

Opioid tapering

Rationale for opioid tapering

- Tapering is an **active therapeutic decision** made for the patient's benefit when they have failed at opioid therapy.
- Evidence suggests that when a patient has failed at opioid therapy, tapering the dose improves pain, mood, and functioning.
- Tapering is a **far safer option** than abrupt cessation of opioid prescribing:
 - Abrupt cessation will trigger severe withdrawal, and patients will lose their opioid tolerance within days, creating a heightened risk of overdose.

Indications for opioid tapering

- Patient has persistent severe pain and pain-related disability despite an adequate opioid dose (e.g., 60 mg/d MED), and the patient has already failed on a trial of at least one opioid previously.
- Patient is on an unusually high dose for the pain condition (well above 90 mg MED in a patient with mechanical low back pain).
- Patient has a complication from opioid therapy, such as sleep apnea, sedation, or dysphoria.
- Patient has suspected opioid use disorder and opioid maintenance therapy with methadone or buprenorphine is not an option.

Reluctance to taper

If patient expresses reluctance to taper their opioid dose:

- Explain **why** you are tapering the opioid dose: to prevent future harms (e.g., falls) and to improve the patient's mood and well-being (e.g., energy and sleep).
- Explain that tapering does not usually increase pain, and may actually improve it:
 - Opioids often stop working after many months or years.
 - Opioids can even make pain worse by lowering the pain threshold.
- Explain that you are not necessarily going to stop the opioids altogether, but lower it to a safer dose that improves mood and function while still keeping the pain manageable.
- Explain that you will be lowering the dose **gradually**, and that you will adjust the rate of the taper according to how the patient is doing.

Tapering protocol

Formulation	CR preferred (until low dose reached).
Dosing interval	Scheduled doses rather than PRN Keep dosing interval the same for as long as possible (bid or tid). Advise patients not to skip doses.
Rate of taper	Taper slowly, typically 10% of the total daily dose at each office visit, no more than 10% of total daily dose every 1–2 weeks . Adjust rate of taper according to patient's pain and withdrawal symptoms. If patient experiences mild withdrawal symptoms, reassure them they will resolve after 1–2 weeks. Let patient choose which dose is decreased (AM, PM, or HS). Taper even more slowly when 1/3 of total dose is reached.
Dispensing interval	If patient runs out early, increase frequency to weekly, alternate day, or daily.
Endpoint of taper	Dose well below 90 mg MED. Controls pain with minimal side effects. Similar or improved mood and function.
Frequency of visits	If possible, see patient prior to each dose decrease.
Approach at each visit	Ask not just about withdrawal symptoms but benefits of tapering: more alert, less fatigued, improved mood, improved pain, etc.

Kahan M. "Safe prescribing practices for addictive medications and management of substance use disorders in primary care: A pocket reference for family physicians." Hardy K, Clarke S, editors. Toronto: Women's College Hospital; 2017.