

# Protecting Patients with Chronic Pain:

## Ensuring Health & Safety in Opioid Prescribing and Deprescribing

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# Long-Term Use of Daily Prescription Opioids

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- **3.4 % of US adults**
  - **11 million individuals**

## Patients taking long-term prescription opioids require careful considerations

- Reducing opioid doses creates **new risks**
- Right methods **minimize iatrogenic risks**

**Apply patient-centered principles**



Credit: Celia Krampien

# What we are getting wrong

- One-size-fits-all approaches
- Lack of flexible policies that support clinicians and patients
- Risky “forced tapering” practices
- Failure to collect data on the patient experience



## Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation

Elizabeth M Oliva,<sup>1,2</sup> Thomas Bowe<sup>1,2</sup> Ajay Manhapra,<sup>3,4,5,6</sup> Stefan Kertesz,<sup>7,8</sup> Jennifer M Hah,<sup>9</sup> Patricia Henderson,<sup>1</sup> Amy Robinson,<sup>10</sup> Meenah Paik,<sup>1</sup> Friedhelm Sandbrink<sup>11,12,13</sup> Adam J Gordon,<sup>14,15,16</sup> Jodie A Trafton<sup>1,2,17</sup>

JAMA  
Network | **Open**

Original Investigation | Substance Use and Addiction

## Association Between Opioid Dose Variability and Opioid Overdose Among Adults Prescribed Long-term Opioid Therapy

Jason M. Glanz, PhD; Ingrid A. Binswanger, MD; Susan M. Shetterly, MS; Komal J. Narwaney, PhD; Stan Xu, PhD

JAMA | **Original Investigation**

## Association of Dose Tapering With Overdose or Mental Health Crisis Among Patients Prescribed Long-term Opioids

Alicia Agnoli, MD, MPH, MHS; Guibo Xing, PhD; Daniel J. Tancredi, PhD; Elizabeth Magnan, MD, PhD; Anthony Jerant, MD; Joshua J. Fenton, MD, MPH



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General Hospital Psychiatry

journal homepage: [www.elsevier.com/locate/genhospsych](http://www.elsevier.com/locate/genhospsych)

Suicidal ideation and suicidal self-directed violence following clinician-initiated prescription opioid discontinuation among long-term opioid users

Michael I. Demidenko<sup>a</sup>, Steven K. Dobscha<sup>a,b</sup>, Benjamin J. Morasco<sup>a,b</sup>, Thomas H.A. Meath<sup>a,c</sup>, Mark A. Ilgen<sup>d,e</sup>, Travis I. Lovejoy<sup>a,b,f,\*</sup>

## Mortality After Discontinuation of Primary Care–Based Chronic Opioid Therapy for Pain: a Retrospective Cohort Study

Jocelyn R. James, MD<sup>1</sup>, JoAnna M. Scott, PhD<sup>2</sup>, Jared W. Klein, MD, MPH<sup>1</sup>, Sara Jackson, MD, MPH<sup>1</sup>, Christy McKinney, PhD, MPH<sup>3</sup>, Matthew Novack, MS<sup>3</sup>, Lisa Chew, MD, MPH<sup>1</sup>, and Joseph O. Merrill, MD, MPH<sup>1</sup>

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## Opioid Taper Is Associated with Subsequent Termination of Care: a Retrospective Cohort Study

Hector R. Perez, MD, MS<sup>1</sup>, Michele Buonora, MD, MS<sup>1</sup>, Chinazo O. Cunningham, MD, MS<sup>1</sup>, Moonseong Heo, PhD<sup>2</sup>, and Joanna L. Starrels, MD, MS<sup>1</sup>

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**Research Letter**

ONLINE FIRST 

February 19, 2018

# Patient-Centered Prescription Opioid Tapering in Community Outpatients With Chronic Pain

Beth D. Darnall, PhD<sup>1</sup>; Maisa S. Ziadni, PhD<sup>1</sup>; Richard L. Stieg, MD, MPH<sup>2</sup>; [et al](#)

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The risks associated with prescription opioids are well described.<sup>1,2</sup> Although reducing opioid use is a national priority, existing opioid tapering models use costly interdisciplinary teams that are largely inaccessible to patients and their physicians.<sup>3,4</sup> Patients and physicians need solutions to successfully reduce long-term prescription opioid dosages in settings without behavioral services. We conducted a study of voluntary, patient-centered opioid tapering in outpatients with chronic pain without behavioral treatment.

Treat the person, not the pill

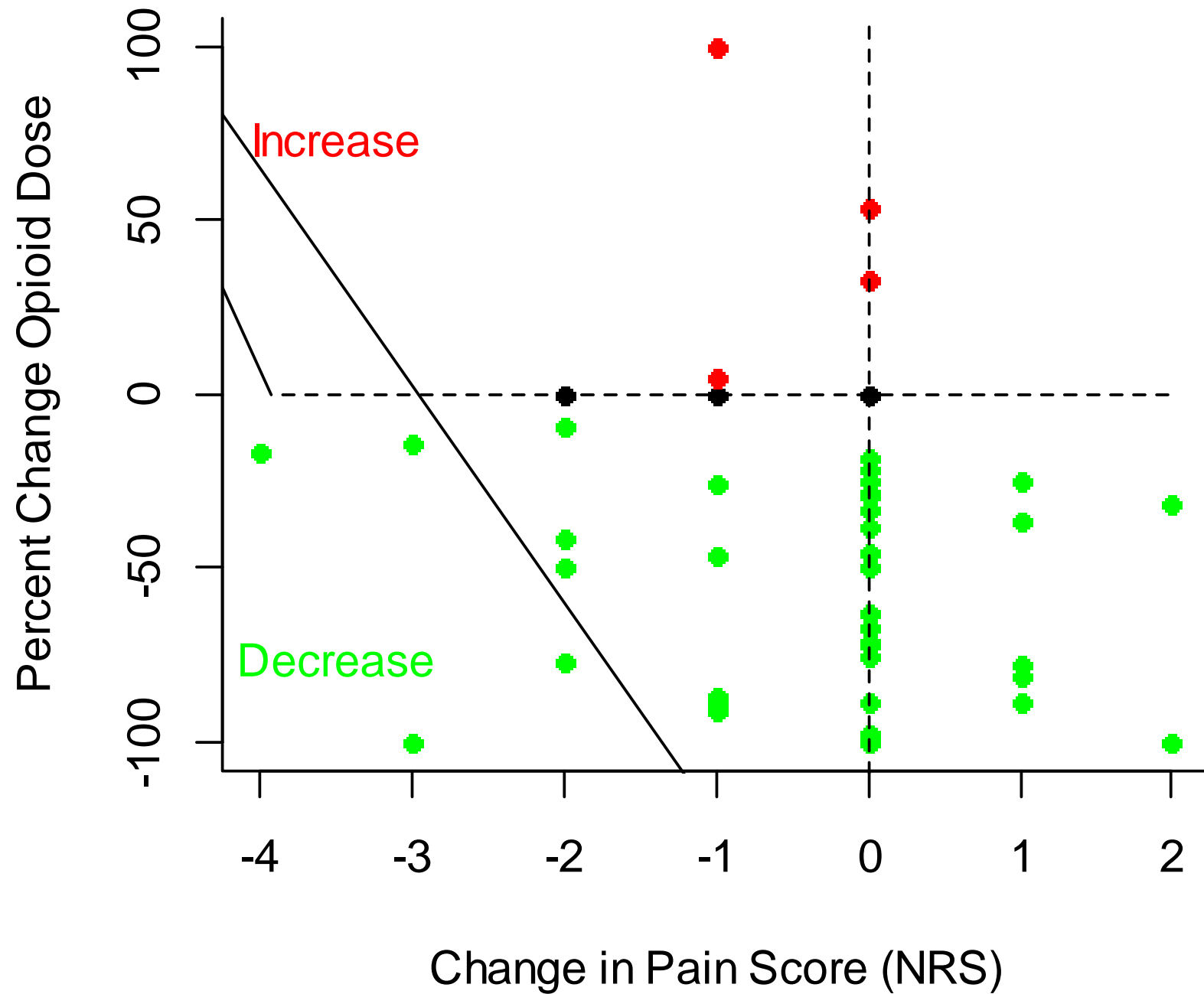
# We Optimized Patient Choice and Control in Their Taper

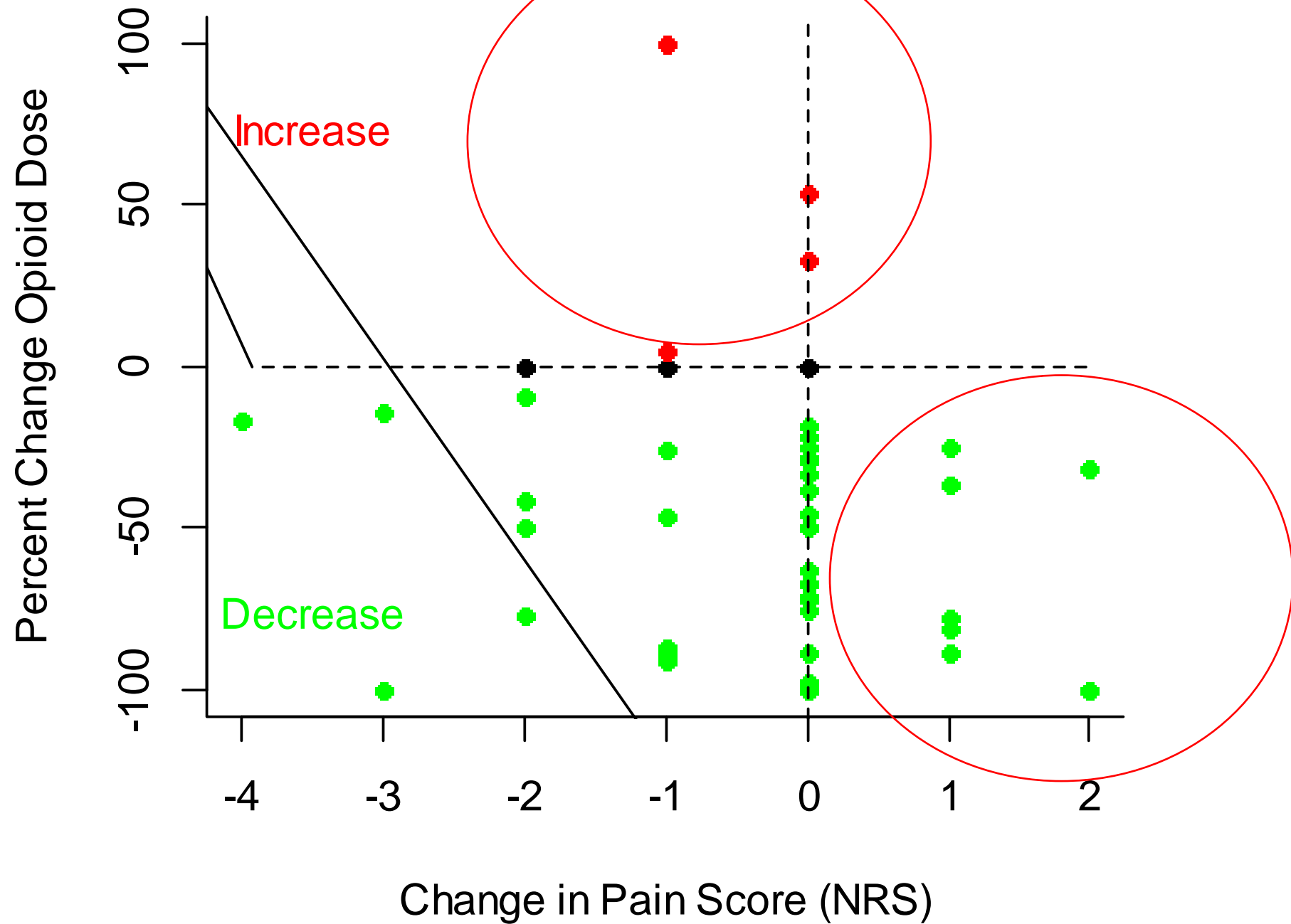
- **VOLUNTARY**
- Patients could control the pace of their taper
- Patients could pause their taper
- Patients were free to drop out of the study at any time
- The taper was NOT to a pre-defined opioid dose unless patient chose it
- Patients partnered with their doctor to achieve their *lowest comfortable dose* over 4 months
- The taper was NOT unidirectional



	Baseline	16 weeks	
Variable	Median (IQR)		P-val
Opioid Dose (MEDD)	288 (153, 587)	150 (54, 248)	0.002
Pain Intensity (NRS)	5.0 (3.0, 7.0)	4.5 (3.0, 7.0)	0.29
PCS (catastrophizing)	22 (10, 30)	15 (7, 23)	0.04
Fatigue	61 (54, 65)	59 (51, 65)	0.64
Anxiety	60 (53, 64)	54 (46, 62)	0.06
Depression	56 (49, 64)	55 (48, 61)	0.31
Sleep Disturbance	59 (54, 70)	56 (50, 64)	0.13
Pain Interference	63 (58, 67)	63 (57, 67)	0.44
Pain Behavior	60 (57, 63)	59 (56, 64)	0.47
Physical Function	39 (34, 41)	39 (34, 43)	0.78

Kruskal-Wallis rank sum test





# HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics

October 2019

Avoid insisting on opioid tapering or discontinuation when opioid use may be warranted (e.g., treatment of cancer pain, pain at the end of life, or other circumstances in which benefits outweigh risks of opioid therapy). *The CDC Guideline for Prescribing Opioids for Chronic Pain does not recommend opioid discontinuation when benefits of opioids outweigh risks.*<sup>2,4,13</sup>

# Comparative Effectiveness Trial Within the Context of Voluntary Opioid Reduction

**Darnall BD (PI)**

**<https://empower.stanford.edu/>**

**~1400 patients**

**5 states: CA, UT, AZ, CO, PA**



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**Funded by the Patient-Centered Outcomes Research Institute®**







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**We must create a caring and safe system that makes patients want to join and remain in EMPOWER**

# Close Monitoring of Patient Response to Opioid Reduction

**WEEKLY surveys** for withdrawal symptoms, mood, comments

**MONTHLY surveys** for mood, suicidality, opioid dose, satisfaction, comments

- Alerts are sent to prescribers in real time
- Patients receive tailored messages



We track patients over 12 months

- In 2019 HHS called for patient centered voluntary tapering practices as a priority
- HHS also called for patient support during tapering
- Close patient monitoring (home-based e-reports) needed to assure safety

## **We offer MN all of our established systems at no cost:**

1. EMPOWER study methods
2. Patient e-reporting system to assure their comfort & safety
3. Single-session, 2-hour, online pain management skills class to support those who wish to reduce prescription opioids.



# Colleagues and Collaborators

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