

GUIDELINES - - -

What Practitioners Should Discuss With Their Patients.

Under the law¹, practitioners are required to have conversations with a patient about the risks, benefits, and alternatives to opioids, and to document in the patient record that the discussion took place.

Required Discussion

Prior to issuing the initial prescription of a Schedule II controlled dangerous substance or any other opioid drug in a course of treatment for acute or chronic pain, and again prior to issuing the third prescription of the course of treatment, you must discuss with the patient the risks associated with the drugs being prescribed. The content of that discussion should include:

- The reasons why the medication is being prescribed and the treatment goals;
- The possible alternative treatments; and
- The risks associated with the medication; specifically:
 - The risks of developing a physical or psychological dependence or addiction, even when these medications are taken as prescribed;
 - The risk of mixing opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;
 - The risk associated with taking more opioids than prescribed;
 - The risk of driving or operating machinery when taking opioids; and
 - The risk of overdose and potentially fatal respiratory depression.

With respect to unemancipated patients under 18 years of age, this discussion must be with the parents or guardians of the patient, and it must take place prior to the issuance of **every** prescription for a Schedule II opioid, not just the first and third time a prescription is issued. Given the risks of abuse and overdose associated with opioid treatment, you should consider whether the minor should be included in the discussion, depending on his or her age and level of maturity. If the patient is an emancipated minor, you should have the conversation with the minor.

Although you may give your patient a handout as a supplement to this conversation, you must have a discussion and include a note in the patient record documenting that the discussions took place. When treating patients for chronic pain, you must enter into a pain management agreement, which will provide an important opportunity to reiterate the discussion and establish expectations for long-term prescribing.² Effective communication requires that you allow adequate time and ask the patient if they have questions and correct any misunderstandings.³

¹ www.njconsumeraffairs.gov/bme/Documents/BME-Rule-Text.pdf - Effective March 1, 2017;

² www.njconsumeraffairs.gov/prescribing-for-pain/Documents/Pain-Treatment-with-Opioid-Medications-Pain-Agreement.pdf

³ www.njconsumeraffairs.gov/prescribing-for-pain/Documents/BME-Guidelines-What-Patients-Should-Ask-Prescribers-Before-Taking-Opioids.pdf

Additional topics for discussion, which although not mandated by the statute, are consonant with good medical practice and are in the best interest of patients:

Discussion of Treatment Goals _____

From the outset of treatment it is important that patients understand that you don't know how effective opioids will be over time and that these opioids probably won't take away pain completely. They should also understand that if the medications prescribed are not meeting treatment objectives or are causing side effects or harm, alternatives will be pursued and that you and your patient should be committed to tapering the use of opioids.

Possible Side Effects and Withdrawal Symptoms _____

As with any medication, you should prepare your patient for possible side effects of treatment, which for opioids can include nausea, vomiting, constipation, dry mouth, fluid retention, weight gain, weight loss, suppression of the immune system, suppression of thyroid function, suppression of menstrual cycle, suppression of male hormone, sleeping abnormalities, sweating, edema, sedation, confusion, depression, itching, and allergic reaction.

You should also address the symptoms that may be involved if addiction or physical dependence develops and the patient stops taking opioids. Withdrawal symptoms may include abdominal and muscle cramps, irritability, nausea, vomiting, sweating, body aches, runny nose, yawning, anxiety, and sleep problems. If the patient is pregnant or becomes pregnant while taking opioids, the baby may be physically dependent on the opioids and withdrawal can be life threatening to the baby.

Ongoing Monitoring _____

You should let the patient know that you are required to access the Prescription Monitoring Program (PMP) and about the methods you will be using to monitor opioid therapy, whether by random urine screens or pill counts. Discussion of these tools at the outset can avoid having the patient view them as intrusive or evidence of a lack of trust.

Availability of Overdose Antidotes _____

With patients who are particularly at risk, or who have had a history of substance abuse, you should consider issuing a prescription for naloxone, and educating the patient and family members, if possible, about its use.

Proper Storage and Disposal of Medications _____

You should counsel your patients to store their medications securely, never share with others, and properly dispose of unused and expired medications. You can alert your patients to Take Back days or Project Medicine Drop locations, or advise them to use a drug disposal pouch. Additional information is available at:

www.njconsumeraffairs.gov/meddrop/Pages/Safety.aspx

www.dea diversion.usdoj.gov/drug_disposal/takeback/

Addressing conflicts

Helping patients suffering from chronic pain is a challenge, requiring that prescribers show empathy and compassion. It is recommended that you “avoid argument and direct confrontation” and attempt to “adjust to client resistance rather than opposing it directly.”⁴ You should set limits and clarify boundaries, focusing on what you are willing to do, rather than on what you refuse to do.

Other Resources

To assist you with these discussions, the following resource may be useful in communicating with your patients, particularly with those patients on opioid treatment for chronic pain.

www.emergency.cdc.gov/coca/ppt/2016/slides_121316_effectively_communicating_opioid_therapy.pdf

In addition, the following states have developed useful guidance on prescribing in general and the conversations that can be helpful when managing patients with chronic pain:

- Oregon

www.oregonpainguidance.org/wp-content/uploads/2014/04/OPG_Guidelines.pdf

- Washington State’s “Interagency Guideline on Prescribing Opioids for Pain”

www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

- Oklahoma

www.ok.gov/health2/documents/UP_Oklahoma_Office_Based_Guidelines.pdf

- Massachusetts Medical Society or Massachusetts Guidelines

[www.massmed.org/Advocacy/Key-Issues/Opioid-Abuse/Opioid-Therapy-and-Physician-Communication-Guidelines-\(pdf\)/](http://www.massmed.org/Advocacy/Key-Issues/Opioid-Abuse/Opioid-Therapy-and-Physician-Communication-Guidelines-(pdf)/)

⁴ www.emergency.cdc.gov/coca/ppt/2016/slides_121316_effectively_communicating_opioid_therapy.pdf