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Simplifying Non-Pharmacological Treatments for Chronic Pain: Part 3

Motivational Interviewing:
An Opioid Tapering Case Study

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Faculty/Presenter Disclosures

- **Presenter: Lori Montgomery**
- **Relationships with financial sponsors:**
 - **Grants/Research Support:** Hotchkiss Brain Institute; Ministry of Health; Alberta Health Services; ACFP; CFPC.
 - **Other:** No relationship with industry.



Faculty/Presenter Disclosures

- **Presenter: Lydia Hatcher**
- **Relationships with financial sponsors:**
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 - **Non-Profit**
 - College of Physicians and Surgeons of Ontario-Medical Inspector; Physician Expert - CMPA, Best Doctors; Alliance for Best Practice in Health Education- treasurer; Canadian Medical Association- Planning and reviewer for Joule CMA, Canadian Academy of Pain Management (CAPM)- lecturer

Faculty/Presenter Disclosures

- **Presenter: Todd Hill & Lisa Diamond Burchuk**
- **Relationships with financial sponsors:**
 - No financial sponsors to disclose.

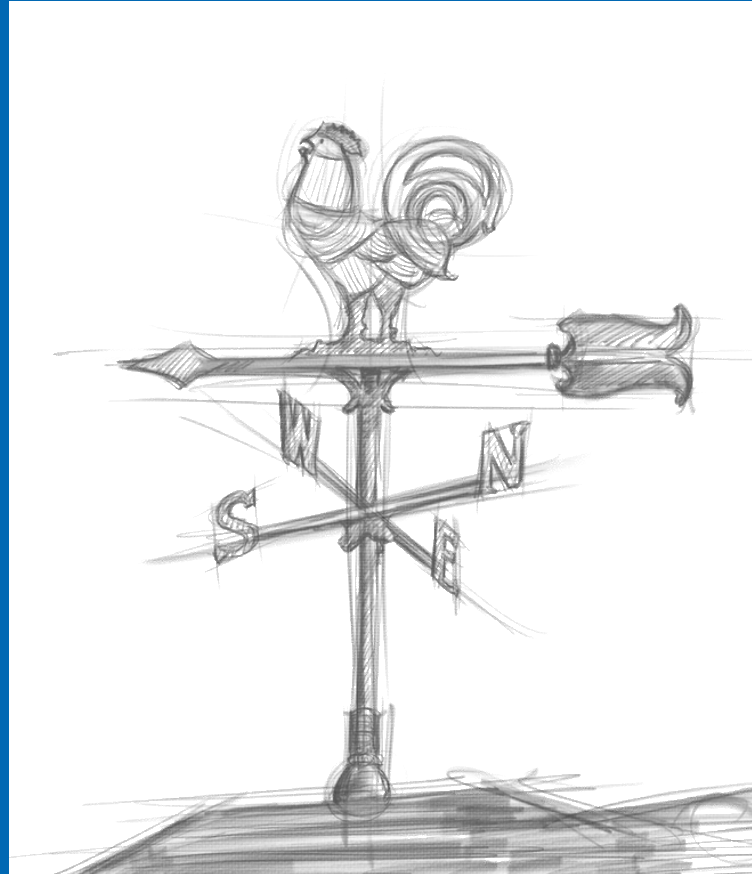


Learning Objectives

At the end of the session, participants will be able to:

- Accurately determine a patient's stage of change regarding opioid tapering.
- Select motivational interviewing strategies appropriate for a patient considering opioid tapering.
- Consciously incorporate and document motivational interviewing in a visit with a patient.

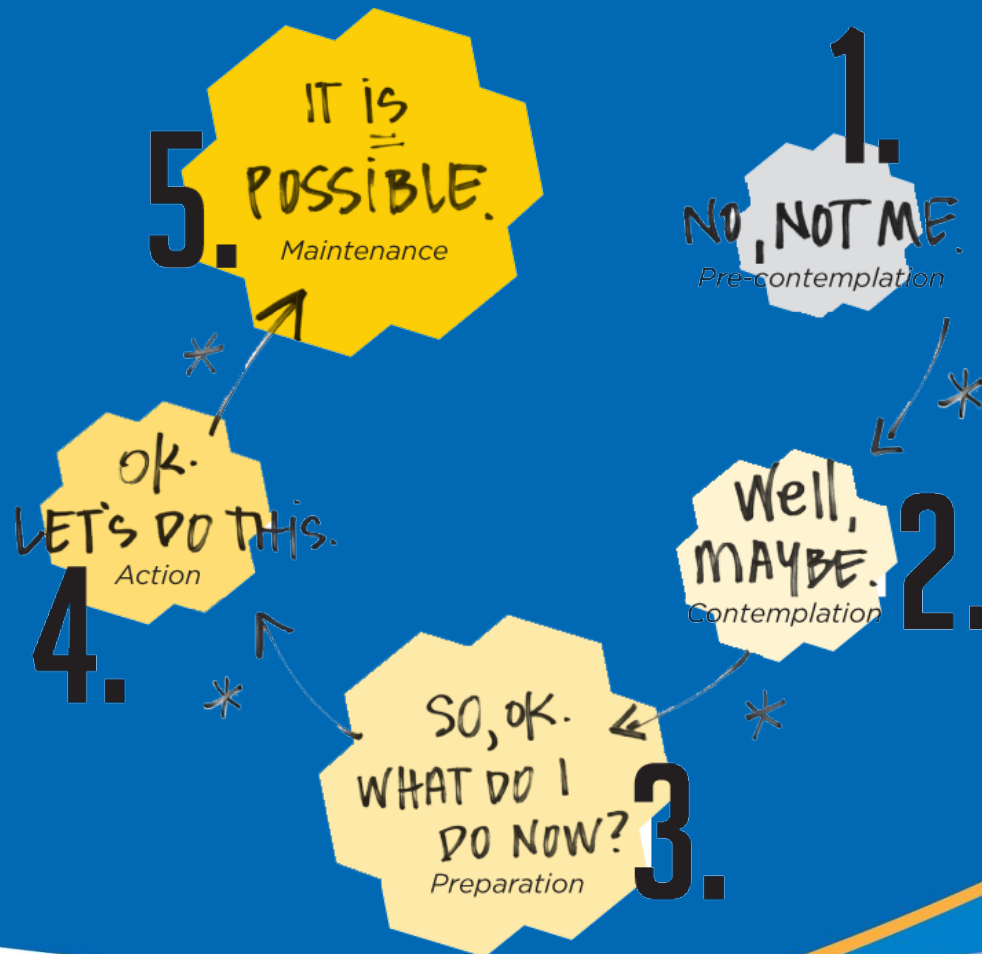
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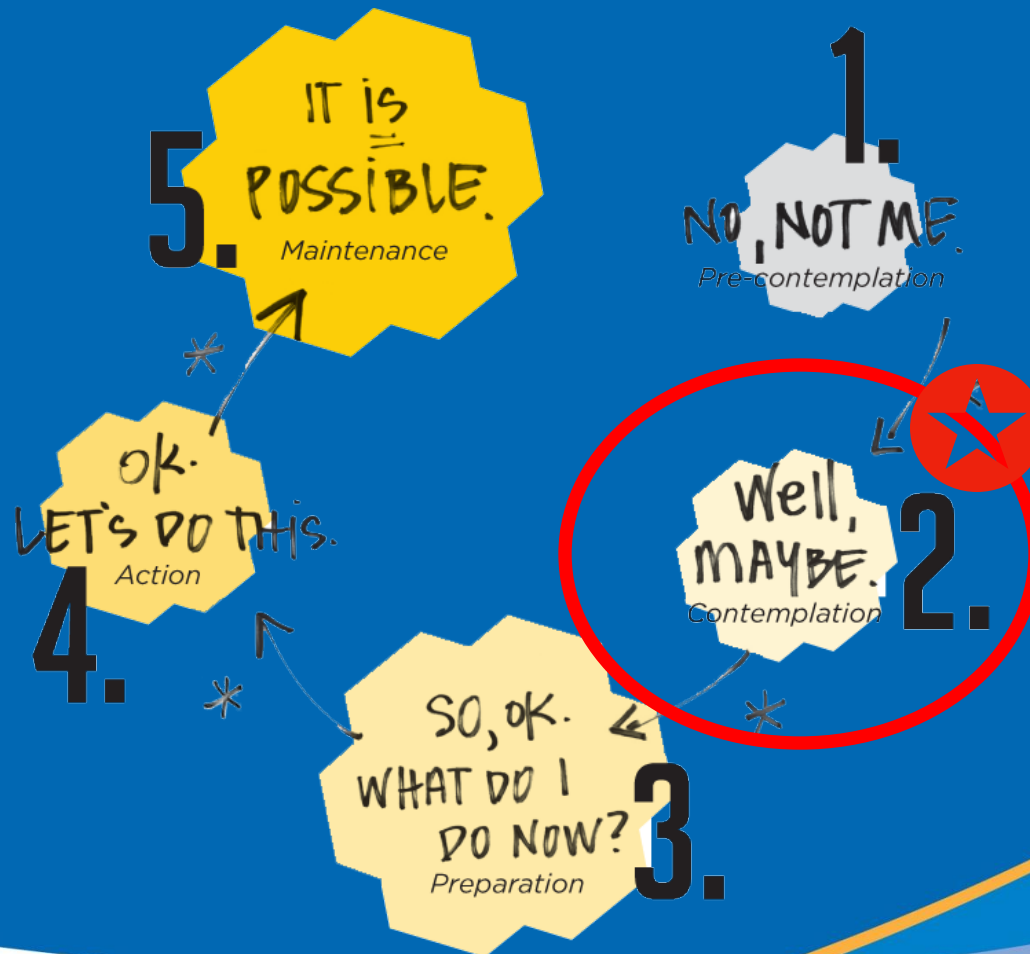
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Behaviour Change



Behaviour Change



Case Study: Robin

- 63 years old
- Chronic low back pain and painful diabetic neuropathy
- Opioid therapy x 18 years
- You took on Robin's care 6 years ago
- On appropriate non opioid pharmacologic therapy
- Starting to develop chronic kidney disease secondary to diabetes, and you are concerned about the effects of opioids as Robin gets older and renal function changes

Case Study: Robin

- You are seeing Robin for monitoring of GFR, and you take this opportunity to raise the idea of making a change to the opioids
- “Robin, I’m concerned that as your kidneys are affected by the diabetes, they handle your opioids differently, and you’re more likely to have side effects. Have you ever thought about making changes to your opioid medication?”
- “To be honest, doctor, I hate the hydromorphone. But I really need it, and I’m not sure what to do.”

Motivational Interviewing

O A R S



Motivational Interviewing

D E A R S - A



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Case Study: Robin

- “To be honest, doctor, I hate the hydromorphone. But I really need it, and I’m not sure what to do.”



Explore this:

The patient's motivations are likely different from yours.

- Cost
- Perceptions of family and friends
- Social stigma
- Fear of overdose/addiction
- Constipation
- Hyperhidrosis

A: Aim at Ambivalence

- Ambivalence is normal
- Homework: list pros and cons of **CHANGE** vs **NO CHANGE** (matrix)
- or “Tell me what you love about the hydromorphone. Then tell me what you would change about it if you could.”



Empathy

- “You’ve been on the medication a long time. Stopping now might be quite scary.”
- “You’re just taking these medications as prescribed, and when you started them, you were told there were no major side effects. I can understand that it might be frustrating to feel so much pressure to stop them now.”



D: Develop discrepancy

- Values vs behaviour
- Stated goals vs choices
- “Help me understand. One of your goals is to be more alert. How does the hydromorphone affect that?”
- “You tell me that you hate taking medications, and I see that you’re taking about 14 medications every day. How does it feel for both of those things to be true?”

Roll with resistance

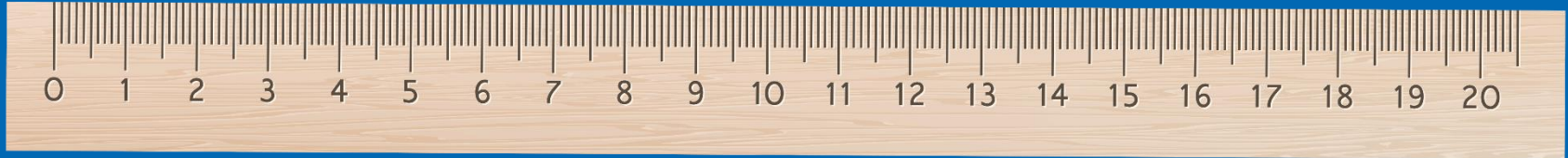
- Avoid argumentation
- “The Righting Reflex” = defending the status quo
 - This makes them more committed to it
- Resistance is a signal to change your strategy

Self-Efficacy

- Nagging doesn't work
- Small realistic goals (experience success)
- Reminders of past successes
- Stories of other patients (vicarious success)



Readiness Ruler



How important is making this change to you – NOW?

- High number = “tell me why it’s so important”
- Low number (but not zero) = “tell me why it wasn’t lower?”
- What would make that number higher?

How confident that you are able to make this change NOW?

- What might help you feel more confident?
- What should we do next?

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