Discussing opioid use with chronic pain patients—this tool can help!

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Clinical question
How can I use the results of a Pain, Enjoyment, and General Activity (PEG) assessment to talk with chronic pain patients about their opioid medication?

Why did we choose this topic?
You may encounter a patient who is new to you, whose long-term use of opioids for chronic pain is not consistent with our current clinical guidelines, and for whom the risk of harm with continued use outweighs the possible benefit. Discussing changes in medication with these "legacy patients" can be difficult, and some patients are fearful or concerned about tapering or discontinuing their opioid medication.

Recommendations
Published studies and expert recommendations support using the PEG to monitor how well patients with chronic pain are responding to their treatment plan, and to inform adjustments to that plan. When a patient's PEG scores increase or fail to improve, it creates an opportunity to discuss whether the risk of harm from long-term opioid use is greater than its potential benefit.

The Pain, Enjoyment, and General Activity (PEG) assessment is a validated multidimensional measure of chronic pain.

Each of three items is scored from 0 to 10, with lower scores indicating milder pain or less interference in quality of life or function. The scores are added and averaged; a decrease of 3 points or more is considered a measure of improvement.

During the past week:
1. What number best describes your pain on average?
2. What number best describes how pain has interfered with your enjoyment of life?
3. What number best describes how pain has interfered with your general activity?

The following principles recommended by the developer of the PEG assessment, along with sample "scripts," should be used when talking with patients about the continued use of opioids for chronic pain:

Principle #1: Keep the primary focus on outcomes patients care about. Conversations should focus on improving overall quality of life, enabling participation in important life activities, protecting patients from opioid-related harm, and achieving patients' long-term goals—not on eliminating pain. Emphasize your concern for the patient's well-being.

- For most people, the benefits wear off as the body gets used to the medications. Then they're stuck on a medicine that isn't really doing much for them. They often assume they'll be worse off without it, but it turns out that's not true. Let's talk about what you can do to live a better life."
• “It's my job to weigh the potential benefits and potential harms, and to prescribe medications only when the benefits are greater than the harms. In your situation, I'm worried the risks outweigh the benefits.”

**Principle #2: When discussing risk, focus on the drugs.** Because some patients may assume you are critical of them, make the medication the “bad guy,” not the patient. Emphasize that new information on opioid risks and harms is leading clinicians to change when and how opioids are prescribed.

- "We used to think these medications were safe; we now know that they are not. I am primarily concerned about your safety."
- "I want to talk with you about how what we know about opioids has changed based on the latest science and clinical recommendations."
- "We used to think the dose didn't matter as long as we went up slowly, but now we know higher doses lead to higher risks of serious injuries and accidental death. And higher doses don't seem to reduce pain over the long run."
- "These drugs aren't the best treatment for pain in the long term, anyway. For most people, their effects wear off over time. I'd like to try some new approaches to see if we can do better."

**Principle #3: Redirect clinical encounters to focus on what patients can do to improve their quality of life.** Help patients explore ways to live better and become more engaged in life activities-developing the ability to do more of what the patient values most. Have patients define treatment goals without using the word pain. Alternatively, ask what they would be doing do if they had less pain.

- "From what you have been telling me, these medications aren't as effective as you would like. Let's think about trying something different."
- "Patients who expect drugs to control their pain are usually disappointed. With or without chronic pain, my patients who are doing better use multiple approaches. Let's talk about what might help you become more active and do more things that you enjoy."
- "With or without chronic pain, my patients who are doing better use multiple approaches. Let's talk about what might help you enjoy."

**Resources**

Quality Improvement and Care Coordination: Implementing the CDC Guidelines for Prescribing Opioids for Chronic Pain

Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care
- Provider Guide for Difficult Conversations
- Tips for Managing Legacy Patients

KPWA Chronic Opioid Therapy Safety Guideline

**Reference**


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