

Opioid Taper **ADVISORY TOOL**



Advice to Physicians who are
Contemplating or Initiating a
Reduction in Opioid Dosage



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■ **OPIOID TAPER TOOL**

This tool provides advice to physicians who are contemplating or initiating a reduction in opioid dosage or discontinuation of long-term opioid therapy for chronic pain. Whether or not opioids are tapered, safe and effective nonopioid treatments should be integrated into patients' pain management plans based on an individualized assessment of benefits and risks considering the patient's diagnosis, circumstances, and unique needs. If tapering is initiated, it should—if at all possible—be in partnership with the patient and at his/her own pace. Please refer to the “HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics” for more information: https://www.hhs.gov/system/files/Dosage_Reduction_Discontinuation.pdf



POSSIBLE REASONS TO RE-EVALUATE THE RISKS & BENEFITS OF CONTINUING OPIOIDS THERAPY

- Pain improves
- Unmanageable adverse effects (drowsiness, constipation, cognitive impairment)
- No pain reduction with opioid medication
- Patient requests reduction or discontinuation
- Concomitant use of medications that increase adverse event risk (e.g. Benzodiazepines)
- Evidence of opioid misuse
- Patient has medical comorbidities that increase adverse event risk (e.g. sleep apnea)
- Patient has mental health comorbidities that can worsen with opioid therapy (e.g. depression)

CONSIDERING TAPERING OPIOID

■ **RISKS OF TAPERING OPIOIDS'**

- Opioids should not be tapered rapidly or discontinued suddenly due to the risks of significant opioid withdrawal.
- Risks of rapid tapering or sudden discontinuation of opioids in physically dependent patients include acute withdrawal symptoms, exacerbation of pain, serious psychological distress, and thoughts of suicide. Patients may seek other sources of opioids, potentially including illicit opioids, as a way to treat their pain or withdrawal symptoms.
- Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation.
- For patients on long-term, high-dose opioid therapy, there is no risk-free path forward. Continuing therapy involves the risks of prescribing high-dose opioids, whereas tapering risks destabilizing the patient in the ways mentioned here. For this reason, partnering with patients to understand their goals and values is paramount.



■ SHARE DECISION-MAKING WITH PATIENTS

- It is important to discuss with patients their perceptions of risks, benefits, and adverse effects of continued opioid therapy, and include patient concerns in taper planning.
- If the current opioid regimen does not put the patient at imminent risk, tapering does not need to occur immediately. Take time to obtain patient buy-in.
- Tapering is more likely to be successful when patients collaborate in the taper. Include patients in decisions, such as which medication will be decreased first and how quickly tapering will occur.

■ CONSIDERATIONS WHEN FORMULATING AN OPIOID TAPER PLAN²

- Faster rates of opioid tapering are associated with a greater probability of adverse events.
- Slower, more gradual tapers are often the most tolerable and can be completed over several months to years based on opioid dose.
- The longer the duration of previous opioid therapy, the longer the taper may take.
- General advice: no faster than 5-10%/week. Tapers tend to be most successful at 5-10%/month with low adverse effects.
- **Withdrawal effects are most likely to be minimized when individual dosage reductions do not exceed 10%/month.**
- **Tapers should be slowed even further once 1/3 of the original starting dose is reached.**

■ STRATEGIES TO HELP WITH TRANSITION

- Listen to the patient and let them know that you believe their pain is real.
- Talk to them about the tapering plan.
- Offer non-opioid pain medications when appropriate.
- Refer them to physical therapy if appropriate.
- Commit to working with the patient on other options for improved function and some decrease in pain.

■ CONSIDERATIONS WHEN FORMULATING AN OPIOID TAPER PLAN³

- If tapering is done gradually, withdrawal symptoms should be minimized and manageable. However, significant opioid withdrawal symptoms may indicate a need to pause or slow the taper rate.
- Short-term oral medications can help manage withdrawal symptoms, especially when prescribing faster tapers. These include alpha-2 agonists for the management of autonomic signs and symptoms (sweating, tachycardia), and symptomatic medications for muscle aches, insomnia, nausea, abdominal cramping, or diarrhea.
- Follow up frequently. Successful tapering studies have used at least weekly follow up.
- Watch closely for signs of anxiety, depression, suicidal ideation, and opioid use disorder and offer support or referral with mental health providers and other specialists as needed.

¹ FDA Drug Safety Communication, "FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering." <https://www.fda.gov/drugs/drug-safety-and-availability/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes>

² Darnall BD, Ziadni MS, Stieg RL, Mackey IG, Kao MC, Flood P. Patient-Centered Prescription Opioid Tapering in Community Outpatients With Chronic Pain. *JAMA Intern Med.* 2018 May 1;178(5):707-708. doi: 10.1001/jamainternmed.2017.8709. PMID: 29459978; PMCID: PMC5876887.

³ HHS, "Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid." <https://www.hhs.gov/opioids/treatment/clinicians-guide-opioid-dosage-reduction/>



OPIOID TAPERING FLOWCHART

ASSESS BENEFITS AND RISK OF CONTINUING OPIOIDS AT CURRENT DOSE

Risks outweigh benefits

Discuss, educate, offer taper, start slow taper when ready

Able to taper down until benefits outweigh risks

Re-evaluate benefits and risks quarterly

Benefit outweigh risks

Document risk-benefits assessment

Re-evaluate benefits and risks quarterly

NOT ABLE TO TAPER DOWN UNTIL BENEFITS OUTWEIGH RISKS

Meets criteria for opioid use disorder (OUD)

Transition to medication for OUD
(DATA2000 waiver required for buprenorphine)

Does not meet criteria for OUD

Pause & re-evaluate benefits & risk

Slow taper or Transition to buprenorphine for pain



Visit <https://health.maryland.gov/pdmp/Pages/Home.aspx>



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