

# Opioid Tapering

## MODULE 7

[www.pa.gov/collections/opioid-epidemic](http://www.pa.gov/collections/opioid-epidemic) | [RA-DH-PDMP@pa.gov](mailto:RA-DH-PDMP@pa.gov)

## BEFORE

- Consider opioid tapering if the risks of continuing opioid therapy outweigh the benefits, there is physical or emotional deterioration, the patient breaks the patient-provider agreement, there is a lack of clinically meaningful improvement in pain and function, intolerable adverse effects exist, or the patient is no longer in pain.
- Check the Prescription Drug Monitoring Program (PDMP) to determine if there are any potentially dangerous drug-drug interactions (e.g., opioids and benzodiazepines) present or signs of aberrant behavior (e.g., filling multiple prescriptions by multiple providers) to inform decisions about potential tapering.

## 1

- Discuss the patient's opioid use with proven patient-centered communication techniques, such as motivational interviewing.
- Help the patient understand the risks and harms associated with long-term opioid use.
- Review the risks and benefits of alternate pain management methods, such as those noted below.

## 2

- **Start slow:** Decrease dosage at an appropriate speed for the patient, as determined by your risk assessment.
- The rate of the taper will depend on the opioid dose, duration of therapy, type of opioid formulation and any psychiatric, medical or substance use disorder comorbidities.
- Tapering of the opioid medication may take months.

## 3

- Conduct continual patient risk assessments until the goal of the taper is reached.
- Tapering should be individualized to the patient. It can be slowed or paused if necessary, but not reversed.

## 4

- Treat withdrawal symptoms by prescribing alpha-adrenergic agonists, such as clonidine or tizanidine, two or three times daily to control withdrawal symptoms and other medications like small doses of loperamide to treat diarrhea.
- Use alternative pain methods to help the patient cope with the symptoms of withdrawal and manage the change in opiates, such as acetaminophen, nonsteroidal anti-inflammatory drugs, topical therapies like diclofenac gel or lidocaine patches, and non-pharmacologic therapy.

## 5

- The taper is considered successful as long as the patient is making progress and decreasing from the original dosage.
- The opioid may be discontinued when taken less frequently than once a day.

## Sources

- 1) Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain. *JAMA*. 2016. 315(15), 1624-1645.
- 2) Berna, C., Kulich, R., & Rathmell, J. (2015). Tapering Long-term Opioid Therapy in Chronic Noncancer Pain: Evidence and Recommendations for Everyday Practice. *Mayo Clinic Proceedings*. 2015. 90(6), 828-842.
- 3) CDC. Fact Sheet: Calculating Total Daily Dose of Opioids for Safer Dosage. [https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf). Accessed April 28, 2017.
- 4) Substance Abuse and Mental Health Services Administration. Enhancing Motivation for Change in Substance Abuse Treatment. <https://www.ncbi.nlm.nih.gov/books/NBK64967/>