



LTOT benefit assessment

1. Is the function similar to that of another healthy person of similar age and gender?
2. Is the functional level or disability substantially improved compared to the time before LTOT initiation?

LTOT can be considered beneficial if the answer to either of these questions is ‘yes’

Improvement of pain and function with each opioid dose and worsening pain and function following opioid dose reduction or cessation cannot be used as indicators of LTOT benefit

High Impact LTOT adverse effect

Misuse of opioids or other medications and substances, any overdose or suicide events, any events with compromised mentation or respiration, psychiatric destabilization, medical destabilization, and hospitalization or sustained medical treatment for constipation or other usual adverse effects

Risk factors for future LTOT adverse outcomes

1. Central nervous system polypharmacy and pain polypharmacy
2. Psychiatric comorbidity
3. Substance use disorder comorbidity
4. Medical comorbidity
5. Recent acute healthcare utilization, especially for substance use disorder
6. Significant adverse events in the past

LTOT risk mitigation

1. Patient education- Maladaptive opioid dependence and loss of LTOT benefit
2. Overdose education/naloxone distribution
3. Care coordination for comorbidities and psychosocial barriers
4. Reduction of central nervous system polypharmacy and pain polypharmacy
5. Avoid substance use
6. Monitoring for functional improvement, medical and psychiatric stability , psychosocial stability, substance use, safety, aberrancy, increasing opioid need, and polypharmacy

LTOT modification- one of the 3 choices

1. Switching to safer long-acting opioid like buprenorphine without short acting opioids
 2. Retraining body to function well with lower opioid doses (aka, opioid taper)
 3. Quick opioid cessation due to safety concerns
- Combine with behavioral interventions to manage opioid need and improve function