# Key Concepts for Tapering Opioid Medications

**Establish a Relationship**

- A relationship with your patient is key to patient engagement and buy-in. Anecdotally, patients who reported a positive relationship with their provider and care team were more likely to engage in non-opioid and non-medication therapies for pain management. Please refer to "The Art of Difficult Conversations" document for techniques on developing a relationship with your patient.
- If a patient is new to you, or if you haven't prescribed their pain medications in the past, it may be appropriate to introduce the idea of tapering at the first visit and begin the actual taper at a follow-up visit.

**Set Expectations**

- Shared decision-making should occur, when possible. Please refer to "How to Approach an Opioid Taper/Cessation" for more information. Shared decision-making engages the patient, creates accountability for self-care, and allows the provider to determine or influence available choices.
- Discuss the possible symptoms of withdrawal patients may experience. Short term increases in pain are common during the tapering process. This is usually temporary and once a reduced baseline dose is achieved, patients are likely to report an improvement in their experience of pain. Other common withdrawal symptoms are listed below:

**Symptoms of Opioid Withdrawal**

| Early Symptoms | Late Symptoms |
|---|---|
| › Agitation | › Abdominal cramping |
| › Anxiety | › Diarrhea |
| › Muscle aches | › Dilated pupils |
| › Increased tearing | › Goose bumps |
| › Insomnia | › Nausea |
| › Runny nose | › Vomiting |
| › Sweating | |
| › Yawning | |

- Reframing the tapering scenario offers support, validation and hope to patients while tapering their medication. Some strategies to reframe the experience may be:
    - Ask your patient to keep a journal of their experience. This serves to track the progression of symptoms over time and creates an opportunity to support your patient through their experience. Review together at each visit and note when progress has been made (i.e. when symptoms begin to decline)
    - Normalize the experience of withdrawal symptoms through discussion. Explain "these symptoms are normal because it means your body is readjusting to the new dose, which means we are making progress and moving in the right direction" (share Phases of Withdrawal document)
- Set a goal and identify what is important to your patient. This can help keep patients goal-oriented and engaged in the tapering process. Goal setting can also be used to create a support network outside of the provider team, such as a close friend or family member.
- Maintain current prescribing best practices and processes throughout tapering process, including risk management strategies. This should include, but is not limited to, PDMP check and UDS screens.

Source: Pain Treatment Guidelines, Oregon Pain Guidance (OPG) May 2016

# Key Concepts for Tapering Opioid Medications

**Challenges Experienced When Tapering**

- The slower the taper, the less short-term discomfort for the patient. Offering choices to the patient for tapering speed can help the patient manage their experience and engage in working towards the common goal: reducing risk while maintaining or improving function.
- With increased pain during taper there may be a temporary reduced level of functioning. However, patients should improve in their function and experience of pain as the taper progresses and their body adjusts.
- If patients are experiencing many adverse effects during the taper process, it is important to re-evaluate the increment of dose reduction and frequency of reduction. It may be appropriate to make smaller incremental changes or make changes less often (i.e. move every two week adjustments to every four weeks).
- Opioid Use Disorder (OUD) may become apparent during the tapering process. It is important for primary care clinicians to be able to offer or successfully connect patients to evidence-based treatment for this chronic condition. Please contact your local CCO for more information on community providers.
- It may be appropriate to "pause" a taper; however, doses should not be increased once a taper has begun. Increasing the dose after a patient has begun tapering is counterproductive to the goal of reducing risk and prolongs the patient's tapering experience.
- Withdrawal symptoms are common during tapering; however, duration and severity will likely vary from patient to patient depending on a host of factors. There are several non-controlled adjuvant medications that may be prescribed to attenuate these symptoms and support patients through their taper. The list below includes medications used to manage common withdrawal symptoms. Duration and dosing should be tailored to each patient.

## OPIOID WITHDRAWAL ATTENUATION COCKTAIL

### Acute Withdrawal

Clonidine 0.1mg QID x anticipated length of withdrawal. (Check BP and watch for hypotension.)

**Diarrhea:** Loperamide 4mg then 2mg QID. May have opioid effects at high doses.
Alternatively, consider Hycosamine 0.125mg q 4-6 hrs PRN

**Myalgias:** Ibuprofen 400mg po QID or Acetaminophen 325mg po Q6hrs

**Anxiety:** Hydroxyzine 25mg po TID

**Insomnia:** Trazodone 50-100mg po QHS

**Nausea:** Ondansetron 8mg po BID x anticipated length of withdrawal. (Check QTc)

### Anticipated Withdrawal as a Part of a Planned Taper

**Anxiety:** Gabapentin Escalating Dose to 1200mg/day. Start loading one month prior to planned taper.

Clonidine 0.1mg QID x anticipated length of withdrawal. (Check BP and watch for hypotension.)

**Diarrhea:** Loperamide 4mg then 2mg QID

**Myalgias:** Ibuprofen 400mg po QID or Acetaminophen 325mg po Q6hrs

**Anxiety:** Hydroxyzine 25mg po TID

**Insomnia:** Trazodone 50-100mg po QHS

**Nausea:** Ondansetron 8mg po BID x anticipated length of withdrawal. (Check EKG for QTc interval)

Source: Pain Treatment Guidelines, Oregon Pain Guidance (OPG) May 2016