary. It can also be found in Auto consultations > Ardens Drug Monitoring J to Z. At the top you can record that opioid monitoring has been completed. The template will assist with managing individual patients, with quick access to:

1. Patient agreement for opioid based medication
2. Opioid conversion table
3. Opioid risk tool

Ardens template:

The screenshot shows the 'Opioid Initiation & Monitoring' template in the Ardens system. The interface includes a header with the title and logo, a navigation bar with tabs for 'Initiation & Monitoring', 'Trial', 'Opiate Risk Tool', 'View', and 'Resources'. A warning message at the top states: 'Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button'. The main content area is divided into several sections: 'Assessment' with a list of criteria and checkboxes, 'Status' with a list of actions and checkboxes, and 'Plan' with a list of tasks and checkboxes. A right-hand sidebar contains various tool icons and links, including 'Drug Review', 'Alternative Options', 'Analgesia Formulary', 'Chronic Pain', 'Opiate Side-Effect...', 'ACB Scale', 'Gabapentinoid Mon...', 'Benzodiazepine + Z-Drug', 'To assist decision with titration/tapering', 'Abbey Pain Assessment...', 'DN4 Questionnaire', 'Symptom Diary', and 'PADT'. At the bottom, there are buttons for 'Information', 'Print', 'Suspend', 'OK', 'Cancel', and 'Show Incomplete Fields'. Two checkboxes on the right side are labeled 'Show recordings from other templates' (checked) and 'Show empty recordings' (unchecked).