



Navigating Challenging Conversations in Pain Medicine: Opioid cross titration for a patient with sickle cell anemia through shared decision making

Preetma Kooner, MD; Margaret Hsu, MD

Department of Pain Medicine and Anesthesiology, University of Washington, Seattle, WA, USA



INTRODUCTION

- Approximately 30-40% of adults with sickle cell disease (SCD) experience chronic pain secondary to their disease.
- Opioid therapy remains a crucial part of pain management.
- Discussions surrounding changes in opioids in pain management can be difficult.
- Effective communication strategies can be helpful in these scenarios.

CASE

- 50-year-old male with sickle cell disease (SCD) with chronic SCD related pain on hydromorphone (Morphine Equivalent Dose 160mg)
- Co morbidities: Severe central and OSA, pulmonary hypertension, cirrhosis, heart failure, morbid obesity
- Escalating hypercarbia (PaCO₂ in 70s) rendered continued high-dose full agonist opioid therapy unsafe in an unmonitored setting.
- We initiated a cross-titration from hydromorphone to buprenorphine-naloxone using harm reduction strategies emphasizing individualized risk-benefit assessment, interdisciplinary collaboration, and patient-centered education. The transition was complex and emotionally fraught, requiring careful navigation of patient fears of withdrawal, and loss of pain control.
- To address these challenges, the clinical team employed several evidence-based communication techniques.

METHOD

The SPIKES protocol was used to structure the delivery of disappointing news regarding the need to transition opioids:

1. Setting—ensuring privacy and adequate time;
2. Perception—eliciting the patient's understanding of his condition and opioid risks;
3. Invitation—asking how much detail he wished to receive;
4. Knowledge—providing clear, jargon-free explanations of the rationale for opioid transition, including the risks of respiratory depression and the evidence for buprenorphine's safety profile in SCD;
5. Empathy—acknowledging the patient's distress, validating his fears, and expressing ongoing commitment to his care; and
6. Strategy/Summary—collaboratively developing a plan for cross titration, close monitoring, and ongoing support.

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DISCUSSION

Shared decision-making (SDM) allowed the patient to express preferences and maintain autonomy, consistent with best practices for chronic pain

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Frameworks like SPIKES and SDM in opioid transition for high-risk patients should be considered in these scenarios