Alberta Health Services

Chronic Pain Centre
1820 Richmond Road SW
Calgary, Alberta T2T 5C7

Opioid Tapering for Chronic Pain Patients
Information for Family Physicians

Evidence and Guidelines

- Among 40 studies examining patient outcomes after opioid dose reduction, improvements were reported in pain severity, function, and quality of life *(Frank et al. 2017 Annals of Internal Medicine)*
- The 2017 Canadian Opioid Guidelines recommend tapering opioids to the lowest effective dose, potentially including discontinuation, rather than making no change in opioid therapy
    - Patients on high doses (90 mg of morphine equivalent daily dose or more) should be prioritized for gradual dose reduction
    - The balance of benefits and harms often becomes unfavourable at high doses

Reasons for Tapering

- Inadequate analgesia
- Adverse events (e.g. sedation, constipation, falls in elderly, etc.)
- Long-term opioid complications including hyperalgesia, sleep apnea, and hypogonadism
- Nonadherence to the treatment plan
- Patient request (e.g. due to negative social stigma, financial issues, etc.)
- Treatment goals are not met; pain AND function have not improved by at least 30%

Precautions for Outpatient Opioid Tapering

- Patients who develop an opioid use disorder should be referred to an opioid dependency program
    - Tapering is unlikely to be successful for patients who regularly access opioids from multiple doctors or “street” sources. The high risk of relapse places them at risk of opioid poisoning.
- Pregnant patients
    - Risk for premature labour and spontaneous abortion with severe, acute withdrawal
- Significant comorbidities
    - Withdrawal can cause significant anxiety and insomnia, which can worsen unstable medical and psychiatric conditions
- Sedative-hypnotic medications (especially benzodiazepines) should be avoided

Psychosocial Support

- Emphasize that the goal of tapering is to make the patient feel better (i.e. to reduce pain intensity, and to improve mood and function)
- Explore benefits and barriers of tapering in a non-judgmental manner
- Provide supportive counseling to the patient and their family
- We recommend strong social support for the patient during an opioid taper such as access to a nurse, psychiatrist, psychologist, physiotherapist, dietician, pharmacist, social worker and others
- We recommend discussing a plan for:
    - Sleep, nutrition, movement, productivity, relationships, mindfulness, and mental health
    - The Big 5 Skills of Self-Management for chronic pain:
        - Self-Monitoring, Relaxation, Pacing, Self-Talk, and Communication

Rate of Taper

- There is no single tapering strategy to fit all patients
- Taper according to the patient’s physiologic and psychological status; adjust the taper as needed
- The longer the patient has been on opioids, the longer the taper should be
- The 2017 Canadian Opioid Guidelines recommend 5-10% every 2-4 weeks as a reasonable rate for chronic pain patients

- Consider a slower taper for:
    - High levels of anxiety, psychological dependence, comorbid cardiorespiratory conditions, elderly
- Taper at one-half or less of previous rate when one-third of the total dose is remaining
    - The last stage of tapering is the most difficult, as the body cannot adapt as quickly to the changes in concentration and receptor activity at this stage
- Hold or plateau the dose if the patient is experiencing severe withdrawal, reduced function, or significant worsening of pain or mood
    - Do **not** return to a previous higher dose
    - Consider extending the taper rate from every 2-4 weeks to every 4-6 weeks temporarily until symptoms settle, and then continue with the taper

Type of Opioid, Dosing and Dispensing Interval

- Use a controlled-release formulation and a fixed dosing schedule (not PRN)
- Let the patient choose which dose of the day is decreased first (AM, PM or HS)
- Keep dosing interval the same for as long as possible (BID or TID)
- Prescribe at frequent dispensing intervals (daily, alternate days, or weekly)
    - If the patient runs out early, increase the frequency of dispensing
- We suggest blister packing for better control

Withdrawal

- Withdrawal can be quite uncomfortable but is unlikely to be life-threatening in patients without significant comorbidities
- Signs/symptoms: Abdominal cramping, nausea, vomiting, diarrhea, myalgias, arthralgias, muscle spasms, tremors, headaches, yawning, lacrimation, rhinorrhea, piloerection, diaphoresis, chills, hypertension, tachycardia, insomnia, fatigue, anxiety, irritability, restlessness
- Do not treat withdrawal symptoms with opioids or benzodiazepines
- Consider adjuvant agents only if necessary (to avoid sending the message that medications are the only solution). If no contraindications, clonidine 0.05-0.1 mg BID-TID PRN may alleviate autonomic symptoms such as hypertension, diaphoresis, and tachycardia (monitor blood pressure)

Monitoring

- Schedule frequent visits (e.g. weekly)
- Assess pain status, withdrawal symptoms and possible benefits (reduced pain, improved mood, energy, alertness, etc.)
- Use urine drug tests to assess compliance
- Allow between 2 weeks and 6 months or longer for the taper, depending on the situation
- Some patients may not eliminate use of opioids, but any reduction in dose may be beneficial

Patient Education

- Patients should be strongly cautioned that they may lose their tolerance after as little as a week or two after a reduction, and they are at risk for poisoning if they return to a previous opioid dose
- All patients who are on high doses of opioids should be offered a take-home naloxone kit

Specialist Link Advice (See http://www.specialistlink.ca/)

- Need advice from a chronic pain specialist? Call a nurse practitioner via Specialist Link:
    - 403-910-2551 (toll-free 1-844-962-5465)
    - Your call will be returned within one hour; available Mondays-Fridays 8 am - 4 pm.

References:
Frank JW et al. Patient outcomes in dose reduction or discontinuation of long-term opioid therapy: a systematic review. Ann Intern Med 2017;167(3);181-191.
The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. National Pain Centre at McMaster University. Available online at: http://nationalpaincentre.mcmaster.ca/guidelines.html
Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. 2010 National Opioid Use Guideline Group (NOUGG).
Tapering and discontinuing opioids. Department of Veterans Affairs and Department of Defense. May 2013.
Interagency Guideline on Prescribing Opioids for Pain. Washington State Agency Medical Directors' Group. June 2015.
Available online at: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
CDC guideline for prescribing opioids for chronic pain 2016. US Department of Health and Services; Centers for Disease Control and Prevention. Available online at: https://www.cdc.gov/drugoverdose/prescribing/guideline.html