Identifying patient needs after an opioid taper in a VA Medical Center

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INTRODUCTION

- There is increasing evidence for the harms of long term opioid therapy
- These harms include increased mortality, opioid use disorder, overdose, sexual dysfunction, fractures, myocardial infarction, constipation, and sleep-disordered breathing[1]
- Tapering may be necessary in patients when the harms of long term opioid therapy outweigh the benefits
- Risks associated with tapering opioids include withdrawal symptoms, increased pain, relapse, and loss to follow-up[2]

BACKGROUND

- Pharmacy Pain E-Consults were started at the Central Arkansa Veterans Healthcare facility in April of 2016
- Launched as an effort for pain management clinical pharmacy specialists (CPS) to provide recommendations regarding pain management for Veterans
- At a facility level, information remains to be identified about the patients post-taper after pharmacist recommendations have been given and if any gaps in care, mental health or pain-related, exist

OBJECTIVE

To describe the types of follow-up care and resources utilized by patients who are tapered to 0 MEDD through the Pharmacy Pain E-Consult at the facility and to gain insight on current practice

METHODS

- Single Center, descriptive study, retrospective chart review
- IRB approved as quality improvement project December 2019
- Patients tapered to 0 MEDD were compared 1 year pre-taper to 1 year post-taper
- Veterans tapered October 1st 2017 to September 30, 2018

Inclusion

- Veterans consulted to pharmacy pain at CAVHS for taper of opioids
- Tapered to 0 MEDD
- 18 years and older
- Chronic non-cancer pain on chronic-opioid therapy (>3 months)

Exclusion

- Not tapered to 0 MEDD
- Pain management outside the VA
- Current malignancy or new diagnosis of malignancy Enrolled in VA opioid replacement programs

BASELINE CHARACTERISTICS

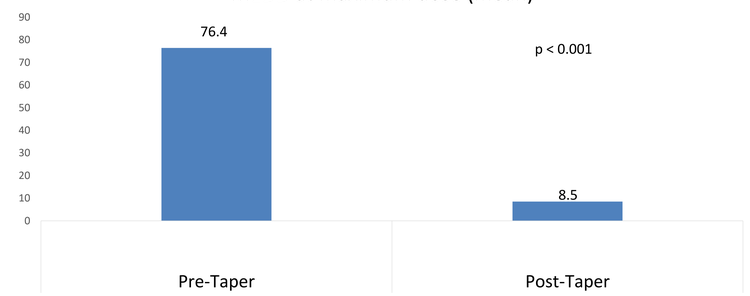
	Patients (n=60)
Age, y, mean (SD)	59.7 (10.8)
American Indian or Alaska Native, n (%)	0
Asian, n (%)	0
Black or African American, n (%)	11 (18.3%)
Native Hawaiian or Other Pacific Islander, n (%)	0
Declined to answer, n(%)	1 (1.7%)
White, n (%)	48 (80%)
Female, n (%)	6 (12%)
History of Suicidal Ideation	16 (26.7%)
History of Suicide Attempt	11 (18.3%)

TYPES OF PAIN

	Pre-Taper (n, %)	Post-Taper (n, %)
Fibromyalgia	1 (1.7%)	2 (3.3%)
Migraine	14 (23.3%)	15 (25%)
Neuropathic Disorder	17 (28.3%)	17 (28.3%)
Neck Disorder	20 (33.3%)	20 (33.3%)
Joint Pain	47 (78.3%)	47 (78.3%)
Low back disorder	52 (86.7%)	52 (86.7%)

RESULTS

MEDD at maximum dose (mean)



OPIOIDS AT MAXIMUM DOSE

Opioid	Pre-Taper (number of patients, mean MEDD)	Post-Taper (number of patients, mean MEDD)
Hydromorphone	2 (28)	0
Fentanyl	2 (37.5)	0
Methadone	4 (42.5)	0
Oxycodone/Acetaminophen	11 (27.7)	0
Morphine	16 (60.9)	0
Codeine	4 (172.5)	1 (120)
Oxycodone	9 (36.1)	2 (17.5)
Tramadol	13 (223)	8 (150)
Hydrocodone/Acetaminophen	37 (29.6)	11 (23.2)

PAIN SCORES

	Pre-Taper (n=60)	Post-Taper (n=60)
Pain Score Measured (n, %)	60 (100%)	60 (100%)
Number of pain scores measured per person (median, IQR)	5 (3 to 12.5)	5 (2 to 8)
Pain Score Min (mean, sd)	3 (3)	2.6 (2.5)
Pain Score Max (mean, sd)	7.5 (2.3)	7.6 (2.2)
Pain Score Mean (mean, sd)	5.3 (1.9)	5.2 (1.7)
Pain Score Mean (mean,sd) for those re-initiated on opioids post-taper	4.9 (3.2)	4.8 (3.3)

ADJUVANT THERAPIES

	Pre-Taper (n, %)	Post-Taper (n,%)
Massage	6 (10%)	2 (3.3%)
Cognitive behavioral therapy	8 (13.3%)	7 (11.7%)
Neurosurgery	9 (15%)	6 (10%)
IMPACT	10 (16.7%)	5 (8.3%)
Sleep	11 (18.3%)	10 (16.7%)
Occupational Therapy	12 (20%)	6 (10%)
Physical therapy	26 (43.3%)	22 (36.7%)
Mental Health	29 (48.3%)	24 (40%)
Pain pharmacist	59 (98.3%)	15 (25%)
Chiropractor	4 (6.7%)	5 (8.3%)
Transcutaneous electrical nerve stimulation	5 (8.3%)	6 (10%)
Neurology	12 (20%)	13 (21.7%)
Acupuncture	7 (11.7%)	7 (11.7%)
Injections	17 (28.3%)	17 (28.3%)
PM&RS	30 (50%)	30 (50%)

DAYS TO RE-INITIATION OF OPIOIDS

	Post-Taper (n=60)
Number of patients who received opioids within 1-year post-taper (n,%)	20 (33.3%)
Mean Days to re-initiation (std dev)	185.0 (102.0)

CONCLUSIONS

- Patients tapered to 0 MEDD had similar pain scores pre-taper compared to one-year post-taper
- **33%** of patients were re-started on opioids within one year post-taper, and average MEDD scores were decreased post-taper
- Ensuring continued follow-up with patients who are tapered to 0 MEDD may help improve outcomes post-taper

DISCLOSURES

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

REFERENCES

1. Chou R, Turner JA, Devine EB, et al. The effectiveness and risks of long-term opioid therapy for chronic pain. *Annals of Internal Medicine*. 2015;162(4):276-286
2. Berna C, Kulich RJ, Rathmel IJP. Tapering long-term opioid therapy in chronic noncancer pain: evidence and recommendations for everyday practice. Mayo Clin Proc. 2015;90:828-42.