OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN

Key Messages

- Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain such as lower back pain, fibromyalgia, headache, migraine, abdominal and pelvic pain.
- **Safety concerns** - long term opioid use can lead to fractures, falls, endocrine abnormalities, immunomodulation, opioid induced hyperalgesia and dependence.
- The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit. Ref: Faculty of Pain Medicine Key Messages.
- If a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued, **even if no other treatment is available**.
- By tapering the opioid dose and stopping, patients will be more able to function in the world, and feel less ill. They may still have pain but are likely to feel better in themselves.
- Opioid analgesia used long term can destroy lives - watch Faye's Story .
- Opioids started in hospital should not routinely be continued in primary care. Review patient and assess pain before prescribing more opioids post discharge.
- Before starting an opioid trial, manage patient expectations and explain risks. See Checklist for Prescribers on Opioids Aware website.

Opioids should be tapered or stopped for non-cancer pain, particularly if...

- The opioid(s) is/are not providing useful pain relief or ability to do more.
- The patient develops intolerable side effects.
- The patient is on a dose of more than 120mg/day oral morphine equivalent.
- There is strong evidence that the patient is misusing, abusing or diverting their medicines to others.
- The patient is taking, or is started on, medicines that potentiate the effect of opioids e.g. pregabalin, benzodiazepines, antidepressants., antipsychotics. See BNF for full list.
- The patient has been on opioids for more than 3 months.
- The underlying painful condition resolves.
- The patient receives a definitive pain-relieving intervention (e.g. joint replacement).

See over for step-by-step guide to opioid deprescribing

Responsibility for prescribing opioids

- Whilst tapering opioids, the patient should ideally receive prescriptions from a single prescriber and the medicine dispensed from a specified pharmacist. Consider using the home screen of the medical record to highlight which prescriber is managing the opioid deprescribing.
- If the patient needs a prescription from someone other than the usual prescriber, documentation should be clear and accurate to support consistency of safe care.
- Do not issue prescriptions before they are due, this will help to prevent patients increasing their doses on their own or diverting their medicine to others.
- Do not issue more than 28 days' supply at one time. Consider prescribing for shorter periods - weekly or two-weekly.

Useful resources:

- Faculty of pain medicine Opioids Aware resources - www.fpm.ac.uk/opioids-aware
- Live Well with pain - www.livewellwithpain.co.uk
- DVLA drugs and driving: the law - www.gov.uk/drug-driving-law
- Contact local pain service for advice and support if needed.

OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN

Discussion with the patient

- Explanation of the limited role that opioids have in long term pain and the potential benefits of opioid reduction (avoidance of long-term harms and improvement in ability to engage in self management strategies).
- Agree if outcome is stopping or tapering to a specified dose.
- Explanation that withdrawal symptoms (see box 2) or a change in pain may occur following each reduction but these symptoms tend to settle within a few days.
- Stress that opioids should not be stopped suddenly and that the reduction will take time (months not weeks).
- Discuss other ways to manage pain and develop self-management strategies. See NHS Live Well - 10 Ways to Reduce Pain or Live Well with Pain - Ten Footsteps.
- Calculate total oral morphine equivalence of all current opioids by any route (link to calculator). Check with the patient what they are actually taking, don't assume the prescribed dose is being taken.

Is the patient engaged and willing to taper?

No → Box 1

Yes ↓

Agree reduction schedule with patient. Aim to taper the dose by 10% of the original dose two weekly or monthly.

- If taking more than one opioid, reduce one at a time starting with the most potent.
- If taking modified release (MR) / patches as well as immediate release (IR), taper MR / patch first and switch IR liquid to tablets to more easily monitor the amount used.
- Limit number of doses of IR per day and counsel patient not to increase dose of IR to compensate.
- Ensure that scripts are not issued early.
- Agree the reduction schedule with the patient, particularly if they are anxious. You may agree to start with a small dose decrease (e.g. 5% or even less) or monthly rather than two weekly if it helps to gain confidence.
- When considering frequency of reductions, consider your capacity for follow up and review.
- Patients may experience withdrawal symptoms for several days after reduction so weekly reductions may be too quick.
- The reduction becomes a larger proportion of the dose as the dose reduces. This is why patients may run into difficulty as they reach lower doses. Consider smaller dose reductions as the dose becomes lower.

Review

- Check for withdrawal symptoms (box 2) between dose reductions (this can be done over the phone if necessary).
- Offer encouragement and remind of reasons for tapering.
- Offer advice on managing withdrawal symptoms (box 3).
- Anxiety and low mood can exacerbate withdrawal symptoms. See NHS Live Well - 10 Ways to Reduce Pain for tips on managing pain, sleep and low mood.
- If patient wants to give up follow advice in box 1.
- Contact local pain service for advice and support if needed.

Box 1 - What if the patient is not keen?

Ref: Opioids Aware - Tapering and Stopping

- Be empathic and focus discussion on medicines.
- Allow patient time to reflect on information and arrange a further appointment to initiate taper if necessary. If, after reflection, patient is still not keen then review again in 3 to 6 months.
- Take a full medicines history and ask how well the medicines are working and reflect that the patient is describing severe pain despite medicines.
- Share that the experience of many patients is that taking medicines results in no real benefit for pain.
- Explain that we now have better ways of working out how helpful medicines really are, and we know that a lot of things that we thought were helpful in the past have proved to be disappointing and...
- ...take responsibility for contributing to where we are now!
- Pain medicines can cause significant harm.
- Explain the DVLA rules for driving under the influence of prescription medicines.
- It matters a lot that the patient has confidence that all their medicines are working well
- Usually stopping medicines makes no difference to pain but can make people feel better (fewer side effects / better quality of life). Consider filling in a Prescribed Opioids Difficulties Scale to allow the patient to see the problems opioids are causing.
- If a tapering trial doesn't work we can think again
- Brainman videos may be helpful and are used by the local pain service.
- Suggest that the patient watches Louise's story on the Live Well with Pain website.

Box 2 - Withdrawal symptoms

- Sweating, yawning, tremor, abdominal cramps, restlessness, irritability, anxiety & runny nose/eyes.
- Bone or joint aches, which may be confused with perceived worsening of the original pain.
- The clinical opiate withdrawal scale (COWS) can be used to quantify the severity of withdrawal symptoms and monitor changes over time.

Box 3 - Managing Withdrawal symptoms

- Patients experience withdrawals differently and may experience none, some or all of the above symptoms.
- Withdrawal symptoms can be very unpleasant but are generally not life threatening, reassure the patient that these symptoms will resolve with time.
- Tapering may be paused to allow time to overcome symptoms before the next dose reduction, tapering should not be reversed except in exceptional circumstances
- Do not be tempted to treat withdrawal symptoms with more opioids or benzodiazepines.

OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN

OTHER RESOURCES:

APC local guidelines and the De-prescribing and STOMP	Resources including clinical information and handy leaflets for patients and clinicians. https://www.nottsapc.nhs.uk/guidelinesformularies/ https://www.nottsapc.nhs.uk/de-prescribingstomp/
Faculty of Pain Medicine - PILs	Patient information leaflets on medications and interventions commonly used to treat persistent pain. https://fpm.ac.uk/patients/patient-info
Pain Toolkit	https://www.paintoolkit.org/
Mind website	Explains sleep and mental health, gives practical suggestions and information about where to get support. https://www.mind.org.uk/
Understanding Pain in less than five minutes - Video	https://www.youtube.com/watch?v=5KrUL8tOaQs&t=3s
Medicines Safety Improvement Programme. NHSEI workspace/resource centre on Future NHS Platform – Registration required.	https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FMedicinesSafetyImprovement
NICE guidance *Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (April 2022).*	https://www.nice.org.uk/guidance/ng215/resources/medicines-associated-with-dependence-or-withdrawal-symptoms-safe-prescribing-and-withdrawal-management-for-adults-pdf-66143776880581
NICE Shared decision making	https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

This document was updated in consultation with:

- Primary Care Network Pharmacists (Lucy Handley, Richard Sheldrake, Sarah Partridge).
- Non-medical Prescriber from Community Pain Clinic for PICS (Paula Banbury).

Version Control- OPIOID DEPRESCRIBING FOR PERSISTENT NON-CANCER PAIN				**Next review date**
Version	Author(s)	Date	Changes	
1.1	Michalina Ogejo Medicine's Optimisation and Interface Pharmacist	April 2023	Updated links on pages 1 and 2. Added 'other resources' table on page 3. Added version control table on page 3.	April 2026