Talking about Opioid Withdrawal with Your Patients

Identifying and communicating with patients who need support during opioid discontinuation and withdrawal

This guide can help you:

• Understand and detect Opioid Withdrawal Syndrome (OWS)
• Identify patients who have physical dependence to opioids and may be at risk for Opioid Use Disorder (OUD)
• Help patients be more open about their symptoms and/or desire to discontinue taking opioids
• Talk to patients about OWS in a way that is reassuring and non-judgmental
• Help patients understand that OWS is not their fault, and getting through withdrawal is key to overcoming opioid physical dependence before it potentially develops into OUD
• Work with patients to review treatment options and establish a plan to withdraw from opioids successfully
“WHY DO I NEED TO TALK ABOUT OPIOID WITHDRAWAL SYNDROME WITH MY PATIENTS?”

Because patients repeatedly using opioids are likely to develop opioid physical dependence. When physically-dependent patients discontinue opioid use, they experience symptoms of opioid withdrawal—also known as Opioid Withdrawal Syndrome (OWS).1,3 However, patients may not realize or share with their healthcare professional (HCP) that they have experienced or are experiencing OWS. They may instead ask for more prescriptions or higher doses to avoid withdrawal symptoms.4,5 And, the longer patients remain physically dependent on opioids, the greater their risk of developing Opioid Use Disorder (OUD), which causes long-term, uncontrollable urges/cravings to keep taking opioids.2 Hence, it is critical for HCPs to identify OWS and help patients discontinue opioids successfully.

UNDERSTANDING AND DETECTING OWS

SOME SYMPTOMS OF OPIOID WITHDRAWAL6

- ANXIETY
- YAWNING
- PERSPIRING
- EYES TEARING
- RUNNY NOSE
- GOOSEBUMPS
- SHAKING
- HOT FLASHES
- NAUSEA
- VOMITING
- RESTLESSNESS
- COLD FLASHES
- ACHING BONES/MUSCLES
- MUSCLE SPASMS
- STOMACH CRAMPS

Opioid withdrawal symptoms often present concurrently, and can feel very similar to physical pain, but are physiologically different.3 Physical dependence to opioids usually cannot be resolved without completing withdrawal.

For patients who have developed OUD, completion of withdrawal is one important step in a comprehensive treatment program that will require psychosocial and possibly additional medical treatment.2,7
**IDENTIFYING PATIENTS WITH OPIOID PHYSICAL DEPENDENCE AND OWS**

**Why they may not tell their HCP**

Patients experiencing withdrawal symptoms may not share this with their HCP because:

- Some may want to continue using opioids to avoid OWS. A majority of patients (up to 56.5%, as shown in one study) who first used opioids for pain will continue to use them to avoid the extreme discomfort of withdrawal symptoms. But, they may not share this with their HCP because they may fear that the HCP will simply stop prescribing the opioid.

- Others may not be aware that they are experiencing OWS. Patients prescribed opioids for pain may have difficulty distinguishing between their original pain symptoms and withdrawal symptoms. They may think the extreme discomfort they experience when they try to stop or reduce opioid use is caused by the pain for which their opioid was prescribed.

**Tips for “reading between the lines”**

<table>
<thead>
<tr>
<th>WHEN PATIENTS SAY...</th>
<th>WHAT IT MAY REALLY MEAN...</th>
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<tbody>
<tr>
<td>“I think I need a higher dose”</td>
<td>The need for higher dosages over time to feel the same pain relief may be a sign that the patient has become physically dependent on the opioid²</td>
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<td>“I missed a dose last week, and the next day I felt abdominal cramps and nausea”</td>
<td>The patient may actually have become physically dependent on their opioid and experienced withdrawal symptoms when the dose was missed²,⁶</td>
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<tr>
<td>“I tried stopping the medicine, but my pain came back”</td>
<td>If patient’s physical status indicates that the source of the pain should be healed, this suggests possible confusion between pain symptoms and withdrawal symptoms⁵</td>
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<td>“I lost my medicine, and I need a new prescription”</td>
<td>If losing medication seems out of character for this patient, he/she may really be using the opioid more frequently than prescribed⁸</td>
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<tr>
<td>“I wouldn’t ask for another prescription if I didn’t need it for the pain!”</td>
<td>Patient defensiveness when asked questions could indicate that the patient may not want to admit that they are using the opioid to prevent withdrawal symptoms⁴</td>
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UNDERSTANDING OPIOID PHYSICAL DEPENDENCE AND OWS FROM THE PATIENT’S PERSPECTIVE

But this is medicine that I’m taking for pain

Most patients begin use of prescription opioids, under an HCP’s care, for a medically appropriate health reason. They are not intentional abusers of opioids and, therefore, may be surprised or offended at the suggestion that they may be experiencing OWS.

Why am I feeling these symptoms?

Many patients may not understand what’s happening to them. They may not want to accept that they are experiencing OWS, resulting from physical dependence to opioids.

Drug addicts go through withdrawal—that’s not me!

Opioid physical dependence (and the need to use opioids to avoid OWS) may be perceived by many patients as “drug abuse” or “addiction.” These patients may deny they have a problem and may hesitate to confide in anyone, even their HCP, to avoid embarrassment or social stigma.

I can’t be physically dependent—I haven’t been on the opioid that long

Opioid physical dependence can occur after just a few days of treatment. Patients using opioids for pain relief following surgery or injury may have trouble understanding that physical dependence can develop quickly.

I’ve been using this medication for years—I can’t function without it

Patients using opioids long term for the management of chronic pain may be more likely to understand that they have become physically dependent on their opioid. Some may even have attempted to reduce or discontinue opioid use on their own and failed due to severe withdrawal symptoms. Some may also be less likely to share this with their HCP, because they may think the HCP will stop prescribing the opioid and put them at risk for OWS.
COMMUNICATING AT THE RIGHT TIME, IN THE RIGHT WAY, WITH THE RIGHT MESSAGES

It's never too early to talk with patients about OWS

NEW PATIENTS
When a patient is first prescribed an opioid for pain management, the HCP should explain the potential for development of physical dependence, which can cause OWS to occur when the opioid is discontinued. This way, the patient will know what to expect and will be more likely to ask their HCP for help.

LEGACY PATIENTS
For a patient who has already been prescribed and is using opioids, the HCP should provide education as soon as possible about opioid physical dependence, OWS, and the potential need to discontinue or taper opioid use.

KEY MESSAGES TO BE COMMUNICATED WITH PATIENTS

<table>
<thead>
<tr>
<th>Message</th>
<th>Explanation</th>
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<tr>
<td>I Recognize That You Are Still Experiencing Symptoms</td>
<td>-- they may be caused by opioid withdrawal, rather than by your original condition(^6)</td>
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<tr>
<td>What You’re Experiencing Is Opioid Withdrawal Syndrome (OWS)</td>
<td>-- which can occur when someone stops taking opioids and experiences multiple unpleasant symptoms like the ones you’ve described(^6,10)</td>
</tr>
<tr>
<td>OWS Is a Physiological Response</td>
<td>-- that happens when someone who is physically dependent on opioids discontinues opioid use(^6,10)</td>
</tr>
<tr>
<td>Development of Physical Dependence to Opioids Is Not Your Fault</td>
<td>-- physical dependence frequently occurs after a person repeatedly takes opioids(^2,10)</td>
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<tr>
<td>We Are In This Together And Can Solve It Together</td>
<td>-- I will work with you to get you through OWS or refer you to specialists who can help you</td>
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<td></td>
<td>-- it can also help you to engage a friend or family member for added support during this process(^11)</td>
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<tr>
<td>There Are Treatment Options To Help You Get Through Withdrawal</td>
<td>-- so that you discontinue use of opioids, helping resolve your physical dependence on them(^12)</td>
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<tr>
<td>Let’s Create a Discontinuation Treatment Plan That Works For You</td>
<td>-- meeting your personal/physical needs (if possible, treatment at home to maintain privacy and reduce lifestyle disruption)</td>
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<td></td>
<td>-- going at a pace you can handle,(^10) ensuring that you know what to expect and when to ask for help</td>
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HELPFUL REMINDERS ABOUT MOTIVATIONAL INTERVIEWING TECHNIQUES FOR PRODUCTIVE CONVERSATIONS

(Adapted from CDC: Communicating With Patients. Module 3, 2016)*

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<th>REMEMBER TO:</th>
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| **Reinforce Trust**         | Trust is reinforced through compassion and empathy, which strengthens the HCP-patient relationship.\(^\text{10}\)
|                             | Showing that you are not blaming or judging is also critical to helping the patient be open and honest. |
| **Listen**                  | Take time to listen to your patient. Show, verbally and nonverbally, that you genuinely want to help and work with the patient to find a solution. Check to ensure your patient understands what is being communicated and answer any questions. Educate to support recommendations.\(^\text{10}\) |
| **Recognize Patient’s Uniqueness** | Consider your patient’s background and experience, since these may influence how patients interpret and communicate symptoms, illness, and treatments.\(^\text{10}\)
|                             | Be sensitive to the perspective of patients taking opioids short term to relieve post-surgical/post-injury pain, versus the perspective of patients using opioids long term to manage chronic pain. |
| **Show Empathy**            | Use empathetic statements, such as\(^\text{10}\):
|                             | • “I would be just as frustrated as you.”
|                             | • “I understand this isn’t easy.”
|                             | • “We’re going to work on managing this together.”
| **Collaborate and Motivate** | Consider your nonverbal communication, such as\(^\text{10}\):
|                             | • Making eye contact
|                             | • Expressing that you care through your facial expressions and tone of voice
|                             | Work with each of your patients to create an individualized action plan for managing opioid discontinuation and withdrawal that motivates them to work toward both short-term and long-term goals and gives hope for a successful outcome.\(^\text{10}\) |

*You can read more about motivational interviewing techniques at: [https://www.cdc.gov/drugoverdose/training/communicating/accessible/training.html](https://www.cdc.gov/drugoverdose/training/communicating/accessible/training.html).
ADDITIONAL INFORMATION AND SUPPORT SOURCES FOR PATIENTS

The HCP can direct patients to these websites:

SAMHSA National Help Line (web link: https://www.samhsa.gov/find-help/national-helpline)
• 24/7, 365-day-a-year helpline [1-800-662-HELP (4357)] providing free and confidential treatment referral and information about mental and/or substance use disorders

Healthline Newsletter (web link: https://www.healthline.com/health/opiate-withdrawal)
• Detailed article on opioids and symptoms and treatment of opioid withdrawal

Medline Plus Medical Encyclopedia (web link: https://medlineplus.gov/ency/article/000949.htm)
• Brief article on opioids and opioid withdrawal


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