

Recommendations for Discontinuing and Tapering Opioids



Clinicians should use caution when prescribing opioids, and carefully assess benefits and risks when increasing opioid doses to ≥ 50 morphine milligram equivalents per day (MME/day). Doses ≥ 90 MME/day should be avoided or carefully justified.¹ Consider the following guidelines.^{1,2}

- Short and long acting narcotics should be tapered separately; first taper the short acting agent, then taper the long acting agent.
- For patients concomitantly using opiates and benzodiazepines, taper opioids first, then the benzodiazepines. Forging or selling prescription medications, or obtaining multiple controlled substances from multiple practitioners may warrant the need for immediate discontinuation of the opioid prescription.



TAPERING OPIOIDS FOR CHRONIC PAIN³

- A decrease of 10% **per month** is a reasonable starting point if patients have taken opioids for more than a year.
- A decrease of 10% **per week** may work for patients who have taken opioids for a shorter time (weeks to months).



SYMPTOMS AND MANAGEMENT OF OPIOID WITHDRAWAL^{2,4}

SYMPTOM	TREATMENT
Diarrhea, sweating, tachycardia, hypertension	Clonidine 0.1 – 0.2 mg orally every six hours or transdermal patch 0.1 – 0.2 mg weekly (if using the patch, oral medication may be needed for the first 72 hours) during the taper while monitoring for hypotension and anticholinergic side effects.
Nausea	Anti-emetics such as ondansetron or prochlorperazine.
Diarrhea	Loperamide or anti-spasmodics such as dicyclomine.
Muscle pain, neuropathic pain or myoclonus	NSAIDs, anti-epileptics such as gabapentin, or muscle relaxants such as cyclobenzaprine, tizanidine or methocarbamol.
Insomnia	Sedating antidepressants (e.g. nortriptyline 25 mg at bedtime or mirtazapine 15 mg at bedtime or trazodone 50 mg at bedtime).

Source: Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain. 2015, page 38, Table 10.
Available at: agency.meddirectors.wa.gov/guidelines.asp

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MANAGEMENT OF OPIOID WITHDRAWAL

- Withdrawal symptoms may persist for six months after opioids are discontinued.
- Do not reverse the taper; it can be slowed or paused while managing withdrawal symptoms.
- Do not treat withdrawal symptoms with opioids or benzodiazepines after discontinuation.
- Refer for counseling or other support during this period as needed.
- Assess patient for suicidality and drug seeking behavior. Refer to a behavioral health specialist, and/or addiction or pain specialist if warranted.
- Refer patient to a pain specialist/center specializing in withdrawal treatment if complicated withdrawal symptoms occur.



MED FOR SELECTED OPIOIDS²

OPIOID	APPROXIMATE EQUIANALGESIC DOSE (ORAL AND TRANSDERMAL)
Morphine (reference)	30mg
Codeine	200mg
Fentanyl transdermal	12.5 mcg/hr
Hydrocodone	30mg
Methadone	Chronic: 4mg ⁺
Oxycodone	20mg
Oxymorphone	10mg ⁺

⁺Equianalgesic dosing ratios between methadone and other opioids are complex; thus, requiring slow, cautious conversion (Ayonrinde 2000)Source: Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain. 2015, page 57, Table 15. Available at: agencymeddirectors.wa.gov/guidelines.asp



HELPFUL WEBSITE TOOLS

- Tapering Schedule: agencymeddirectors.wa.gov/tapercalculator/taperdosecalculator.html
- Dose Calculator: <http://agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>



REFERENCES

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1-49.
2. Agency Medical Directors' Group. [agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov). Interagency Guideline on Prescribing Opioids for Pain. 2015. Available at <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>. Accessed Aug. 14, 2020.
3. U.S. Department of Health and Human Services Center for Disease Control and Prevention. Pocket Guide: Tapering Opioids for Chronic Pain. https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf. Accessed Aug. 14, 2020.
4. Oregon Pain Guidance (OPG). Opioid Prescribing Guidelines of Southern Oregon: A Provider and Community Resource. Available at http://professional.oregonpainguidance.org/wp-content/uploads/sites/2/2014/04/OPG_Guidelines_2016.pdf Aug. 14, 2020.