



# Discussion guide

Discussing opioid therapy with your patients can be difficult — opioid therapy is an emotionally-laden topic for both patients and health care providers. These conversations will be uncomfortable at times. They need repetition and they may take time. You may get discouraged, however having these conversations is the right thing to do to improve your patients' safety and, over time, their quality of life. You can treat your patients and support them to do better by helping them understand pain management and opioid therapy.

## Key understandings about long-term opioid therapy

Most people with moderate to severe chronic pain do not use opioids to manage their pain. Moreover, most people when exposed to opioids stop taking them of their own accord, even when their pain remains persistent. Only a small subset of people with moderate to severe chronic pain rely on opioids for long-term use once exposed to them. It is not the degree of pain that predicts who will use opioids long term. The two variables most predictive are:

1. High dose and duration of initial use
2. Psychosocial variables, such as depression, fear avoidance, anxiety, and past or present histories of either trauma or substance use disorders.

With increasing rates of addiction and death from opioids, consensus is building across the health care system that the benefits of treating these psychosocial dimensions of chronic pain with opioids no longer outweighs the risk for most patients.

## Key messages to share with patients

- **“The medical community’s understanding of pain — especially chronic pain — has changed.** We understand that acute pain and chronic pain are different, and that chronic pain is often very complex. What maintains your chronic pain isn’t typically the same as what initially caused your pain when you first became injured or ill. It is important that we manage all kinds of pain, but we need to manage them differently.”
- **“There is now evidence that long-term opioid therapy is no more effective than other types of pain management options, yet it has significant risk of harm.** It is my responsibility as a health care professional to provide you with the most effective care that I can, while keeping you safe.”
- **“I am concerned about your safety if we continue to rely on opioids to manage your pain.** I know that your pain is real, and it is difficult. However, the longer you take opioid pain medications, the greater your risk for addiction or accidental death.”

# Pain duration

## Chronic pain

- 1. It is important to be your patient's partner in this journey.** Validating pain is an important first step. Listen and reflect what you have heard the patient say about his or her pain experience.
  - “Your pain is real.”
  - “I understand your concern. Long-term pain is really complex and can cause a lot of suffering.”
  - “It can be difficult and often overwhelming to deal with pain on a daily basis.”
- 2. Educate about pain management and opioid therapy.** Ask the patient what they understand or have heard in the news about opioids.
  - “The pain you experience after an injury acts as a warning signal. Nerves at the site of an injury send messages to the brain. If the brain interprets these messages as threatening, it sounds the warning signal in the form of an alarming sensation that we call ‘pain.’ Immediately, the brain sends inflammation to the site of the injury, which goes to work trying to heal the injury. In the process, inflammation makes the nerves at the site of injury very sensitive, which is why injuries can be painful to the touch or mild pressure. As the injury heals, the brain no longer interprets the messages from the nerves as threatening, so the brain stops sounding the alarm and cuts off the flow of inflammation. As a result, the sensitivity of the nerves at the injury site go back to normal, and you no longer have pain. This is how normal pain works, by alerting us to something that threatens our well-being, such as an injury.”
  - “Chronic pain is more complex. The communication between the nerves at the original site of injury and the brain continue to sound the alarm of pain, even past the point of healing. The flow of inflammation also continues, making the nerves sensitive to normal stimuli, such as touch, mild pressure and simple movements like sitting, standing or walking. As a result, chronic pain is no longer a reliable warning signal of harm. Chronic pain is similar to a malfunctioning fire alarm that sounds the alarm whether there is a fire or not.”
  - “Opioids do not treat the cause of your pain. With each dose, they temporarily dull the brain’s receptor sites that receive messages from your nerves, but they do so at the cost of making those receptor sites more sensitive to messages from the nerves. Over time, this may make your pain worse because your brain’s receptors become increasingly sensitive to the messages that the nerves send them. More opioids over time do not make pain better.”
  - “I will work with you to come up with long-term strategies to reduce the reactivity of your nerves for good and not just simply keep dulling them on a temporary basis. The treatment goal isn’t to be pain free, but to have less pain and to do more in life, recognizing that it is safe to engage in normal activities of life even if you have some pain when doing them.”
  - “I will share more about the serious side effects and risks associated with long-term opioid use: coronary heart disease, sleep apnea, constipation, low testosterone, increased falls, slower breathing and death.”
  - “Your prescriber will also work with you to find the best solution to manage your chronic pain. Our goal is find an effective, long-term solution to manage your pain.”

**3. Motivate the patient to make a change.** Use motivational interviewing skills to help elicit behavior change. Reassure the patient and express confidence that he or she will be successful.

- “The longer you take opioids, the less effective they become. You might have noticed this fact. A while ago, you got by on two pills, but then you needed three pills to get the same effect and now you need even more. This happens to almost everyone when taking opioids on a regular basis. It is called ‘tolerance’ because your body becomes tolerant to the medication. Over time you will likely need to take higher and higher doses, just to maintain the same level of pain relief. At some point, you will reach very dangerous doses, and the medication will no longer work. Let’s prevent that from happening now and help you learn how to manage your pain without opioids.”
- “What if you need opioids in the future, say, when you are older and you fall and break your hip? Or what if you develop cancer down the road? What will you use then, if you continue to become tolerant today? I’m looking out for your long-term interests and don’t want you to be up a creek without a paddle. We need to help you learn how to manage this pain without the use of opioids now, so that these medications will still work for you in the future.”
- “What do you wish you could do that you are unable to do now?” Example: If you want to be more active with your granddaughter, can you try to walk with her twice a week?
- “What are your hopes for trying some different treatment approaches?”
- “This is not easy, but we know from other patients that their lives improve when they use less opioids or stop using opioids completely.”
- “You will be ok. You will likely not be pain-free, but your pain will be more manageable than what you experience today.”
- “We are going to do this together. We will continue to work together to make your medication use safer and your function better.”
- “I am confident that you can make these changes.”

**4. Activate the treatment plan.**

- **“Moving forward, you and [insert prescriber name] will develop a plan that focuses on helping you do more of what you want to do.** Your pain is complex, and it may take time to figure out which treatments work for you, but I am going to ask you to have an open mind. The therapies that are most effective are healthy lifestyle changes that you will have to incorporate into your life on a long-term basis.”
- **“We are going to do this together.** We will continue to work together with [insert prescriber name] to make your medication use safer and your function better.”
- **“I am confident that you can make these changes.”**

## Post-acute pain

- “Pain is a normal part of the healing process after an injury or surgery. We cannot eliminate all pain, but we can help you manage the most severe parts.”
- “In many cases, using opioids to manage severe pain during the healing process is appropriate and the standard of care.  
I will prescribe you an amount that will be enough to get you through the first few days of most severe pain, and then will transition you to non-opioid pain relievers.”
- “It is important that you discard any leftover pills that you have in a safe way. Medication disposal resources are available on the Minnesota Pollution Control agency website.”

## Acute pain

- “I understand you continue to have pain and want me to refill your prescription pain medicine.”
- “As we’ve learned more about opioids, we now know that dependency and other risks of long-term use begin much earlier than we previously thought. There may also be things going on in your life other than your injury that affect the pain. We need to know this in order to support your healing and manage your pain from this injury or surgery.”
- “Our new policy requires us to ask about factors that may contribute to your pain after the healing process has begun. This policy applies to all of our patients, and we are doing this to make sure we provide the most effective treatment.”
- “We are in this with you.”



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