

# Pain Phrasing

## Framing the Conversation

### Goals

- Demonstrate empathy and validate
- Understand the underlying connection between pain and emotions
- Focus treatment goals towards function, values, and enjoyment of life
- Reframe expectations for care and improvement
- Emphasize safety and deserving better care
- Increase collaboration and engagement

## Starting the conversation:

### Would it be okay if we spent a little time talking about pain?

You already know a lot about the pain you experience. For many people there are multiple things that can have a big impact on their pain. It would be helpful for me to better understand your personal pain experience. Use **\*\*\*Living with Pain\*\*\*** tool.

### Would you like to talk about some areas where we might be able to help you?

You probably have already tried doing a lot of things to help manage the pain you experience. We want to think about the main goals you have in your life right now and where you would like to make changes, and come up with ways to start working towards them. As progress is made in different areas, your ability to manage pain will improve as well. Use **\*\*\*Living with Pain\*\*\*** tool.

## Understanding Pain / “They say my pain is all in my head” / “They say that my pain’s not real”

**Potential response:** I’m sorry you’ve gotten that message. What I/people may mean is that science and doctors now understand that the brain is what allows us to feel ALL pain, no matter where it comes from, and it also controls ALL of our pain- just like it controls everything else about us. Your pain is very real. There’s good news about this new scientific understanding: there’s a lot that you, your brain and your nervous system can do to reduce the pain you experience. Is that something you’d be interested in talking about more? Consider using **\*\*\*Pain and the Brain\*\*\*** or **\*\*\*Stress and Pain\*\*\*** tool.

## Let’s focus on function, not pain!

**Would you be willing to change our focus a little bit?** You’ve tried many things to get rid of the pain. We want to help pay attention to identifying what’s most important to you in your life, and getting you back towards doing and living the way you want. This will in turn help to better manage the pain you experience. Consider using **\*\*\*Living with Pain\*\*\*** or **\*\*\*Values and What Matters\*\*\*** tool.

## Stress and Pain:

**Have you ever felt like your pain is worse when you are stressed?** Lowering your stress response to pain will reduce your pain. The same parts of our brain and nervous system that work hard or become activated when we feel stress also work hard/become activated when we feel pain. Both feelings are part of our “fight or flight” system. When our brain senses danger, it activates this system. Stress doesn’t directly cause pain, but can make pain worse, and make pain last longer.

Consider using **\*\*\*Stress and Pain\*\*\*** tool.

## Multi-Dimensional Nature of Pain:

Because all pain comes from the brain, we know that anything that affects the brain and the nervous system can affect our experience of pain. Things like chronic stress and trauma can change our brain’s response to information from the nervous system, and then make us feel more pain. This can work the other way too: By doing or thinking things that calm the nervous system, we can teach our brain to react less and therefore have less pain.

Consider using **\*\*\*Living with Pain\*\*\*** or **\*\*\*Pain and the Brain\*\*\*** tool.

## Explaining Persistent Pain:

**Would you be willing to learn a little more about what’s happening with persistent pain?**

The brain is responsible for all of the pain and feelings we get (regardless of where in the body the pain seems to be). Think of a microphone connected to a speaker. The microphone is the nerves in your back or in your hands, and the speaker is the brain. The volume of the speaker is what determines how much we hear a sound. If the volume on the speaker gets turned up really high, it will pick up on every little sound reaching the microphone, as well as other signals that aren’t supposed to be picked up, and will play them really loudly. This is like when a speaker screeches and you have to cover your ears. For someone who has had pain for a long time, this is the process taking place in their brain. Over time, the pain volume has been turned up really high to everything happening throughout the nervous system, making it harder and harder to figure out the difference between danger and non-danger, as well as causing a lot of distress due to that constantly high volume. Consider using **\*\*\*Pain and the Brain\*\*\*** tool.

## Explaining Fibromyalgia:

**Would you be willing to learn a little more about fibromyalgia?**

The brain is responsible for all of the pain and feelings we get (regardless of where in the body the pain seems to be). For instance, before you had fibromyalgia, you could reach out and touch a doorknob, and not experience pain, tingling, or burning. The brain knew that that the doorknob was safe. But now, with fibromyalgia, your brain has become confused. It has a hard time knowing when something is safe and when something is dangerous. Additionally, if you are feeling stressed or having other difficult emotions, these are also happening in your brain and can contribute to the brain being confused, which in turn may increase the amount of pain you experience. The result of that is you get a lot of confusing sensations (feelings) all over your body. This is because your brain is constantly thinking that information either from the body or from emotions might be dangerous.

By recognizing symptoms of fibromyalgia or other persistent pain conditions for what they are, we can teach the brain to re-learn the difference between safety and danger. We can also learn how to calm our brain when we do feel pain, so that it doesn’t cause intense emotions, stress, or get in the way of how we want to live our lives.

Consider using **\*\*\*Pain and the Brain\*\*\*** or **\*\*\*Stress and Pain\*\*\*** tool.

## **X-Rays and Images / “They say it’s bone-on-bone, it’s the worst they’ve ever seen!”**

**Potential Response:** Would you be open to hearing an alternative way of thinking about this?

It can be scary to be told bad things about your images, and I’m sorry you were told that, as it may not tell the full story. What we know about imaging is that a “bad x-ray” doesn’t necessarily mean that you will have bad pain. Would you be open to learning more about this?

Consider using **\*\*\*X-Ray and Pain\*\*\*** tool.

## **Fear Avoidance / “It’s really not safe for me to be active because I have \_\_\_\_\_”**

**Potential Response:** Would you be open to hearing an alternative way of thinking about this? We’re used to thinking that, if we feel pain, what we are doing isn’t safe. But actually, when you have pain that lasts a long time, it often means that your protective pain response has become too sensitive. In this situation, the things we do in everyday life aren’t making our condition worse, even if what we are doing causes discomfort. Consider using **\*\*\*Pacing Mountains\*\*\*** tool.

## **“How long will it take to get better?”**

**Potential Response:** It’s important to start slowly, and for us to focus on getting back to daily activities and things that you enjoy doing that have been difficult. You will probably still have pain during this time, and little by little you will be able to do more and get back to doing the things you enjoy. As you begin to increase your activity and your body adapts to new challenges, you will probably feel sore and stiff. These are normal responses. Gentle movement will ease soreness and stiffness by warming up tissues and helping blood flow through the affected area of your body. Your pain will go down over time.

## **“Right now I try to do as little as possible because everything hurts”**

**Potential Response:** Would you be open to hearing about why I’d recommend something different? When you avoid moving, you lose mobility, strength and endurance. This intensifies your protective pain response. Imagine you have an alarm system in your house that is so sensitive that it goes off when your cat walks around. Your brain is that alarm system and it’s been conditioned to react that way to movement. As a result, you feel pain at very low levels of activity. Together, we will gradually increase your level of activity while staying below the “alarm”. Eventually, the alarm, or your pain response, will go off only when it really needs to, such as when you injure yourself.

Consider using **\*\*\*Pacing Mountains\*\*\*** tool.

## **“How am I supposed to start moving if it always hurts too much?”**

**Potential Response:** That’s a really important question, I’m glad you asked. First, we will identify the amount of activity you can do without increasing your pain. We will work at this level for one to two weeks. Then, as your body adapts, we will slowly increase your activity. So if you do 20 minutes for two weeks, we might start going up by a minute or two each week. This may seem like a slow process, but it will allow your body to adjust. You should expect to continue to have some pain, as you increase what you do. And over time, your pain should decrease as well.

**“The only thing that works for me is my pain medication”**

**Potential Response:** You feel like you’re out of options. You want better for yourself, and you’re having a hard time knowing what to do next. You deserve to be healthier, more able to live and function how you want, and to enjoy your life. I want that for you too, and I care for your wellbeing and safety. What we know about managing pain has changed, and we now have better and safer options than before. The first step for us might be to better understand all the things that contribute to pain for you, and then explore what options there might be to help better address those issues and manage the pain. Would you be willing to work together on this? Consider using **\*\*\*Living with Pain\*\*\*** tool.

**“Why won’t you give me pain medications? I’m in so much pain I can barely stand it!”**

**Potential Response:** You really want help. You’d like to understand what options there are and how to better manage this pain. The pain has gotten out of control and you need to find a way to take that control back. I care for your wellbeing and safety, and what we know about how to better and more safely manage pain has changed. Would you be willing to learn more about what we’ve learned?

First, what we know now is that the most important thing to focus on is how well you are able to function and what are the factors that contribute to your pain, not just the pain itself.

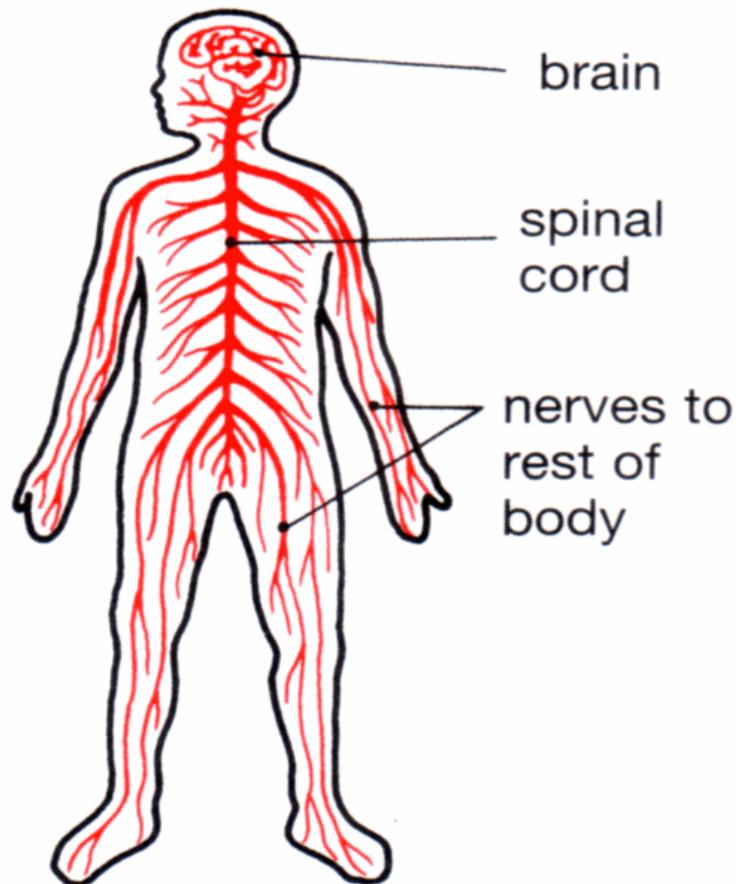
We’ve also learned many new things about opioids. It’s true that opioids for some people are helpful at reducing pain levels by a moderate amount for a short period of time. However, over the long term, we’ve learned that opioids haven’t been shown to be helpful. So they might take your pain from an 8 to a 5, but over the course of several years, your pain will likely still be at an 8 without the medication. There are also many more common side effects than we previously thought- including depression, lower testosterone levels or libido, and worsened immune systems, to name a few. We know that for more many people, the long term use of opioids actually makes people feel more pain. And also, for many conditions in which pain lasts for a long time, opioid treatment has been shown to make people’s ability to function worse.

You deserve better care than just a medication that keeps you at an 8 and only provides you relief down to a 5 or so for a short period of time. Our goal is to work together to understand what contributes to your pain, focus on how you want to live your life, and to over time help you better manage the pain so that we can move that 8 lower and lower over time.

Would you be willing to explore together what areas to work on and options we might be able to come up with? Consider using **\*\*\*Living with Pain\*\*\*** and/or **\*\*\*Chronic Opioid Use Risks\*\*\*** tool.

# Pain and the Brain

- **All pain is from the brain.** But this DOESN'T mean that pain isn't real.
- Your brain takes information from the nervous system and turns that information into the feeling of pain.
- Pain is a **danger** signal, to keep you safe from hurting yourself. We often think that pain means **damage (injury)**, but usually that isn't the case—especially if you've had pain for more than a few weeks.
- For many people who have experienced pain for a long time, the brain gets **too good** at turning information from the nervous system into the feeling of pain. That doesn't mean that there's more damage or injury in your body.



## The Good News

Many things affect our nervous system that can make pain better or worse. Once we understand this, we can affect our brain and how it turns information into pain by our thoughts and actions. This can help us manage our pain better!

## Danger vs Damage:

Pain is usually a danger signal, not a sign of actual damage. Even after an injury, pain is primarily because your body and brain are communicating as they're supposed to, in order to help you heal.

An example: *When you reach out and touch something hot, you quickly get the feeling of pain in your hand, and know to move it away. After you've moved your hand away, the pain is gone, because the danger signal worked to keep you safe.*

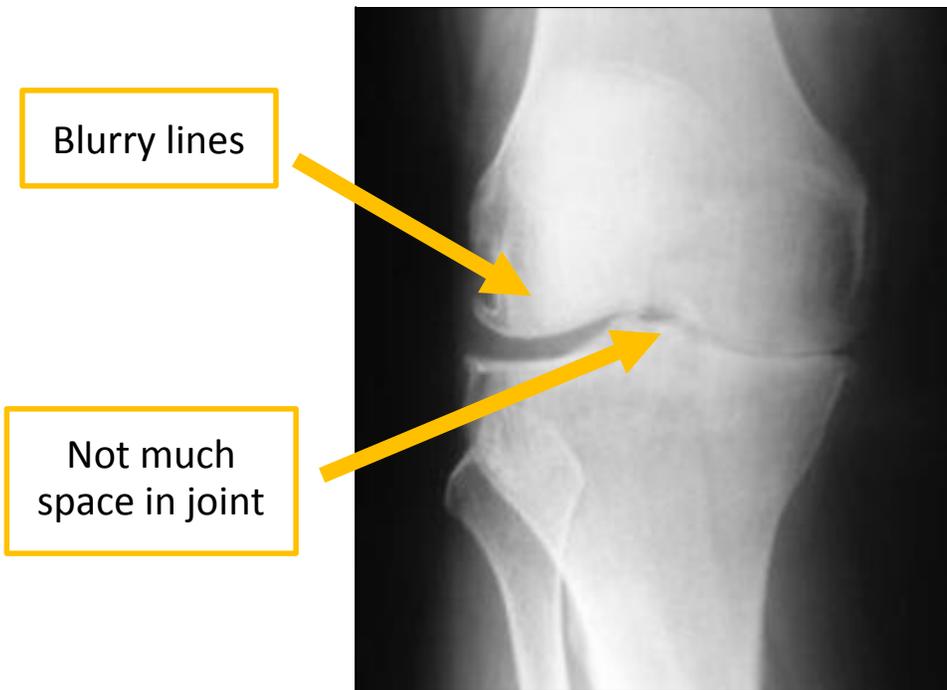
Many people avoid moving or doing much of anything because they worry that pain means damage. Often they've been told things about their imaging or diagnoses that encourages this thinking. We can begin to have conversations to change this way of thinking about pain. Understanding pain helps with how we manage it.

# X-Rays and Pain!

Images don't tell the whole story! Pain is complex. And while you may feel it in certain parts of the body, it's actually coming from the brain!

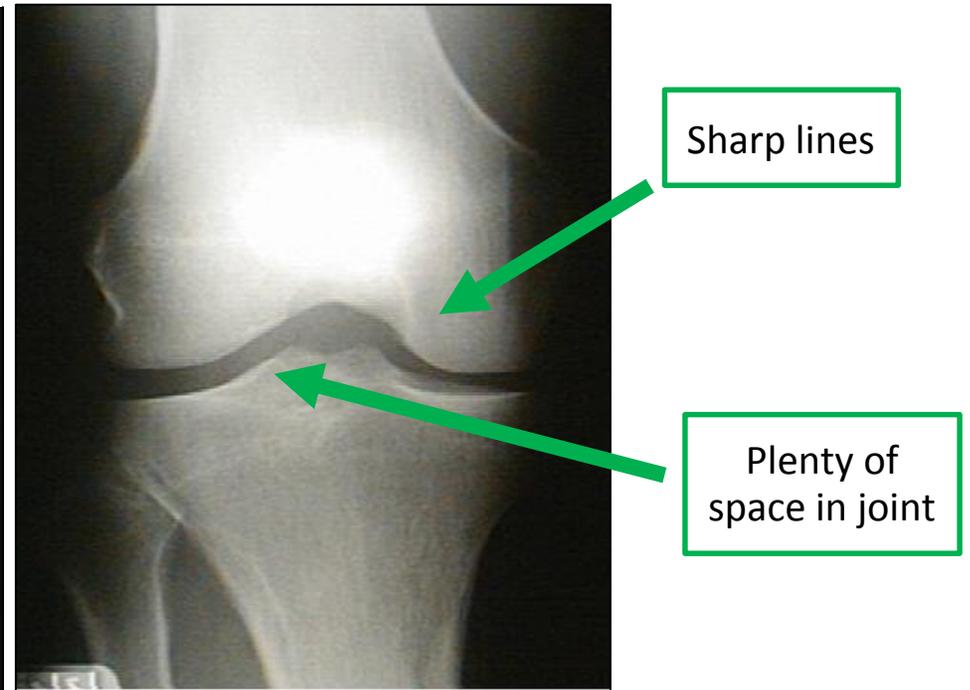
For instance, signs of joint degeneration on images don't mean that a person is going to have pain, or that the pain will keep getting worse.

**Knee Joint with Degeneration**



Half of people (50%) with severe joint degeneration have no symptoms or pain!

**Healthy Knee Joint**



Some people (about 10%) have severe pain even though there are no signs of joint degeneration!

# The Good News About X-Rays

The brain is responsible for the pain we experience, so even with “bad” x-rays or joints, we can teach our brain (through thoughts and actions) to better have better control over the pain we experience.

Studies have looked at people who show moderate to severe changes in their imaging (like degeneration in the joint surface and disc herniation), and have found that often people actually don't feel pain even though their imaging shows something abnormal. In one study, about half of people with severe arthritis (as shown in imaging) in the knee had no symptoms. Yet some people (about 10%) with no arthritis on x-ray had severe pain!

In short: **Whether or not you have a detectable 'problem' show up on an x-ray does not tell us whether you will have pain!** A “bad” x-ray does not necessarily mean you will have pain. And a ‘good’ x-ray doesn't mean you won't have significant pain.

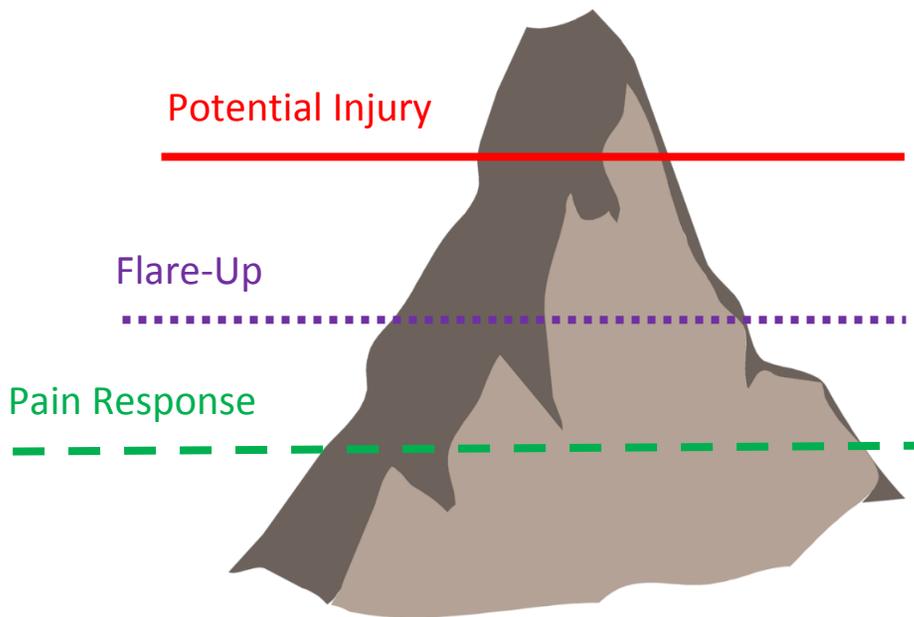
If you do have pain, there's a lot that you can do to manage your pain! We'd love to work with you to come up with strategies that will help improve your function and help you manage the pain.

# Pacing Mountains

Getting back into physical activity can be hard. *You may feel sore, but your body is safe!*  
By choosing a small goal and building over time, your body will adapt.

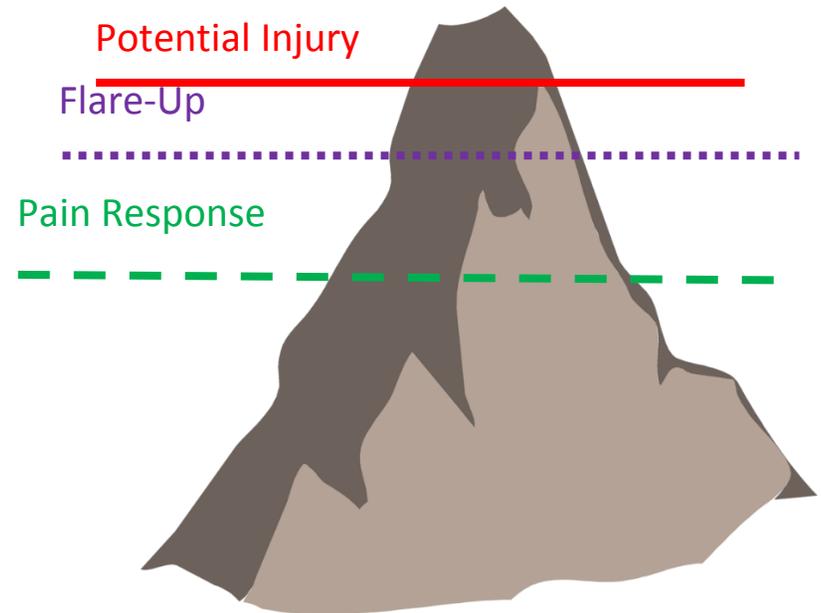
These 'pacing mountains' show how your body's response to pain can change over time.

## Where You Are Now



- This mountain represents *where you are now*.
- Your pain response has become very low. This means you feel sore after a smaller amount of movement. But, you feel pain much earlier than the point at which you might injure yourself.
- Flare-ups are when you overdo it.

## Where You Want to Be



- This mountain represents *where you want to be*.
- With time, as you increase your movement, your pain response will move higher. This means you'll feel less and less sore after more and more amounts of movement.
- You will get stronger and your potential injury line will get higher. (This means that it would need to push a lot harder in order to actually injure yourself).

# Pacing Mountains

## Compare the **RED LINES**:

- This is the point at which too much activity may lead to an injury. Notice that the injury lines are almost at the same height in both mountains
- It might be lower on the left because of an old injury or because you're not in as good of shape because you've been dealing with this pain.

## Now, compare the **GREEN LINES**:

- This is the point at which a person might start to feel some pain due to the activity they're doing.
- Notice how much lower the line is for where you are now (on the left), compared with where you want to be (on the right). This is because in persistent pain your brain has become over-activated to respond to potential pain. As you safely move more, your brain will learn to move the pain response line upwards.
- Also notice how much space there is between *feeling pain* and *potential for injury*. This means that while you might have some pain or be sore, you are still safe from injuring yourself.

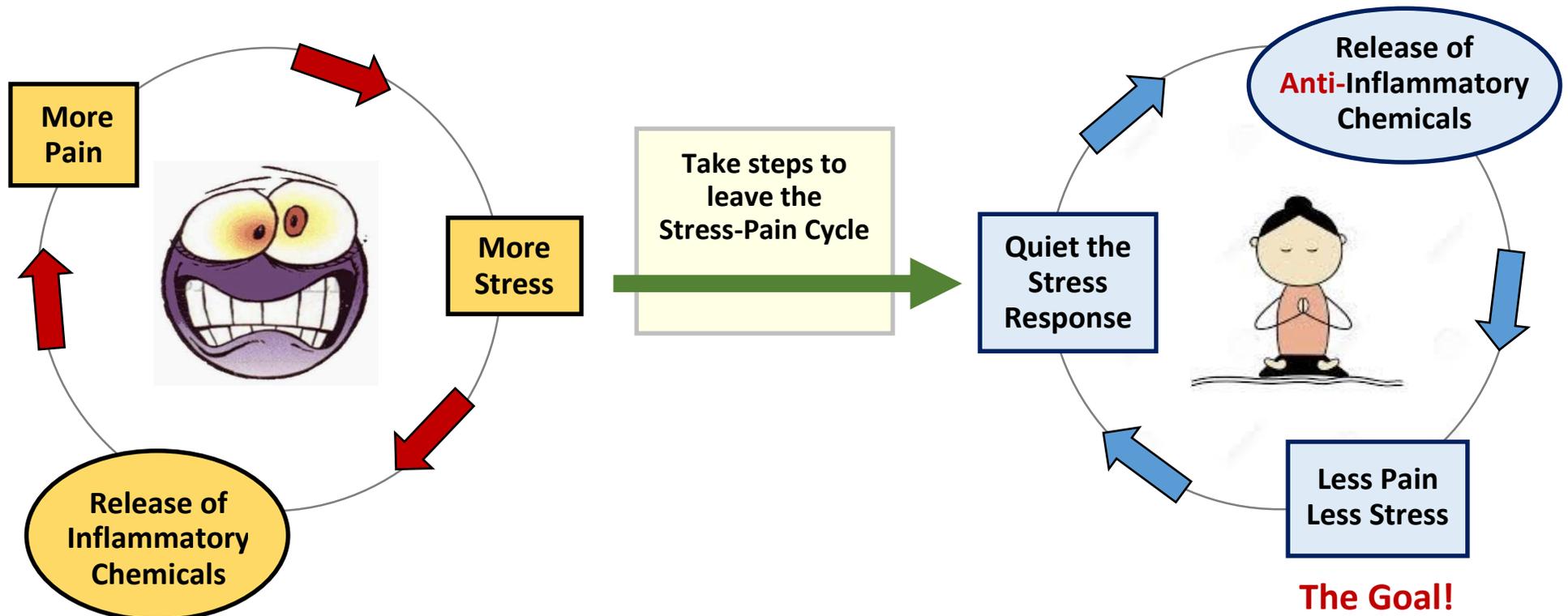
## Now, look at the **PURPLE LINE**:

- This is the flare-up line. This shows that if you try to do too much, you can cause a flare, which won't injure you, but might cause other problems or get in the way of continuing to do your activities for a little bit while you rest.
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# Stress and Pain

- Stress can result from our environment, our experiences, or our emotions, such as stress, anxiety, or depression. For instance, you may feel stressed if you're not sleeping well, if you've lost a loved one, if you're hungry, or if you don't have a safe place to sleep.
- Pain is also a major stressor!
- Our brain and body's response to stress can create chemical changes that can trigger or worsen the experience of pain.

## Breaking the Stress-Pain Cycle



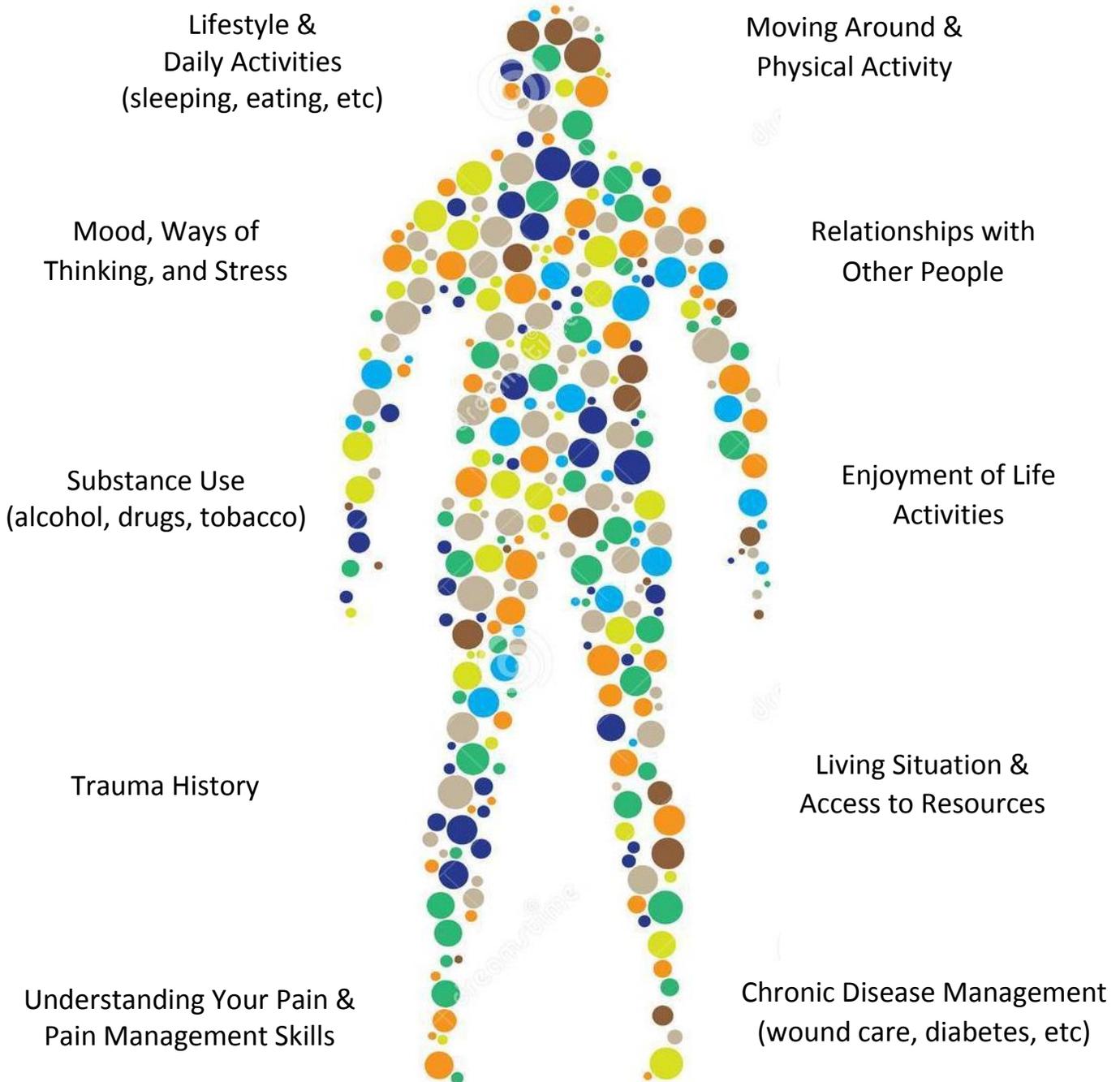
1. Have you noticed that when you're stressed, your pain seems to be worse? Or when you have more pain, you feel more stressed?
2. Our brain's reaction to pain and stress is linked. This is part of our natural protective "fight or flight" response.
3. When we get stressed, our body changes how it functions to help stay safe. Breathing gets faster, heart beats faster, digestion slows down, and many other changes. This is normal in an emergency, but it should stop when the emergency is over and we know we're safe.
4. In chronic (long-term) stress, our body rarely—if ever—turns off the stress response. This causes problems. The stress response releases natural chemicals in the body that are good for emergencies (in the short term), but causes inflammation in the body after they have been around for a while, which leads to feelings of pain and achiness.
5. There are ways that you can actually quiet those stress changes in your body. The main way is to focus on things in your life that make you feel good, healthy, and safe. When you do this, your body releases natural chemicals that quiet the stress response and make pain less. These chemicals are released all the time, when we do things like take care of your pet, laugh, talk with other people or family, or do something nice for yourself. This will change the chemicals in your body to decrease pain, improve sleep, and improve digestion.

# Living with Pain

1. Below are things that can make pain better or worse.

UNDERLINE 3-4 things below that you think most contribute to your pain.

2. Of the things you underlined, **CIRCLE** the 2 things that seem most important to work on. Help your provider understand why these are most important.



3. What changes would you like to make? \_\_\_\_\_

### **Starting the conversation:**

#### **Would it be okay if we spent a little time talking about pain?**

You already know a lot about the pain you experience. This sheet shows some of the things that for many people can have a big impact on their pain.

It would be helpful for me to better understand your personal pain experience.

If you would be willing, **underline 3-4 things** that have the most impact on your pain experience, or that sound most like your pain story.

### **To further the conversation and begin to develop a plan with your patient:**

#### **Would you like to talk about some areas where we might be able to help you?**

If so, take a moment to think about the main goals you have in your life right now, what part of your life you would most like to start making changes, and what things you underlined that are having impact on your pain experience.

Then **circle 2 of the things that you underlined** that seem most important to start working on right now and that you would like help with, and we can work on a plan together so we can help you get back to the things you want to do and the life you want to live.

### **Once you've identified areas to work on:**

Reference the Pain Resources handout and look at all the options offered in clinic with patient for those domains that they've identified. Select the option that sounds best to them, provide appropriate details/information/referrals, and include in plan.

### **For providers:**

Be sure to document what plan you have set with the patient so that all care provider plans can be more aligned, supported, and followed-up on.

Use dot phrases **.living** with this tool and **.painplan** in patient instructions.

# Old Town Clinic Pain Resources

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## Lifestyle & Daily Activities:

- Occupational Therapy (gives you skills and strategies to do the things you need and want to do)
- Individual Counseling and Skill-Building (counseling services with a Licensed Clinical Social Worker)
- Free Groups and Classes (see up-to-date calendar)
- Medication Adjustments (with your provider and the pharmacy)
- Waiting Room Handouts (resources and information)

## Moving Around & Physical Activity:

- Occupational Therapy (gives you skills and strategies to do the things you need and want to do)
- Acupuncture
- Free Movement Groups and Classes (see up-to-date calendar)
- Resources for community center gyms and scholarships
- Referral for physical therapy in community
  - In some cases, could recommend manual therapy through PT
- Referral for chiropractor services (Western States Chiropractic Community Clinic, 503-223-2213)

## Mood, Ways of Thinking, and Stress Care:

- Acupuncture
- Individual Counseling and Skill-Building (counseling services with a Licensed Clinical Social Worker)
- Evaluation, Medication Management, and Psycho-Education (PMHNP services)
- Free Groups and Classes (see up-to-date calendar)
- Seeking Safety Closed Group (by provider referral- for women with trauma & substance use histories)

## Relationships with Other People:

- Individual Counseling and Skill-Building (counseling services with a Licensed Clinical Social Worker)
- Free Groups and Classes (see up-to-date calendar)
- Peer Support Training and Services
- Volunteering in community resources

## Enjoyment of Life Activities:

- Individual Counseling and Skill-Building (counseling services with a Licensed Clinical Social Worker)
- Occupational Therapy (gives you skills and strategies to do the things you need and want to do)
- Free Groups and Classes (see up-to-date calendar)
- Volunteering in community resources
- Resources for community center access

### **Substance Use Care:**

- Individual Counseling Services
- Acupuncture
- Medication-Assisted Treatment for opioid use (by provider referral)
- Free Groups and Classes (see up-to-date calendar)
- Alcohol, Drug & Gambling Resource Guide (help lines, groups, treatment programs, etc.)

### **Trauma History Care:**

- Individual Counseling Services (counseling services with a Licensed Clinical Social Worker)
- EMDR Services (therapy to work through difficult memories)
- Evaluation, Medication Management, and Psycho-Education (PMHNP services)
- Acupuncture
- Medication Management
- Free Groups and Classes (see up-to-date calendar)
- Community Resources and Referrals

### **Living Situation and Access to Resources:**

- Supportive Resource Coordinator referral (a social worker who focuses on resources for patients)
- 2-1-1 Info and Street Roots for local resources

### **Understanding Your Pain and Pain Management Skills:**

- Occupational Therapy (gives you skills and strategies to do the things you need and want to do)
- Tame Your Pain Drop-In group
- Pain Resiliency Skills 12-week course
- Schedule an appointment with your provider to discuss your diagnoses and goals

### **Chronic Disease Management:**

- Primary Care Provider appointments (for monitoring and treatment planning)
- Occupational Therapist (gives you skills and strategies to do the things you need and want to do)
- BLOOM Diabetes Management group
- Wound care appointments
- Tobacco cessation services

# Focus on What Matters

We want to know what your values are, what matters to you, and how pain gets in the way of the life you want.

By discussing these issues, we can work together to create a safe and effective plan to help you better manage the pain you experience.

**What matters to you?**

**How are you taking care of yourself?**

Achievement

Adventure

Affection

Arts

Authenticity

Balance

Challenges

Change and variety

Close relationships

Community

Compassion

Competence

Competition

Country

Creativity

Decisiveness

Democracy

Economic security

Efficiency

Excellence

Excitement

Expressing emotions

Fairness

Faith

Family

Freedom

Friendships

Generosity

Grace

Growth

Happiness

Harmony

Health

Helping others

Honesty

Humor

Independence

Influencing others

Inner peace

Integrity

Kindness

Knowledge

Leadership

Learning

Loyalty

Meaningful work

Money

Open-mindedness

Order

Pleasure

Power and authority

Privacy

Public service

Recognition

Religion

Responsibility

Security

Self-care

Self-respect

Stability

Status

Strength

Teaching

Teamwork

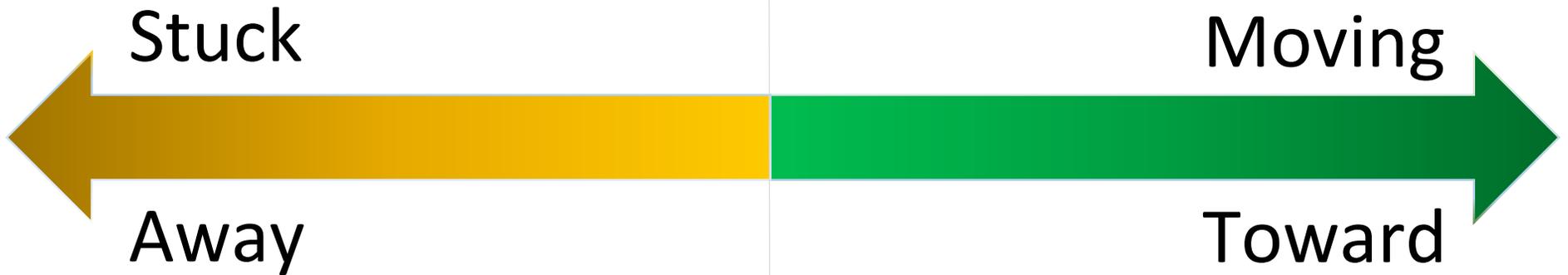
Truth

Wisdom

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What have you been doing that might move away from the things that matter to you?

What are you going to do to move toward the things that matter to you?



What thoughts and feelings get in the way of what matters to you?

What matters to you?  
How do you take care of yourself?

# Please fill this out. It will help us better understand and work together to improve your ability to manage pain.

Over the past week, which number best describes how easy or hard it was to do the following things:

## Day-to-Day Activities

0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy.)

(10 = Too hard. Couldn't do it at all.)

## Mood (how you feel)

0 1 2 3 4 5 6 7 8 9 10

(0 = Very good all week.)

(10 = Terrible the whole week.)

## Walking Ability (or ability to get around)

0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy.)

(10 = Too hard. Couldn't do it at all.)

## Normal Work (includes work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy.)

(10 = Too hard. Couldn't do it at all.)

## Relations with other People (spending time with people, getting along with people, etc.)

0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy.)

(10 = Too hard. Couldn't do it at all.)

## Sleeping (both falling asleep and staying asleep)

0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy.)

(10 = Too hard. Couldn't do it at all.)

## Enjoyment of Life

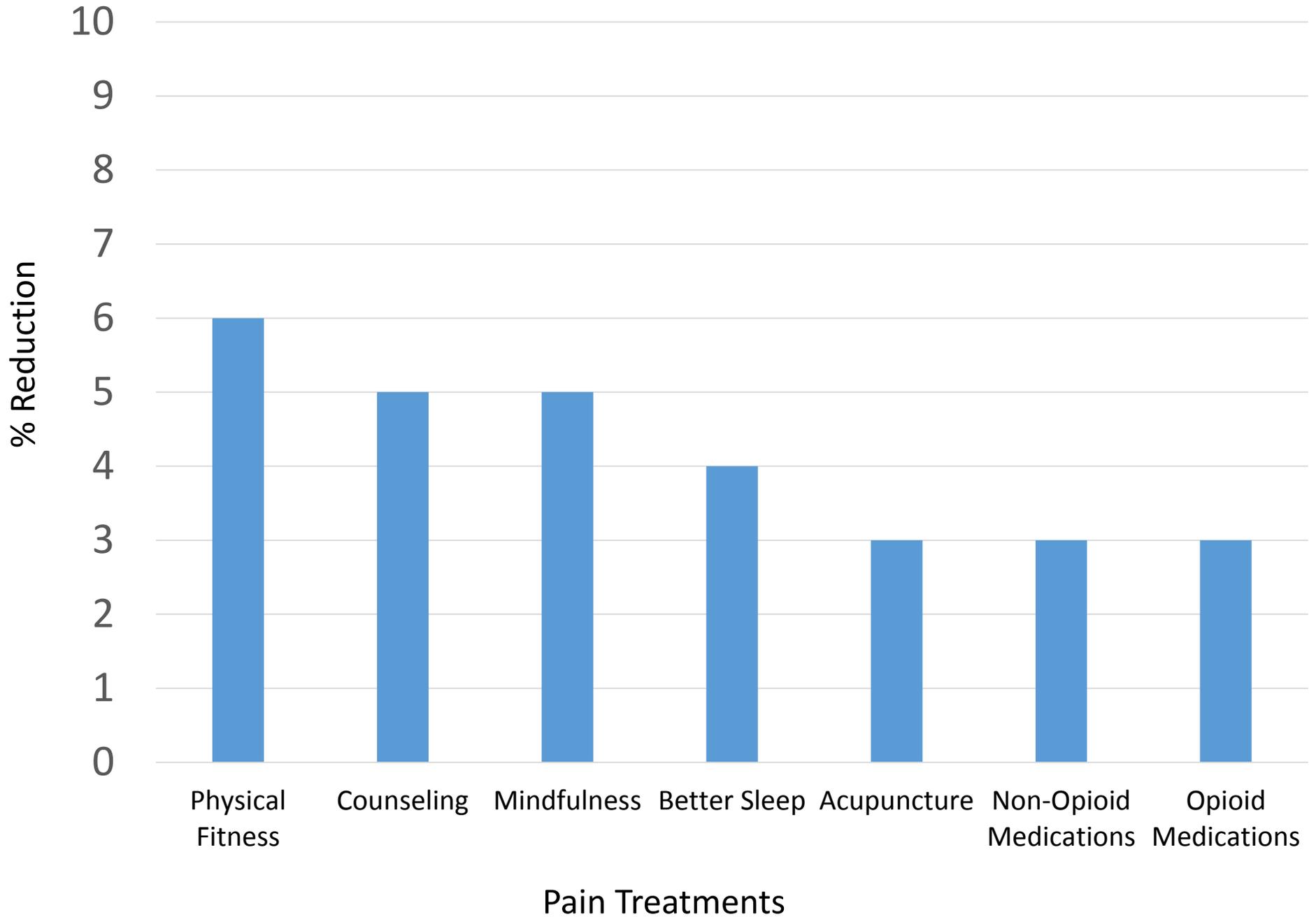
0 1 2 3 4 5 6 7 8 9 10

(0 = Completely easy to enjoy.)

(10 = Too hard. Didn't enjoy at all.)

# Pain Treatment Effectiveness

From UW Pain Medicine and CDC- Extrapolated Results



This graph shows the effectiveness of the different tools we have here to help better manage pain.

Would you be open to discussing this together?

### If taking opioids:

What we know from our best scientific studies is that opioids, seen on the far right, at best tend to provide about a 30% reduction in pain, so for example if you have 8/10 pain, the best we would expect it to work would be to bring the pain down to a 5. About how much do you feel like opioid medications work for you in reducing the pain you experience?

While a 5 is definitely better than an 8, what we know about opioid use is that over the long-term opioids don't work as well, and tend to have a lot of side effects, or even end up causing more pain. And in addition, if we compare how well opioids work for reducing pain to other treatment approaches in this graph, we see that there are other ways that are safer and can help even more.

We want to help you get back to living the life you want for yourself, and you've identified that pain is really getting in the way. We can think about adding different, safe strategies together, to get the pain you experience under better control and help you function better.

Would you be willing to try out some of these other strategies to better manage your pain?

Medication	Type of Pain					
	Nociceptive/ Musculoskeletal	Neuropathic	Post-Herpetic Neuralgia	Fibromyalgia	Chronic HA/ Migraine	Dental
<b>Non-Opioid Analgesics</b>						
Acetaminophen (Hepatic fxn)	Up to 500-1000 mg QID (Max 4000 mg/day)				Up to 1000 mg TID	Up to 1000 mg TID
Celecoxib (Renal/hepatic fxn, CBC)	100 mg BID*					
Ibuprofen (Renal/hepatic fxn, CBC)	Up to 800 mg TID				Up to 800 mg TID	Up to 800 mg TID
Meloxicam (Renal fxn, CBC)	7.5-15 mg/day					
Naproxen (Renal/hepatic fxn, CBC)	500 mg BID (Max 1000 mg/day)				220mg Q8 to 12H (Max 660 mg/day)	
Ketorolac (Renal/hepatic fxn, CBC)	<65 y/o: 60 mg IM single dose or 30 mg IM Q6H (Max 120 mg/d X 5 days) >65 y/o: 30 mg IM single dose or 15 mg IM Q6H (max 60 mg/day X 5 days)					
<b>Topical Analgesics</b>						
Lidocaine (Requires PA)	Lidocaine 5% patch or 1% Gel	Lidocaine 5% patch or 1% Gel	Lidocaine 5% patch or 1% Gel			
Capsaicin	Apply TID-QID	Apply TID-QID	Apply TID-QID			
Diclofenac	Diclofenac 1% 2-4g QID (depending on location of joint) Max 32g/day					
Trolamine Salicylate	Trolamine 10% TID-QID					
Benzocaine						10-20% up to QID

	Nociceptive/ Musculoskeletal	Neuropathic	Post-Herpetic Neuralgia	Fibromyalgia	Chronic HA/Migraine	Dental
<b>Tricyclic Antidepressants</b>						
Nortriptyline (QTc, overdose risk)		Initial 10-25 mg QHS (If tolerated target 50- 150 mg/day)	Initial 10-20 mg QHS (If tolerated target 50-150 mg/day)			
Amitriptyline (QTc, overdose risk)		25-100 mg QHS (If tolerated target 50- 150 mg/day)	10 to 25 mg QHS (no benefit at dose > 100 mg)	10 to 50 mg QHS*	10 to 25 mg QHS (If tolerated may increase up to 150 mg/day)	
Desipramine (QTc, overdose risk)		Initial 25 mg QHS (If tolerated target 50- 150 mg/day)				
<b>SNRIs</b>						
Duloxetine (PHQ9, screen for bipolar, BP, renal/hepatic fxn)	30 to 60 mg/day	60 mg/day & if benefit up to 120mg		30 to 60 mg/day		
Venlafaxine ER (PHQ9, screen for bipolar, BP, renal/hepatic fxn)		Initial 37.5 mg titrate up to 150-225 mg/day			37.5 mg QD X 3 days; up to 150 mg/day	
Milnacipran (PHQ9, screen for bipolar, BP, renal fxn)				Up to 50 mg BID (Max: 100 mg BID)		
<b>SSRIs</b>						
Fluoxetine (Hepatic fxn)				20 to 80 mg/day		
<b>Muscle Relaxants</b>						
Cyclobenzaprine (QTc, hepatic fxn, overdose risk)	5-10 mg TID for spasms, short term only			10-40 mg QHS		
Methocarbamol	Up to 1500 mg TID					

	Nociceptive/ Musculoskeletal		Neuropathic	Post-Herpetic Neuralgia	Fibromyalgia	Chronic HA/Migraine	Dental
Tizanidine (Renal/hepatic fxn)	2 mg q6-8H (Max 3 doses/day) for spasticity	2 mg q6-8H for acute pain				Up to 16 mg/day (Adjunct)	
Carisoprodol (Controlled substance)	250 to 350 mg TID & HS x2-3wks						
Baclofen (Renal fxn)	5 mg TID (Max 80 mg/day)						
<b>Anti-Convulsants</b>							
Gabapentin (Renal fxn)			Up to 3600 mg/day	Up to 3600 mg/day (limited benefit > 1800 mg/day)	Up to 3600 mg/day (evidence to 2400 mg/day)		
Pregabalin (Controlled substance)			50-100 mg TID (Max 300 mg/day)	Up to 300 mg/day (may increase to 600 mg in patients who tolerate 300 mg/day)	75-150 mg BID (Max 450 mg/day)		
Topiramate (Renal fxn, serum bicarb)						Up to 100 mg/day	
<b>Beta blockers</b>							
Propranolol (HR & BP)						Up to 240 mg/day	
Atenolol (HR & BP)						100 mg/day	
<b>Ca Blockers</b>							
Verapamil (HR & BP, Renal/hepatic fxn)						80 mg QID	

<b>Triptans</b>						
Sumatriptan (Hepatic fxn, BP, ECG w/ multiple cardiac risk factors)						Up to 200 mg/day prn
Zolmitriptan (Hepatic fxn, BP, ECG w/ multiple cardiac risk factors)						Up to 10 mg/day prn
Rizatriptan (BP, ECG w/ multiple cardiac risk factors)						Up to 30 mg/day prn
<b>Cannabinoids</b>						
CBD (not psychoactive) *Vaporization better	For spasticity related to MS	4-8mg/day (by extract)				

Colors based off Micromedex efficacy, strength of evidence, and strength of recommendation for each medication with the specified type of pain.

**Green**= Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is effective/ useful and should be administered. Sometimes the given treatment is generally considered to be useful, and is indicated in most cases. \*Drugs with an asterisk are indicated in some, but not most, cases.

**Yellow**= Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion favors efficacy. Treatment is generally indicated in some, but not most, cases.

# Chronic Opioid Use Risks

Current science shows that the use of opioids for more than 90 days (defined as chronic use) has NO proven overall efficacy or safety for treating pain long-term, and in fact the risks of chronic use strongly outweigh any potential or questionable benefits.

The U.S. is in the midst of a major health epidemic caused by the incorrect and drastic over-prescribing of opioids by physicians during the last two decades- and now we have the science to support both why we have to change what we're doing, and how to help patients manage their pain more safely and effectively.

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## **Opioid Risks – These are real potential risks for ANY person taking opioids**

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### **Breathing (Respiratory) Problems**

- Cause any other breathing problems to be worse
- Cause overdose and death

### **Brain (Cognitive) Effects**

- Make you very sleepy.
- Cause you to have more pain.
- Cause trouble thinking.
- Impair your judgment. This can cause you to make poor decisions.
- Make it unsafe to drive or use machinery.

### **Mental (Psychological)**

- Contribute to your becoming addicted to the medicine, or may make it hard to control how often you take it or how much you take.
- Worsen your depression.
- Cause your brain to become dependent on the pain medicine
- Be very difficult to stop taking, whether you want to or not
- Not work as well over time.

### **Abdominal and Hormone Problems**

- Cause nausea and vomiting.
- Cause constipation.
- Serious intestinal blockage
- Cause you to gain weight.
- Cause you to lose sexual desire and have trouble becoming aroused.
- Cause you to become infertile while using opioids.

### **Immune System Problems**

- Make you feel itchy.
- Cause an allergic reaction that causes shortness of breath, wheezing, and a rash.
- Cause your immune system to become weaker and less able to fight infection. You may not be able to fight off colds or other viruses well. Wounds might take longer to heal than they should.

### **Injuries**

- Cause more frequent falls and bone fractures

# Opioid Tapering Pathway

## ASSESSMENT AND PLANNING

### Consider opioid taper for patients with:

- Opioid MED > 50mg/day or methadone > 30 mg/day
- Aberrant use behaviors
- Significant behavioral and/or physical risks
- Lack of improvement in function and/or pain
- Long-term use with increasing risks overshadowing benefits
- Diagnosis without evidence-based indication for opioid treatment

### 1. Frame the Conversation Goals:

- Start the conversation early and allow time for patient to prepare, if possible
- Demonstrate empathy and validate
- Understand the underlying connection between pain and emotions
- Focus treatment goals towards function, values, and enjoyment of life
- Reframe expectations for care and improvement
- Emphasize safety and deserving better care
- Increase collaboration and engagement

### 2. Taper one drug at a time, if applicable (benzos, ER before IR opioids)

### 3. Together with patient, set a date to begin and a reasonable date for completion

### 4. Involve our A+D team early and proactively, if applicable

### 5. Simultaneously provide referrals to and establish behavioral and clinic supports and services, provide pain education and explore multi-modal treatment options

### 6. Document clearly:

- Use dot phrase **.taper**, this will help the rest of the care team support your work and planning
- Include "Taper Plan" in note summary

Begin

## TAPERING

- Use MED calculator to help plan your tapering strategy
- Decrease total daily dose by 5-10% of initial dose every 5-28 days until 30% the original dose is reached, then 10% weekly decrease of the remaining dose
- If a more rapid taper is indicated, consult with CSRC
- See patient frequently during process and stress healthy behavioral and emotional supports
- Encourage engagement with mental health providers
- Monitor for underlying substance use disorder that may emerge during taper process. Consider using UDS, pill counts, and PDMP queries.
- Consider adjuvant medications, including: antidepressants, gabapentin, NSAIDs, clonidine, anti-emetic, and anti-diarrheal agents
- Repeat and reinforce framing messaging, offer support, and troubleshoot with alternative plans

Green Light

## TROUBLESHOOTING AND SUPPORT

If difficulty with taper, aberrant use, poorly managed mental health, or substance use disorders emerge that interfere with treatment, consider:

- Discuss perceived issue openly with patient, again from a perspective of safety
- Consider changing the rate of taper
- Increase frequency of visits and behavioral supports
- Consider involvement of A+D team, if applicable
- Refer to CSRC for difficult cases and support

Caution