Capsule Commentary on Sullivan et al., Primary Care Opioid Taper Plans Are Associated with Sustained Opioid Dose Reduction

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It is a clinical and public policy challenge to balance opioid safety with effective and compassionate pain care, particularly among the five to eight million Americans currently taking opioids for chronic pain.¹ Sullivan and colleagues² present a rigorous nested case control study among Kaiser Permanente Washington enrollees on higher-dose, long-term opioids. They provide compelling evidence that a documented taper plan is associated with a four-fold increase of sustained opioid dose reduction, even after matching on opioid dose and for patients with documented opioid use disorder. SNRI/TCA antidepressants, gabapentin/pregabalin, and having at least one behavioral health visit were also associated with higher likelihood of sustained taper. Their findings support existing clinical practice guideline recommendations that, when the risks of opioid therapy outweigh the benefits, providers should work collaboratively with patients on planned tapers and offer non-opioid pain treatment alternatives.

However, a key issue in the current debate is not whether opioid dose reduction is possible, but rather, how conversations and negotiations about tapering negatively impact providers and patients.³ Electronic health record (EHR) data provide little information on the quality of patient-provider communication and cannot speak to whether these tapers were collaborative or forced. Notably, even among the 894 cases with a sustained taper, only 26.6% had a documented plan. This raises the question of whether most tapers were in fact unplanned or, at the very least, not documented in the EHR. The study also lacked data on how patients fared following sustained opioid taper.

As the authors note, primary care providers are the frontline for opioid safety. Amidst media reports of patient abandonment and denial of care due to providers' unwillingness to take on opioid prescriptions, there is an urgent need for guidance and evidence on how to effectively talk with patients about opioid safety and balance provider and patient concerns. More broadly, we must recognize that the opioid epidemic will not be solved through supply reduction alone. Substance use disorders⁴ and social determinants of health⁵ are key drivers of the epidemic and must be addressed for healthcare system interventions or policies to be effective.

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