



MODULE 3:

Initiating Opioid Therapy for Pain: Essential Elements for Patient Communication

Act 112 of 2019 requires prescribers in Pennsylvania to educate their patients and establish treatment agreements with their patients before issuing the first prescription in a single course of treatment for chronic pain with a controlled substance containing an opioid. (PA DOH, 2019)¹

Effective communication between clinicians and patients about the benefits and risks of prescription opioids enhances shared decision-making and fosters a mutual understanding of treatment goals. This collaborative approach helps ensure that both parties are informed and aligned on the best course of action for pain management, supporting safer, more personalized care.

Recommendations provided by the Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 include:

Use a Comprehensive Communication Approach

Engage your patient in conversation about whether to start opioid therapy. Provide culturally, linguistically, and ability appropriate communications accessible to all patients. Adopt an interactive patient-centered approach to discussing treatment options and goals. Important topics for discussion include:

- The goals and progression of pain management treatment
- The expected benefits and limitations of opioid therapy for pain management
- Non-opioid alternatives for pain management.
- Discuss the potential for urine drug testing, which may have out-of-pocket costs for the patient, if opioid therapy is initiated.
- The planned use of precautions to reduce risks, including naloxone for overdose reversal.
- When appropriate, the importance of working toward planned discontinuation of opioid use, including a plan to appropriately taper opioids as pain resolves.

Educate Patients about Opioid Therapy Risks

Fully inform patients of potential opioid therapy risks to ensure understanding and answer patient questions. Educate patients on:

- Potential side effects such as constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, and withdrawal symptoms when stopping opioids.
- Serious potential risks of opioids, including the possibility of life-threatening respiratory depression due to overdose, and the development of opioid use disorder.
- Potentially hazardous activities (using heavy equipment, driving, electricity, etc.) when using prescribed opioids, as they can negatively affect sleep, cognition, balance, and coordination.
- Risks to household members and other persons if opioids are intentionally or unintentionally shared with others for whom they are not prescribed.
- Limiting opioid use to the minimum needed to manage pain, as short-term opioid use can lead to unintended long-term opioid use.

Develop a Plan to Manage Risks

Anticipate and collaboratively plan to mitigate potential risks of opioid therapy. To support risk reduction, clinicians should:

- Consult the Pennsylvania Prescription Drug Monitoring Program (PDMP) System and toxicology screenings (as needed) to assess for concurrent substance use (such as benzodiazepine or gabapentin) that might place patients at higher risk for opioid use disorder and overdose.
- Maximize the use of nonpharmacologic and nonopioid pharmacologic therapies.
- Ensure that patients with special health needs such as renal or hepatic insufficiency, moderate to severe sleep-disordered breathing, those aged ≥ 65 years, and pregnant persons, receive condition-specific monitoring and care.
- Provide naloxone when prescribing opioids.
- After conducting an assessment and identifying a patient at risk for substance use disorder, ensure patients are connected to harm reduction and treatment resources.

Support Patient Management of Safety and Wellbeing

Discuss with patients their role in ensuring safe and effective opioid therapy. Review with patients how to:

- Manage potential side effects, such as increasing hydration, fiber intake, and maintaining or increasing physical activity to reduce constipation.
- Inform clinicians of severe or uncontrolled pain and arranging for timely reassessment and management.
- Take opioids only as prescribed (i.e., not taking more opioids than prescribed or taking them more often).
- Assess their ability to safely perform potentially hazardous activities (e.g., using heavy equipment or electricity, driving, etc.).
- Plan in advance for potential changes, such as a switch in clinicians, pharmacy supply shortages, or changes in transportation needs. Planning ahead can help ensure continuity of care and prevent disruptions in access to medications and services.
- Avoid increased risks for overdose when opioids are combined with other drugs, including some over-the-counter medications, and especially with benzodiazepines, other sedatives, alcohol, nonprescribed or illicit drugs (e.g., heroin), or other opioids.
- Store opioids in a secure and preferably locked location, as well as options for safe disposal of unused opioids.
- Identify emergency safety planning steps, including the use of naloxone. Encourage patients to ask a loved one or friend to learn how to use naloxone and know where it is.

¹ Pennsylvania Department of Health. (2019). Opioid Treatment Agreements (Act 112 of 2019). <https://www.health.pa.gov/topics/programs/PDMP/Pages/Opioid-Treatment-Agreements.aspx>

² Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022. *MMWR Recommendations and Reports*, 71(3), 1–95. <https://doi.org/10.15585/mmwr.rr7103a1>