PROGRAM PC-A – Bup Taper for Pain

Primary Care Setting

Overview

* Opioids are not recommended for chronic non-cancer pain.
* They do not control pain well long-term and have harmful side effects which can increase with age.
* The goal of tapering opioids is to manage patient’s withdrawal symptoms, avoid precipitating use of illicit substances, & appropriately treat chronic pain.

High Risk Use

* Opioid use of > 50-100mg morphine equivalent per day
* Comorbidities that **depress respiratory drive** or at higher risk of hypoventilation/ hypo-oxygenation, such as obstructive sleep apnea, morbid obesity, asthma, CHF, COPD, chronic cardiac disease
* Comorbidities that **alter opioid clearance** such as significant renal or hepatic disease
* **Use of any drugs** of abuse including THC or alcohol use
* Concurrent high risk medications such as **benzodiazepines**, other **sedatives**
* Patient or patient’s household for **unintentional overdose/ingestion**:
	+ children or elderly present
	+ those with intellectual disability, extremely low health literacy
	+ past history of overdose
* **Previous Intentional overdose** - history of depression, suicide, can consider antidepressant use as marker for depression
* **History of Diversion** – eg patient or household members suspected/known with substance use disorder or history of diversion. 40% of overdose deaths result from diverted medications.
* **Inconsistent CURES Report**:
	+ multiple pharmacy, prescribers, clinic settings, or prescribing institutions
	+ obtaining more than 2 short acting opioids in a month, on more than 1 different short acting opioids or more than 1 long acting narcotics
	+ dispensing pattern that does not make medical sense

Buprenorphine is used in three different ways

1. Safe and tolerated rapid opioid “detoxification” - management of opioid withdrawal.
2. Substitution of other opioids, as a long acting opioid of choice, for very slow tapers off opioids, for patients who are at risk of opioid overdose.
3. Maintenance therapy (similar to methadone) for opioid use disorders with and without concurrent chronic pain.

# For All Patients Tapering Opioid Medications

* Obtain a complete history of pain location, type, etiology, prior treatment strategies including procedures related to pain.
* Reassure the patient that you will work with them to develop a plan to manage their pain safely.
* Discuss and document your shared, realistic functional goals for chronic pain management at each visit. The goal is not to eliminate pain, but improve functioning and quality of life.
* Optimize non-opioid treatments of pain including lifestyle redesign, exercise, NSAIDs, acetaminophen, topical therapy.
* Provide counseling and symptom management for withdrawal.
* Patient should try to reduce current opioid dosage to lowest possible to achieve good pain control before attempting to transition onto Suboxone.
* Once pain is stable on lowest effective opioid dosage, then transition to Suboxone. Transition is based solely on patient reported pain relief, please consider incomplete cross tolerance, noting that a lower dosage of Suboxone may be required to provide adequate pain relief previously achieved through higher opioid dosage.
* Review “Controlled Substance Agreement” to ensure patient understands they cannot “doctor shop” or refill opioids in UCC/ED.
* Add “opiate current use” to diagnosis problem list, clearly document in EMR titration goals and timeline

Buprenorphine substitution for pain medication with taper

* Can be used for rapid opioid “detoxification”
* Has wider safety margin than other long acting opioids for complex slow tapers
* Used for patients at high risk of opioid overdose
* Used for patients with concurrent chronic pain and opioid use disorder
* No set guidelines on Suboxone to opioid equivalents. Initial Suboxone starting dosage suggestion of 2mg BID to TID
* Gradual tapering of Suboxone with reduction of 2 mg every 1-2 weeks. (Strain, Saxon, and Hermann, 2016)

Reference

Strain, E., Saxon, A.; & Herman, R. (2016, Aug 22). *Pharmacotherapy for opioid use disorder*. Retrieved from https://www.uptodate.com/contents/pharmacotherapy-for-opioid-use-disorder?source=machineLearning&search=suboxone%20taper&selectedTitle=2~150&sectionRank=2&anchor=H19508929#H3652003272.