



Pharmacist-Partnered Preoperative Opioid Tapering Resource Package

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Background

Opioid use before surgery has been linked with worse pain and physical function after surgery (standardised mean difference -0.53, 95% CI -0.75 to -0.32),¹ longer length of hospital stay (mean 4 vs. 3 days; p = 0.01),¹ and an increased risk of surgical complications (e.g., prosthesis revision rate 16% [8/49] vs. 0% [0/49]; p < 0.01).² Preoperative opioid use is also one of the strongest predictors for ongoing opioid use beyond 3 months after surgery (adjusted odds ratio 6.96, 95% CI 3.26 to 14.86)³, which may contribute to further harms such as opioid tolerance and dependence, leading to adverse effects ranging from sedation to respiratory depression.⁴

An intervention involving pharmacist and primary care physician partnered opioid tapering before total hip and knee replacement surgery was shown to be feasible and effective to reduce opioid use before surgery in the OpioidHALT Pilot Trial.⁵ This opioid tapering resource package was used to inform the pharmacist-partnered opioid tapering intervention.

Scope

This document serves as a resource package to support opioid tapering before elective hip or knee replacement surgery. This resource is suitable for patients who are willing to engage in an opioid tapering program. This resource should not be used to drive forced weaning and should not be used for patients on opioid agonist therapy or those with suspected opioid dependency. For these patients, more comprehensive multidisciplinary approaches are warranted.

The information contained in this resource package is freely available online. The Infographic summarises the key steps to tapering opioid analgesics before surgery with supporting references. Table 1 provides additional resources outlining principles of pain management, opioid tapering, and motivational interviewing.

This resource package was developed by researchers at the University of Sydney, Australia, for the OpioidHALT Pilot⁵ and II⁶ Clinical Trials.

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Disclaimer

This resource package is intended for use as a general guide only. Clinicians are advised to adhere to appropriate legislative and professional requirements, and clinical judgement. Clinicians are also advised to engage in shared decision-making to develop opioid tapering plans that are appropriate for individuals' preferences and circumstances. All referenced links are accessible at the time of publication.

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PHARMACIST-PARTNERED PREOPERATIVE OPIOID TAPERING OVERVIEW

INTRODUCE

- Establish rapport with the patient.¹
- Introduce how pain works.²⁻⁴
- Introduce the preoperative opioid tapering program.⁵⁻⁸



2

EXPLORE

- Liaise with primary care physician and, for complex cases, a pain specialist.
- Discuss pain management expectations & goals.^{1, 6, 9}
- Provide overview of opioid tapering process.^{6, 7, 10}
- Address questions or concerns.





PLAN

- Engage in shared decisionmaking to agree on opioid tapering plan (including opioid tapering rate & multimodal analgesia).⁶⁻¹⁰
- Provide education on nonopioid & non-pharmacological pain self-management.^{2, 11-13}
- Discuss what to expect (potential withdrawal symptoms or pain).^{6,7}
 Share plan with primary care physician, and if required, pain specialist.⁶⁻¹⁰





SCHEDULE

- Schedule follow-up appointment.
- Schedule referral(s) to other health professionals as appropriate.^{6, 7}



REVIEW

- Review opioid tapering progress and any challenges encountered.
- Assess and address withdrawal symptoms and/or pain.^{6, 7, 10}
- Adjust opioid tapering plan.^{6,7}











Infographic References

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Table 1. Summary of resources to support opioid tapering before elective hip or kneereplacement surgery.

Reproduced with permission from Anaesthesia.⁵

Background in pain mana	Background in pain management		
NPS MedicineWise	List of resources that are easy to read and will help with		
	conversations with patients.		
	• Pain: what is going on? – <u>link</u>		
	Medicines for short term pain - link		
	Nerve pain, explained - link		
Australian Prescriber	Prescribing wellness: comprehensive pain management outside		
	specialist services - <u>link</u>		
ACI Pain Management	Chronic Pain management strategies – <u>link</u>		
Network	Pain and pacing – <u>link</u>		
	Pain and Physical activity – <u>link</u>		
Opioid tapering – how to taper opioids for patients with acute or chronic non cancer pain			
TGA – prescription	Clinician information sheet on opioid analgesic tapering – <u>link</u> and		
opioids hub	summary		
NPS MedicineWise	• 5 steps to tapering opioids for patients with chronic non-		
	cancer pain - <u>link, PDF</u>		
	Opioid tapering algorithm - <u>link</u>		
ACI Pain Management	How to de-prescribe and wean opioids in general practice - <u>link</u>		
Network Hub			
Language for effective conversations with patients			
ACI	Pain management for everyone - <u>link</u>		
	Short videos on the following topics:		
	Introduction to pain		
	Getting help from your healthcare team		
	Pain and physical activity		
	Pain: lifestyle and nutrition		
	Pain and role of medications		
	Pain and thoughts		
	Pain and sleep		
NPS MedicineWise	Opioid medicines and chronic non-cancer pain - link		
	Short videos and explanations on the following topics		
	What are opioids?		
	Harms and benefits		
	When to take or not to take an opioid		
	When an opioid has been prescribed		
	 Felling worst when continuing to take opioids 		
	 Plan for reducing or stopping opioids 		
	 How to reduce or stop an opioid 		
	 Withdrawal symptoms 		
	 Overdose 		
	Chronic pain explained;		







NPS MedicineWise and ANZCA	Chronic pain is pain that lasts more than three months or longer than expected. Chronic pain can happen for many reasons, including after surgery or an injury, or as a result of another condition. This information is about chronic pain that is not caused by cancer link Starting a conversation about opioid tapering with patients Practice tips for primary care physicians and pharmacists - link If not opioids, then what? - link limited role opioid medicines have in chronic non-cancer pain Opioids information video - link This video was developed by NPS MedicineWise and the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (ANZCA). It provides information to people who may
	be considering taking opioids for chronic (ongoing) non-cancer
Arthritis Australia	pain. Living with arthritis. This website includes topics such as healthy
	eating, <u>dealing with pain</u> , emotions, physical activity and exercise.
Interview technique	
RACGP	Motivational interviewing techniques - link
Effective	Vitaltalk resources to assist with conflicts during conversation
communication and	– <u>link</u>
conflict resolution	Michie behaviour change wheel
Non-pharmacological trea	atment
Healthy Eating	Australian dietary guidelines – <u>link</u>
	ACI Pain Management Network: Pain – Lifestyle and
	management link
	Arthritis Australia – healthy eating <u>link</u>
Insomnia	NPS MedicineWise - How to sleep right - <u>link</u>
	 Australian Prescriber – Management of insomnia in primary care - <u>link</u>
Smoking	CDC Smoking cessation - <u>link</u>
Alcohol	 Australian Government - How can you reduce or quit alcohol? <u>link</u> Australian guidelines to reduce health risks from drinking
	alcohol - <u>link, summary</u>
Staying socially active	CDC Social connectedness - <u>link</u>
Mindfulness techniques	 Black Dog Institute – <u>link</u> Headspace – <u>link</u>
Managing arthritis – e.g.	Arthritis Australia
healthy eating and	Physical activity and exercise - <u>link</u>
exercise	• Strength training – <u>link</u>
	Fatigue and arthritis - <u>link</u>
	Healthy eating - <u>link</u>
	Managing at home - <u>link</u>







Booklet: At home with arthritis: simple steps for managing in
the home - <u>link</u>
NPS medicine wise and Arthritis Australia
• Managing your arthritis flare – <u>link</u>
ACI Pain Management Network
• Be Pain smart – Physical Activity My Pacing <u>website</u> , Plan - <u>link</u>

ACI; Agency for Clinical Innovation, TGA; Therapeutic Goods Administration of Australia, ANZCA; Australian and New Zealand College of Anaesthetists, RACGP; Royal Australian College of General Practitioners, CDC; Centers for Disease Control and Prevention.







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