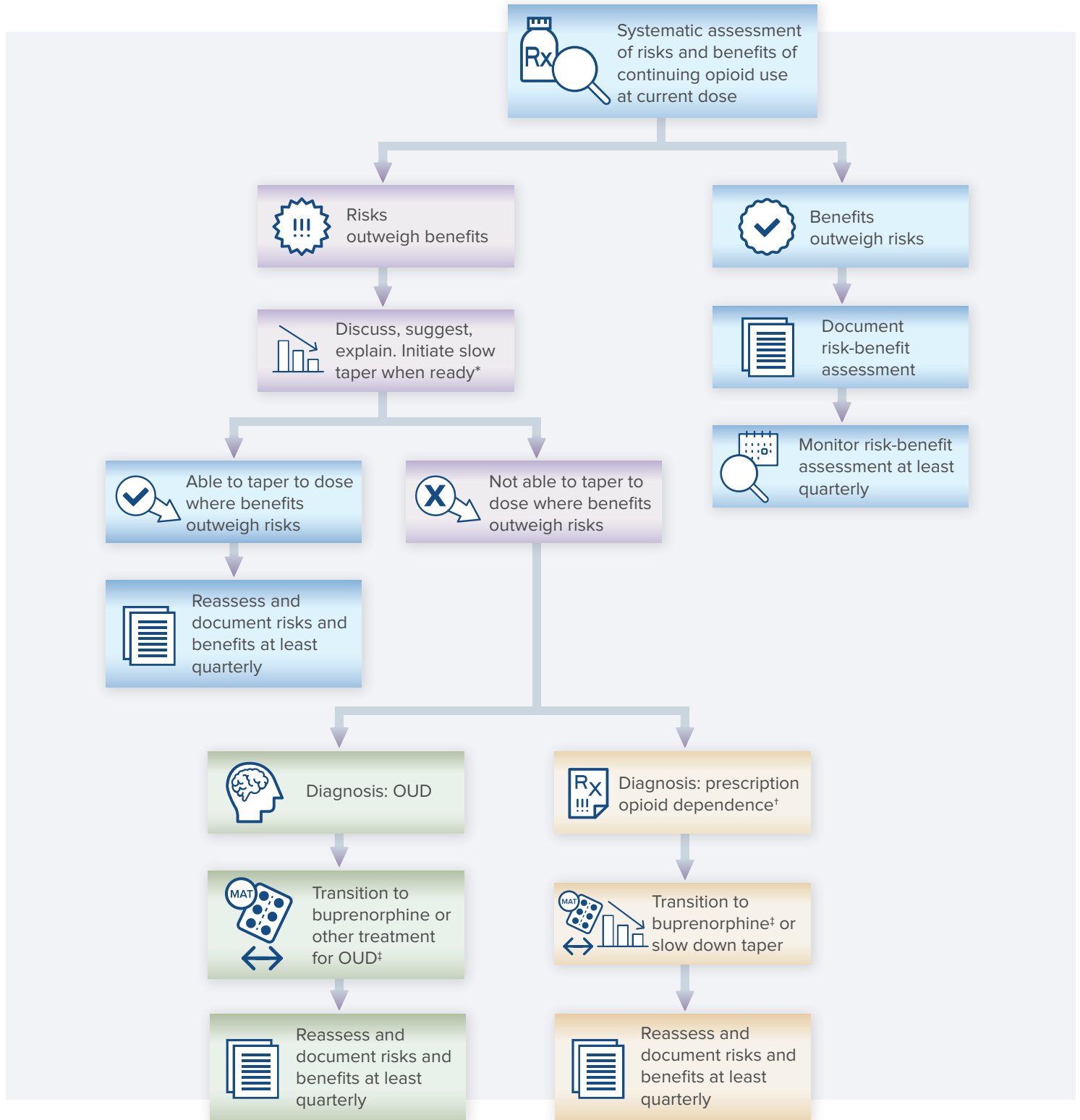


# Clinical Pathway for LONG-TERM OPIOID THERAPY MANAGEMENT



Patients with improved function, adequate pain relief, and low risk for opioid-related harms may continue their current dose (right side of diagram), but with regular risk-benefit assessments. Patients in whom risks outweigh benefits (left side of diagram) should initiate a dose taper. Those who are unable to taper successfully may meet criteria for OUD or prescription opioid dependence. Those with OUD should receive evidence-based treatment, and those with prescription opioid dependence should receive additional taper support (e.g., BRAVO) or be transitioned to buprenorphine. DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; OUD = opioid use disorder.

\* Recommendations for successful tapers using the BRAVO framework: Broach the subject with empathy (acknowledge anxiety and be clear that tapering is not punitive), Risk-benefit assessment (address effects on pain and function, risk for overdose and addiction, and other adverse events), Addiction assessment (normalize addiction and initiate appropriate management if OUD emerges), Velocity and Validate (do not taper too quickly, slow down if needed, and validate the pain of withdrawal), Other strategies for coping with pain (implement nonopioid alternatives for pain treatment).

† Characterized by persistent difficulty with tapering and meeting  $\leq 1$  DSM-5 criterion, excluding withdrawal and tolerance. Other features include negative affect, reward deficiency, and social isolation.

‡ Maintenance therapy with an opioid agonist, partial agonist, or antagonist is considered standard of treatment for OUD because of improved outcomes compared with tapering and withdrawal. Clinicians must undergo training and obtain a waiver from the Drug Enforcement Administration to prescribe sublingual and buccal formulations of the partial opioid agonist buprenorphine (with or without naloxone) for treatment of OUD. Use of these buprenorphine formulations for chronic pain or prescription opioid dependence without OUD is currently off-label.

**References:** Oregon Pain Guidance Clinical Advisory Group Tapering Workgroup. Tapering—Guidance & Tools: Clinical Update Dec. 2018. [www.oregonpainguidance.org/guideline/tapering](http://www.oregonpainguidance.org/guideline/tapering)

BRAVO - Stanford Center for Continuing Medical Education. How to Taper Patients Off of Chronic Opioid Therapy. <https://stanford.cloud-cme.com/default.aspx?P=0&EID=20909>

Diagnostic and Statistical Manual of Mental Disorders (5th ed.) American Psychiatric Association. (2013). Opioid Use Disorders. <https://doi.org/10.1176/appi.books.9780890425596.dsm05>