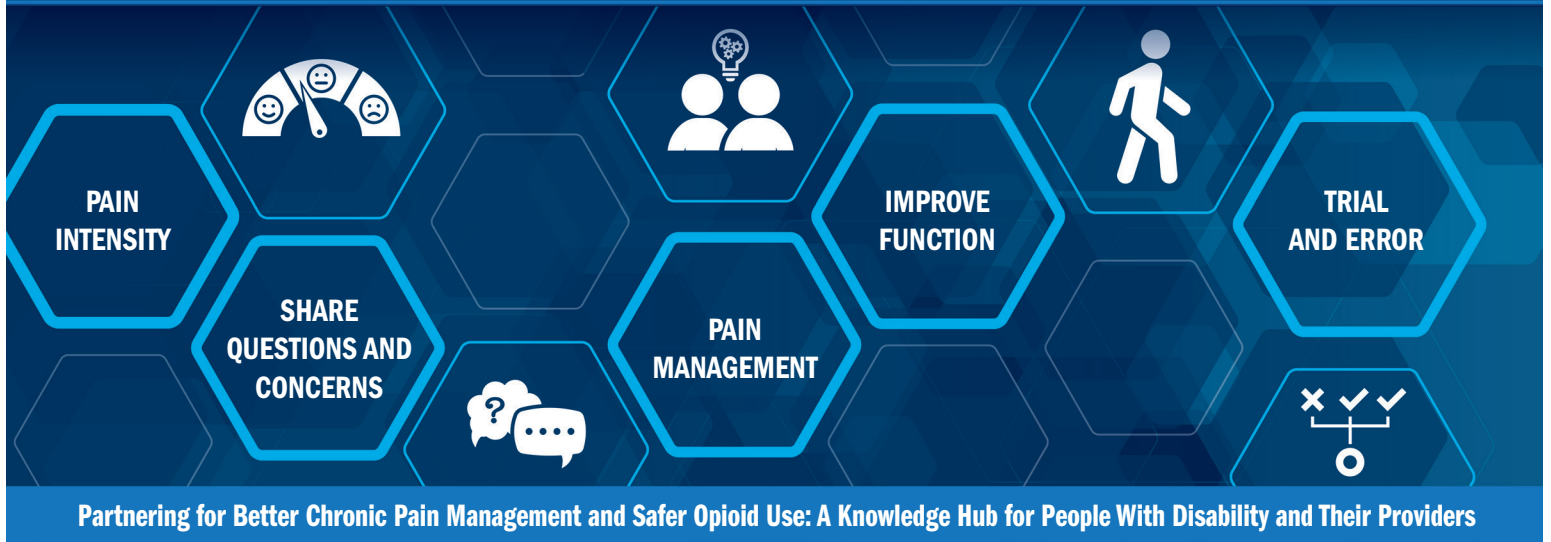




Communicating With Your Provider for Better Pain Management and Safer Opioid Use



Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers

Introduction | This guide offers information to discuss with your provider when developing a chronic pain treatment plan that may include opioids. Together, you can come up with a plan that will keep you as safe as possible.

This guide is organized into frequently asked questions. These questions cover three topics:

1. What your provider needs to know to prescribe opioids more safely
2. Using opioids long term
3. Changes to your plan

1. What your provider needs to know to prescribe opioids more safely

What does my provider need to know to prescribe opioids more safely?

Describing your pain in detail helps your provider figure out the cause and suggest treatments that are likely to give you some relief. Your provider will want to know what the pain is like and how it affects you. The table below gives examples of details you should give your provider.

Type of Pain	Examples of How to Describe the Pain
How it feels	<ul style="list-style-type: none"> ■ Use words like <i>aching</i>, <i>throbbing</i>, <i>dull</i>, <i>shooting</i>, and so on.
Where it hurts	<ul style="list-style-type: none"> ■ Describe the location(s) of the pain and if it travels.
What makes it better or worse	<ul style="list-style-type: none"> ■ Explain what activities make the pain more tolerable and which ones make it worse.
Intensity	<ul style="list-style-type: none"> ■ Describe how intense, or severe, the pain feels. Rate your pain on a scale of 0 to 10. Zero is no pain, and 10 is the worst pain.
Impact	<ul style="list-style-type: none"> ■ Describe how the pain affects you. Have you stopped doing household tasks or activities you enjoy? ■ Are you having trouble sleeping? ■ Fill out the Pain Questionnaire and Ability Chart. This will help your provider understand how your pain affects you. <ul style="list-style-type: none"> • Pain Questionnaire (Arthritis Foundation, Pain Toolkit) • Ability Chart (American Chronic Pain Association)

What does my provider need to know about my opioid use?

- **If you take opioids now.** Tell your provider what opioids you are taking. Describe how well they work (or don't work) to control your pain. If you take more opioids some days than others, explain the reasons you take more. For instance, do you take more opioids when you are more active? If another provider prescribed a medication for pain control, bring the pill bottle to show it to your provider.
- **What changes to your medications have worked in the past.** Talk to your provider about past changes in the type or dose of opioid. Describe how well the changes worked (or didn't work). This will help your provider know what to prescribe to manage your pain and to keep you safe.
- **Other prescription and over-the-counter medications.** [Benzodiazepines](#) (BEN-zo-dye-AZ-uh-peenz), sometimes called "benzos," slow the heart rate and breathing. Valium and Xanax are common benzodiazepines. Taking these drugs with opioids can increase your risk of unintentional overdose. Talk to your provider about all your medications, including any over-the-counter drugs you take.
- **Alcohol use.** Drinking alcohol while taking opioids can be dangerous. Alcohol slows breathing and makes you drowsy. This increases the risk of an opioid overdose and death. Don't drink alcohol when taking opioids.
- **Past and current addiction to any substance.** Tell your provider about any current or past problems you have had with addiction. This includes problems using opioids, sedatives, cocaine, stimulants, alcohol, tobacco, marijuana, and any other drugs.
- **How you feel about taking opioids.** If you are uncomfortable with taking opioids, tell your provider.

What else should I tell my provider?

- **If you feel sad or anxious on most days.** People with chronic pain and disability often have depression and anxiety. Feeling down makes pain worse. But pain can make depression or anxiety worse too. Depression and anxiety can be treated with counseling and medication. To learn more, click on these links:
 - [Depression Basics](#)
(National Institute of Mental Health)
 - [Generalized Anxiety Disorder: When Worry Gets Out of Control](#)
(National Institute of Mental Health)
 - [Understanding the Facts of Anxiety Disorders and Depression Is the First Step](#)
(Anxiety and Depression Association of America)
- **Concerns about safe storage of opioids.** About one-half of the people who misuse prescription opioids get them from a friend or relative.¹ Store your opioids in a safe place where other people cannot get them. Tell your provider if you are concerned that family members, caregivers, or friends could access your opioids.
- **Mobility and transportation difficulties.** Tell your provider if you have trouble with mobility or getting transportation that may mean you could miss appointments or be late. Tell them if you need accommodations for certain types of treatments or tests. Your provider may be able to arrange the help you need.

2. Using opioids long term

Why does my provider check my urine for drugs?

- The purpose of urine testing is to keep you safe. The National Centers for Disease Control and Prevention [Guideline for Prescribing Opioids for Chronic Pain](#)² encourages urine testing as a routine part of care.

I feel sick when I don't take opioids. Does this mean I am addicted?

- No, nearly everyone develops symptoms if they stop taking opioids suddenly after being on them for several weeks. Common withdrawal symptoms include anxiety, trouble sleeping, sweating, diarrhea, nausea, runny nose, and muscle aches. Pain often increases in the first week or two after decreasing opioids. If you want to stop taking opioids, talk with your provider about how to taper your opioid dose. When a provider tapers your opioid dose, they reduce it by small amounts every 1 to 2 weeks. Tapering will help prevent these uncomfortable symptoms from happening.

I am worried about using opioids every day. How do I know if I am addicted?

- Taking opioids every day to manage chronic pain does not mean you are addicted. But opioids are highly addictive drugs. See this *Knowledge Hub* resource to learn what to look for: [Understanding Signs and Symptoms of Opioid Use Disorder](#).

3. Changes to your pain management plan

Why won't my provider increase my opioid dose when I am still in pain?

- A higher dose may put you at greater risk of unintentional overdose. Your provider may believe a higher dose won't reduce your pain, but it could increase your side effects.
- Your provider may recommend that you see a pain specialist or try a new approach to help manage your pain and improve your function. See the *Knowledge Hub* resource [Methods for Managing Chronic Pain Other Than Medication](#) for ideas on how you can manage chronic pain. Tell your provider what pain treatments you tried in the past. Tell them what helped or what didn't work.

Why is my provider cutting my dose of opioids?

- Your provider is comparing the benefits of taking opioids against the risks. If opioids don't improve your pain and function, it makes sense to stop taking them. Your provider may be concerned about:
 - Side effects like drowsiness that can cause falls or other injuries.
 - Risk of life-threatening and unintentional overdose at your current dose.
 - New health conditions like kidney problems that could reduce your tolerance for opioids. New health conditions can also increase the risk of unintentional overdose.

To learn about how to reduce your opioid dose, here are some [Tips for Decreasing Your Medication](#) (Oregon Pain Management Commission, Pain Care Toolbox).

What will my provider do if they think I may have opioid use disorder?

- Your provider may recommend you go on *suboxone* (sub-OX-own) or *buprenorphine* (BYOO-pren-OR-feen). These medications are used to treat opioid use disorder. They reduce opioid cravings and withdrawal symptoms. Some people find that these medications reduce their pain too.
- Your provider may ask questions to figure out if you would benefit from seeing a behavioral health provider. The behavioral health provider can support you and teach you new ways to manage pain. They will help you learn to change your thinking and behavior to reduce distress, calm the nervous system, and decrease pain.
- To stop opioids, providers usually reduce the opioid dose by small amounts every 1 to 2 weeks. This is called *tapering*. Tapering reduces withdrawal symptoms. Withdrawal symptoms feel like the flu and are most severe in the first 1 to 3 days after reducing the dose. Medication can be prescribed to treat many withdrawal symptoms.
 - [Slowly Stopping Opioid Medicines: Helpful Tips to Getting Off Your Opioid Successfully](#) (U.S. Department of Veterans Affairs, Veterans Health Library)
 - [Opioid Misuse and Addiction Treatment](#) (U.S. National Library of Medicine)
 - [The Facts About Buprenorphine for Treatment of Opioid Addiction](#) (Substance Abuse and Mental Health Services Administration)

Why is my provider referring me to a pain specialist?

- Your provider may refer you to a pain specialist because this type of provider is an expert in treating chronic pain. They have in-depth knowledge of pain medications and specialized tests to assess pain problems. They may be trained to do nerve blocks and spinal injections. The pain specialist will assess whether you can benefit from occupational therapy, physical therapy, or counseling.

What should I look for in a pain specialist?

- Look for a pain specialist who is board certified in pain management and has experience treating people like you. Ideally, the pain specialist will be part of a team that offers counseling, occupational therapy, physical therapy, and nondrug treatments. This team will work together to reduce pain and improve your quality of life.
- If you can't find a pain management program where you live, put together your own team. Look for therapists and doctors who often work with each other. They should share your progress with each other and coordinate how they will treat you. Interview providers and ask them about their philosophy of treating pain. Look for providers who will:
 - Treat your physical pain and help you to reduce the impact of pain on your emotions and your overall life.
 - Listen to you.
 - Include you in planning your care.
 - Teach you how you can help yourself.

- Make sure that you feel comfortable with the providers on your pain management team. You should be able to easily talk with them and ask questions. Here are some resources about pain management programs and teams:
 - [Pain Management Programs](#) (American Chronic Pain Association)
 - [Know Your Pain Treatment Options](#) (Everyday Health)



For more information visit: Partnering for Better Chronic Pain Management and Safer Opioid Use:
A Knowledge Hub for People With Disability and Their Providers | [KnowledgeHub.air.org](https://www.knowledgehub.air.org)

Endnotes

- 1 Lipari, R. N., & Hughes, A. (2017). *How people obtain the prescription pain relievers they misuse. The CBHSQ report*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_2686/ShortReport-2686.html
- 2 National Centers for Disease Control (CDC). (n.d.). Guideline for prescribing opioids for chronic pain: Improving practice through recommendations. Atlanta, GA: CDC. Retrieved from https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf

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