

Patient Education

Key Content and Strategies

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Principles for Language and Tone

- Understandable with 5th grade education but not condescending.
- Clear and unambiguous
- Availability of rationale for the recommendation.
- Make positive rather than negative statements when possible
- Frame to promote understanding that opioids are good medications if used as prescribed, but dangerous if misused.

Used as directed, opioid pain medicines are safe.
Misused, they can kill. (catchy slogan)

Be Safe:

- Use opioid pain medicine only if it is prescribed for you
- Take only at the dose, times and for the purpose prescribed
- Lock up your opioid pain medicines
- Talk to your prescriber:
 - Before taking your next dose if your medicine makes you very sleepy
 - Before starting any new medicine (including over the counter medicine) or changing your pain medicine dose

Never:

- Never use opioid pain meds with alcohol or un-prescribed medicines for sleep or anxiety
- Never lend, share, give or sell opioids to/with others

*If you have questions and cannot reach your pain prescriber
Call Poison Control at 1-800-222-1222 (24 hours a day)*

Deletions

- “Discard” deleted because (not all agree)
 - Can’t tell them how to do it.
 - No government standard
 - Subject of professional debate
 - People won’t do it. (We often won’t)
 - If they are locked, less risk for harm
 - Hospice will take large doses after death which probably addresses the greatest risk residuals.
- (Never use opioids to fall asleep.)

Used as directed, opioid pain medicines are safe. Misused, they can kill.

Use opioid pain medications only if prescribed for you.

People respond to these medications very differently. What is safe for one patient may not be safe for another

Take only at the dose, time and for purpose prescribed.

A safe dose for one person may kill another.

Lock up your opioid pain medicine.

Visitors to your home can steal your medications. Children may use out of curiosity and can die.

Talk to your provider etc

Severe sleepiness may be an early sign of too much medication in your body and lead to possible overdose.

Patient and Family Rescue Education*

- Signs of overdose
- Rescue techniques
 - Call 911
 - Positions
 - Breathing
 - Naloxone administration
- Information on addiction treatment

* *Stewart Leavitt PhD, Opioids 911, soon to be at www.pain-topics.org*

Principles for Communicating Messages

1. Multi-method/venue/setting strategies
2. Repetition builds retention
3. Interactive more powerful than passive
4. Accommodate
 - Diverse learning styles
 - Diverse languages and cultures
 - Differing abilities
5. Educate the support system and the entire community
6. KISS but have detailed explanations available to share

Potential Venues and Methods for Communication and Learning

- Information to patient and care-giver at time of prescribing
 - Informed consent from clinical care team routinely
 - Computer based interactive information and confirmation of knowledge when available.
 - Paper based or oral equivalent when computer not available
- Information to patient at time of dispensing (pharmacy)
 - Two question confirmation of understanding. Signed.
 - Med guide including resources for interactive web-based information
- Information to significant others, care givers
 - Provide family medication guide including online resources for family
 - Provide rescue package to be shared. (undecided who provides)

Confirmation of understanding

I understand I should only use opioid painkillers as prescribed because _____

I understand I should keep my opioid painkillers locked at all times because _____

or

Why is it important that you only use your opioids as prescribed? _____

Why should you keep you opioid painkillers locked? _____

Potential Venues and Methods for Communication and Learning

- Reminders and reinforcers
 - Content:
 - Vary frequency and content depending on patient,
 - Can be broader than opioid messages
 - Options
 - Sticker on pill packaging, (Two key opioid messages)
 - Text messages (Rotating single message)
 - Emails (Links to patient and family resources)
 - Check lists at every renewal (provider office)

Please complete the following

- Since received my last prescription
 - I have used only the pain medicine that are prescribed for me Yes No
 - If no, please explain _____
 - I have used my pain medicine as directed by my provider Yes No
 - If no, please explain _____
 - I've had side effects from my pain medicine I'd like to discuss Yes No
 - If yes, please explain _____
 - I have kept my opioid pain med's locked. Yes No
 - If no, please explain _____
 - I have not shared, sold or given away my medications. True False
 - If false, please comment _____
 - I have not used my medications with alcohol or unprescribed sleep or anxiety medication. True False
 - If false please explain _____

- Public/community information campaign
 - Content:
 - Balanced re: healing and harm from opioids
 - Rescue education
 - Media
 - Online (U-tube, social networking sites)
 - Embedded messaging in TV, songs
 - Standard venues:
 - Transportation ads
 - Print media
 - Various other computer, viral campaigns

Engage All Stakeholders in Collaborative Messaging

- Advocacy groups
- Professional organizations
- Government
 - FDA, DEA, DOJ, law enforcement, SAMHSA, CSAP, NIH, NIDA, ONDCP, CDC etc
- Industry
- Academia
- Poison control centers
- Civic organizations: educators, faith based etc.

Available Media

- Written
- Oral
- Video
- Web-based
- Text and other phone based

Public Harm Reduction Campaign

- Patient messages *and*
Signs and symptoms of opioid overdose
Interventions
 - Call 911
 - Rescue position
 - Rescue breathing
 - Administer naloxone
- Options for treatment of substance use disorder

Rescue education

- Provided at:
 - Clinically TBD: physican office, pharmacy
 - Public education: middle and high school
 - Law enforcement
- Means of reinforcement
 - Wallet cards
 - Magnets
 - Booklet in more depth

- Ride from Baltimore to DC
- Other people don't take other peoples opioids.