



WORDS THAT WORK FOR OPIOID CONVERSATIONS

INTRODUCE CHANGE

"From what you have been telling me, these medications aren't as effective as you would like. Let's think about trying something different."



INTRODUCE RISK

"We used to think the dose didn't matter if we went up slowly, but now we know higher doses lead to higher risks of serious injuries and accidental death. And, higher doses don't seem to reduce pain over the long-run."



REDUCE STIGMA

- "It's my job to consider potential benefits and harms and prescribe treatments only when they are safe and the benefits are greater than the potential harms. I can't prescribe drugs that may cause someone to die or develop an addiction."
- "Our clinic suggests monitoring opioid safety using standard approaches for all patients"



EMPHASIZE AND SUPPORT



"I promise to be honest with you if I have any concerns about how you are using your medications. In turn, I ask you to let me know right away if you develop any cravings or other concerns about how the drugs are affecting you. It is common to experience these problems, they aren't your fault, so let me know right away."

INTRODUCE NON-PHARMACOLOGICAL APPROACHES

Use the car with four flat tires, an analogy conceptualized by The American Chronic Pain Association

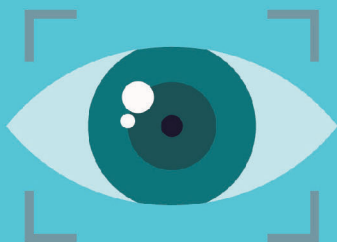
"Treating chronic pain is more than one simple treatment. Having chronic pain is like a car with four flat tires. Medication only puts air in one of the tires. Medication may only offer 25-30% relief. You need to fill the other three tires. Biofeedback, CBT, acupuncture, massage, sleep, supports groups, and nutritional support are a few ways to fill the tires. Of those options, did one stand out to you?"



WORDS THAT WORK

Responding to Problems: +UDS, Concerning PDMP Results, Concern for Substance Use or Diversion

Emphasize and Support



"This pattern can sometimes be a sign that a person is at risk for opioid addiction, which is a serious disease that needs treatment."

Avoid Cornering the Patient



"Patients who expect drugs to control their pain are usually disappointed. With or without chronic pain, my patients who are doing better use multiple approaches. Let's talk about what might help you become more active and do more things that you enjoy."

Maintain the Relationship



"I want to work with you to find a better pain management plan."

Provide Information



"For most people, the benefits wear off as the body gets used to the medications. Then they're stuck on a medicine that isn't doing much for them. They often assume they'd be worse off without it, but it turns out that's not true."

Ask about Patient Concerns



"Have you ever thought about trying to cut back?"

Suggest a Change



"You're telling me that your pain is really terrible, and I hear you. It seems to me that what we're doing just isn't working. I know they helped you at first, but I think the effect of the medications has worn off. We should make some changes."

Be Honest and Reassuring



"We can push the pause button any time you need to."
"I don't want to make any sudden changes—just one baby step at a time. Then we'll talk about the results together."

Respond to Setbacks



"Usually these flare-ups only last a few days. Is there anything that would help to take your mind off it in the meantime?"

Introduce Non-Pharmacological Approaches

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