

Tapering Opioids During Chronic Pain Management

A provider should consider tapering their patient off opioids after conducting a risk assessment and determining that:

- Opioid therapy risks outweigh the benefits;
- There is physical or emotional deterioration;
- The patient breaks the patient-provider agreement;
- Opioid therapy lacks clinically meaningful improvement in pain or function;
- The patient is experiencing an intolerable amount of adverse effects; or
- The patient is no longer in pain.

- 1) Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain. *JAMA*. 2016; 315(15), 1624-1645.
- 2) Pocket guide: Tapering Opioids. https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf

How to Taper Opioids

Providers should individualize each tapering plan to the patient and incorporate other pain management methods to minimize the adverse effects brought on by withdrawal.

General protocol:

1. Conduct a risk assessment and check the patient's Prescription Drug Monitoring Program (PDMP) report to help determine if tapering is appropriate.
2. Discuss the patient's opioid use and explain the risks/harms associated with long-term opioid use and the symptoms of opioid withdrawal.
3. **Start slow:** Decrease dosage at an appropriate speed for the patient, per the risk assessment. Tapering off the opioid medication may take months.
4. Use medications as needed to treat symptoms of withdrawal, including clonidine for autonomic symptoms and small doses of loperamide for diarrhea.
5. Increase the use of alternative treatment modalities, such as acetaminophen, nonsteroidal anti-inflammatory drugs, and topical therapies like diclofenac gel or lidocaine patches.
6. Opioid therapy may be discontinued when taken less frequently than once a day.

