

WHAT IS SHARED DECISION MAKING?

One of the best ways to get better medical care is to be part of a “shared decision making” team with your clinician. Shared decision making occurs when a clinician works with you to select the treatments and care plans that are best for you. The best treatment decision takes into account what research tells us about available health care options, your clinicians’ knowledge and experience with other patients, and your values and preferences.¹

PARTNERING WITH YOUR DOCTOR: A GUIDE TO DISCUSSIONS ABOUT PAIN MANAGEMENT

We want to help you and your health care provider work together to come up with the pain management plan that’s right for you. The resources we provide on the next few pages will help you with managing your pain through a shared-decision making approach with your provider. These materials will allow you to:

- Work with your doctor to make decisions about your health care
- Learn about your health and understand chronic pain
- Understand the pros and cons of different treatment options
- Have the information and tools you need to evaluate your options
- Be better prepared to talk with your health care provider

PLEASE BE AWARE THAT WHATEVER PAIN MANAGEMENT OPTION YOU USE, IT IS UNLIKELY TO FREE YOU FROM ALL YOUR PAIN.

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often masked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed.

RISKS ARE GREATER WITH:

- History of drug use, whether or not illegal or medical
- Mental health conditions such as depression or anxiety
- Other pain
- How you take or use it
- Pregnancy

1 in 4 PEOPLE who use prescription opioids long-term are prescribed daily or nightly with addiction.

RISKS ARE GREATER WITH:

- Misuse, sharing, and diversion
- Overdose and death
- Constipation
- Sleepiness
- Low levels of alertness that can result in falls or other serious injury or death
- Drowsiness and impaired thinking and memory

Health providers using prescription opioids that, when given to patients, are more likely to result in overdose:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Flexeril or Robaxin)
- Alcohol (such as wine or beer)
- Other prescription opioids

Source: Centers for Disease Control and Prevention (CDC) and the American Hospital Association, 2016

FACT SHEET:

Prescription Opioids: What You Need to Know (2 pages)

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Source: Centers for Disease Control and Prevention (CDC) and the American Hospital Association, 2016

<https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf>

¹ Thomas, V., Williams, P., Donahue, K., McCormack, L., & Brenner, A. (2016). Listening to the field: Current state of the science in shared decision making (SDM)—Final SDM summative report. Agency for Healthcare Research and Quality (AHRQ).

INSPIRE Study Shared Decision Making program



FACT SHEET:

Taking Opioid Medicine for Chronic Pain: Talk to Your Doctor About What's Right for You (4 pages)

When patients use opioids as their doctor tells them to, these drugs can reduce pain in some people. But they may not work for everyone or work over the long term. In some cases, they lose their effectiveness or stop working all together.

Source: RTI International, 2018

https://www.rti.org/sites/default/files/opioids_fact_sheet_september_2017.pdf



WORKSHEET:

Preparing for Your Health Care Visit (2 pages)

It is important to make the most of your visit with your health care provider. One way to do that is to have a brief description of what has taken place since your last visit.

Source: American Chronic Pain Association (ACPA), 2012

https://www.theacpa.org/wp-content/uploads/2017/08/ACPA_Fibro_Survey_prepare_for_visit.pdf



VIDEO:

A Car with Four Flat Tires (2:02)

Unlike traditional medicine where the “patient” is a passive recipient, living a full life with pain requires that we take an active role in the recovery process. We need to work with our health care providers to find what we need to manage our pain. Living with pain is not easy, but it is possible. If you take the wheel—by fully participating in your treatment plan—and remain flexible as to the route you need to follow, the journey can be a positive one with personal discoveries and enhanced awareness of life itself.

Source: ACPA, 2018

<https://youtu.be/QWcr9J3MLfo>



FACT SHEET

Non-Opioid Options for Managing Chronic Pain (2 pages)

Patients with pain should receive treatment that provides the greatest benefit. Nonopioid treatments, including nonopioid medications and nonpharmacological therapies, can provide relief to those suffering from chronic pain and are safer.

Source: Harvard University, 2016

<https://www.health.harvard.edu/staying-healthy/non-opioid-options-for-managing-chronic-pain>

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

disorder, or overdose

- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

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KNOW YOUR OPTIONS

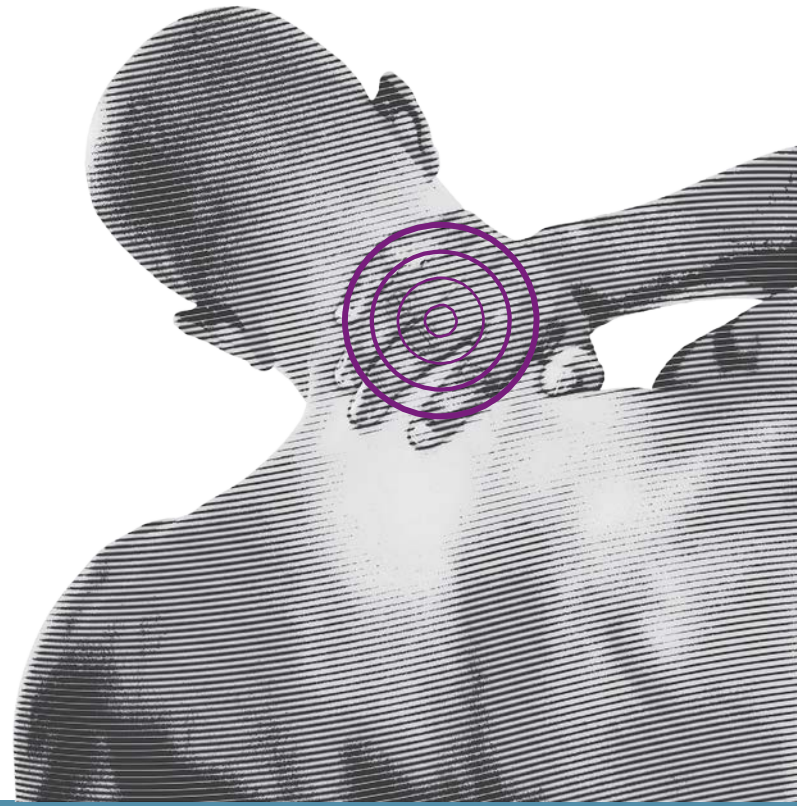
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Taking Opioid Medicine for Chronic Pain

Talk to Your Doctor About What's Right for You

Doctors prescribe opioids to help control some types of pain. Common examples of opioids are:

- hydrocodone
- oxycodone
- morphine

These medicines are better known by their brand names: Vicodin, Percocet, Oxycontin, MS Contin.

Not all opioids are taken by mouth. For example, fentanyl (Duragesic) can be delivered through a skin patch.

When patients use opioids as their doctor tells them to, these drugs can reduce pain in some people.

But they may not work for everyone or work over the long term. In some cases, they lose their effectiveness over time or stop working altogether.

Scientists do not yet understand why opioids work for some people but not for others. Research is underway to try and understand this better.

While opioids may be helpful for **acute pain** (*pain that lasts no more than a few weeks*), there is no strong evidence that they work consistently for **chronic pain** (*pain that lasts over 3 months*). More research needs to be done to understand why.

If you have moderate or severe pain, taking opioids may help you do the things you like to do or need to do every day. But opioids don't treat what's causing your pain. They just help you to feel less pain. Most experts agree that completely getting rid of pain is not a realistic goal.

Many people have side effects from opioids. Some of these side effects are more serious than others. Also, some side effects may become less severe or go away after a short time. Tell your doctor about how opioids affect you.

Side effects and risks



What are possible side effects of taking opioids?

- Constipation (almost everyone will experience this)
- Sleepiness
- Sleep disturbance (non-refreshing “dream-like” sleep)
- Feeling confused
- Itching
- Nausea
- Feeling “high”
- Low blood pressure
- Slow or stopped breathing



What are some of the risks of taking opioids?

- **Tolerance.** It is likely that you will develop tolerance over time. *This means your body needs more of the drug for the same pain relief.*
- **Dependence.** It is also likely that you will become physically dependent if you take opioids for more than a few weeks. *This means your body has become used to the drug and you can experience unpleasant symptoms (diarrhea, muscle aches, nausea) if you stop taking it suddenly.*

This is called **withdrawal**. It does not mean that you are addicted. Getting off of opioids once you become dependent may be difficult and must be done gradually. But it can be done. There are medicines that can help you get off opioids if you become dependent. Your doctor can help you.

- **Addiction.** You may become addicted. Addiction is different than dependence. *It means that you are obsessed with taking opioids.* You can't stop taking the drug even though it may be having bad effects on you and your life. You crave the drug and make bad life decisions in order to obtain it.

People who are addicted may spend all their money and sacrifice relationships at home and work to satisfy their craving. Even after withdrawing from the drug, the cravings persist. Treatment of addiction usually requires counseling and medication.

- **Hyperalgesia.** Sometimes, people taking opioids to treat their pain become even more sensitive to certain kinds of pain. It may be the type of pain that's being treated or a different type of pain. Why this happens is not well understood.
- **Overdose and Death.** If you take too much of an opioid you could suffer a fatal overdose. Combining opioids with alcohol or certain other drugs is very dangerous and increases the risk of fatal overdose.

What factors can increase a person's risk of problems when taking opioids?

- Taking more of your opioid medicine than your doctor tells you to take.
- Taking opioids and also drinking alcohol.
- If you take other medicines, like anxiety medicine (for example, Xanax) or some types of sleeping medicine (for example, Ambien) or some types of allergy medicine (for example, Benadryl).
- It's hard to know how much of an opioid is needed to control pain and just how much a person would have to take to cause an overdose. Talk to your doctor about starting on a low dose. If you need to increase the dose, work with your doctor to do it slowly. Taking higher doses of opioids over longer periods of time may increase your risk of having problems.

Talking to your doctor



What should I tell my doctor to help us decide on the right treatment for my pain?

- ✓ Important details about your pain:
 - How strong is your pain?
 - When is your pain the worst?
 - When does your pain bother you the least?
 - In what ways does your pain interfere with everyday activities?
 - In what ways does your pain interfere with you enjoying life?
 - What helps your pain?
 - What makes your pain worse?
- ✓ What other medicines (prescription and over-the-counter), vitamins, or herbal remedies or supplements you take.
- ✓ If you have any chronic diseases (like heart or lung disease) or infectious diseases (like HIV).
- ✓ If you, or a family member, has a history of addiction with tobacco, alcohol, or other drugs.

You and Your Doctor Can Make a Decision about Treatment

1. Ask about your options
2. Talk about what's important to you
3. Discuss your decision



What questions should I ask my doctor if I'm prescribed opioid medicine?

- ✓ What are the side effects?
- ✓ Should I be prescribed a drug called Narcan that can be given if opioids cause me to stop breathing?
- ✓ What should I do if I have a side effect?
- ✓ Can I drink alcohol while taking this medicine?
- ✓ Can I drive while taking this medicine?
- ✓ What should I do if I forget to take this medicine when I'm supposed to?
- ✓ What happens if I run out of the medicine?
- ✓ How long will I need to take this medicine?
- ✓ Can I safely stop taking this medicine?
- ✓ Are there other medicines that I shouldn't take while taking this medicine?



Pain treatment options



How do I know if taking an opioid medicine is the right choice to treat my pain?

- If your pain levels decrease enough to allow you to be more productive in your daily life at work and home.
- If the side effects do not interfere with your ability to achieve your activity goals.

After you consider these factors, discuss them with your doctor who can help you decide whether opioids are right for you.

Are there other ways to treat pain?

Yes. Opioids are not for treating every type of pain. They may not be the best way to treat some types of long-term pain, such as arthritis pain, low back pain, or frequent headaches. But there are other options that may work.

Other Ways to Help Treat Pain that Don't Involve Taking Opioids

Here are some other things that might help keep your pain under control:

- Heating pads or cold packs
- Over-the-counter medicine: acetaminophen (Tylenol), ibuprofen (Advil, Motrin), naproxen (Aleve)
- Prescription medicine: antidepressants, anti-seizure medications
- Exercise and stretching
- Sleep
- Meditation or relaxation training
- Physical therapy
- Massage
- Acupuncture
- Seeing a chiropractor
- Counseling or cognitive behavioral therapy

Ask your doctor if these, or other options, could work for you on their own or in addition to taking opioids.

This fact sheet is not a substitute for professional medical advice.



Preparing For Your Health Care Visit

It is important to make the most of your visit with your health care provider. One way to do that is to have a brief description of what has taken place since your last visit. To help, just fill out this summary before your next visit.

Before you go to the health care provider, write down exactly what you think is wrong.

Also include the following:

New symptoms since last visit:

What has improved since the last visit?

What other treatments would you like to learn about for managing your pain?

Questions you have

If possible, take someone with you!

Preparing For Your Health Care Visit (cont.)

Use this tool to help you describe the effect your widespread muscle pain has on your ability to function. Select the column that best describes your level of ability.

		Better	Same	Not Sure	Worse
Medication(s) <i>Rate impact of all</i>	Prescription _____ _____ _____				
	Over-the-counter _____ _____ _____				
	Vitamins _____ _____				
	Herbal Supplements _____ _____				
Methods of Relief <i>Rate impact of all</i>	Heat or Ice				
	Meditation, relaxation, hypnosis				
	Massage				
	Stretching Exercise				
	Other				
Change to level of functioning <i>Rate impact of all</i>	Mood				
	Appetite				
	Sleep				
	Endurance				
	Concentration				
	Daily activities such as eating, bathing, getting dressed, etc				
Participating in activities with family and friends					

American Chronic Pain Association
A Car With Four Flat Tires (2:02) Video Transcript

<https://youtu.be/QWcr9J3MLfo>

It's hard to know how to move forward once chronic pain has entered your life. It helps to think of a person with chronic pain as like a car with four flat tires.

Our expectation is that all we need is that one medication or treatment that will take away the pain. But it only puts air in one of our tires; we still have three flat tires and can't move forward. Perhaps the medication or treatment has provided 25 or 30 percent relief. Let's leave that there and ask what else we need to fill our other three tires so that we can resume our life's journey.

For each person the necessary combination of therapies and interventions will be different, based on individual need. Unlike traditional medicine where the "patient" is a passive participant, living a full life with pain requires that we take an active role in the recovery process.

We need to work with our health care providers to find what we need to fill up our other three tires. Biofeedback, physical therapy, counseling, pacing, nutritional counseling, a support group, and a host of medical modalities are a few of the ways we can fill our tires.

Once we have all four tires filled, it is our responsibility to maintain our car. We would not take our car back to the dealer and ask them to fill it up or wash our windshield. That is our responsibility---to take good care of our car. We take it in for inspections and if something goes wrong, we go to a professional. It's the same with our wellness.

You see, pain management is much more than one simple modality. It takes a team effort, with the person with pain taking an active role, to live a full life in spite of chronic pain.

Non-opioid options for managing chronic pain

Published: September, 2016

<https://www.health.harvard.edu/staying-healthy/non-opioid-options-for-managing-chronic-pain>



If you started taking prescription opioids to manage chronic pain, then you will need new pain relief options when you cut back or stop taking opioid drugs. Following are options that alone, or in combination, may help.

Cold and heat. Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

Exercise. Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and fibromyalgia.

Weight loss. Many painful health conditions are worsened by excess weight. It makes sense, then, that losing weight can help to relieve some kinds of pain.

Physical therapy (PT) and occupational therapy (OT). PT helps to restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Transcutaneous electrical nerve stimulation (TENS). This technique employs a very mild electrical current to block pain signals going from the body to the brain.

Iontophoresis. This form of electrical stimulation is used to drive medications into areas of pain and reduce inflammation.

Ultrasound. This therapy directs sound waves into tissue. It is sometimes used to improve blood circulation, decrease inflammation, and promote healing.

Cold laser therapy. Cold laser therapy, also called low-level laser therapy, is FDA-approved to treat pain conditions. The cold laser emits pure light of a single wavelength that is absorbed into an injured area and may reduce inflammation and stimulate tissue repair.

Mind-body techniques. Mind-body relaxation techniques are commonly used at hospital-based pain clinics. They include:

- Meditation
- Mindfulness
- Progressive muscle relaxation
- Breathing exercises
- Hypnosis therapy

Yoga and tai chi. These mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis, or headaches.

Biofeedback. This machine-assisted technique helps people take control of their own body responses, including pain.

Therapeutic massage. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Chiropractic. Chiropractors try to correct the body's alignment to relieve pain and improve function and to help the body heal itself.

Acupuncture. Acupuncture involves inserting extremely fine needles into the skin at specific points on the body. This action may relieve pain by releasing endorphins, the body's natural painkilling chemicals. It may also influence levels of serotonin, the brain transmitter involved with mood.

Psychotherapy. These professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Seeing a mental health professional does not mean the pain is "all in your head."

Pain-relieving devices. A range of assistive devices can help support painful joints, relieve the pressure on irritated nerves, and soothe aches and pains. They include splints, braces, canes, crutches, walkers, and shoe orthotics.

Support Groups (online or in person). Provides social interaction and support from others with chronic pain.

Improving communication. Being sure that family and friends are aware of how chronic pain is affecting your daily activities.

Non-opioid pain relievers and adjunctive therapies

Topical pain relievers. These medication-containing creams and ointments are applied to the skin. They may be used instead of or in addition to other treatments.

Over-the-counter medications. Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.

Herbal or nutritional pain relievers. Scientific evidence supporting their effectiveness for pain relief is scant.

Non-opioid prescription drugs. Certain medications can be very effective for treating condition-specific pain. Examples include medications specific for migraine headaches (“triptans”) and gabapentin (Neurontin) or pregabalin (Lyrica) for nerve pain.

Corticosteroid injections. Used occasionally, corticosteroid injections can relieve pain and inflammation caused by arthritis, sciatica, and other conditions.

Muscle Relaxants. These medications may reduce pain that is caused by muscle spasms or cramps.

Anticonvulsants. Some patients with chronic nerve pain have found these medications to be helpful.

Antidepressants. Some antidepressants help with pain and may help improve sleep as well.

Sleep aids to improve sleep. Getting a good night’s sleep may help to deal with chronic pain.