

Considerations

1. Adjust the rate and duration of the taper according to the patient's response.
2. Don't reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.
3. Once the smallest available dose is reached, the interval between doses can be extended and opioids may be stopped when taken less than once a day.

RESOURCES:

CDC Guideline for Prescribing Opioids for Chronic Pain

www.cdc.gov/drugoverdose/prescribing/guideline.html

Washington State Opioid Taper Plan Calculator

www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

Tapering Long-Term Opioid Therapy in Chronic Noncancer Pain

[www.mayoclinicproceedings.org/article/S0025-6196\(15\)00303-1/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext)

STOP THE OPIDEMIC

Pocket Guide: Tapering Opioids for Chronic Pain



Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.

When to Taper

Consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when your patient:

- requests dosage reduction
- does not have clinically meaningful improvement in pain and function (e.g., at least 30 percent improvement on the 3-item PEG scale)
- is on dosages \geq 50 morphine milligram equivalents (MME)/day without benefit or opioids are combined with benzodiazepines
- shows signs of substance use disorder (e.g., work or family problems related to opioid use, difficulty controlling use)
- experiences overdose or other serious adverse event
- shows early warning signs for overdose risk such as confusion, sedation or slurred speech

How to taper

Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications:

- **Go Slow:** A decrease of 10 percent of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10 percent per month) easier. Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.
- **Consult:** Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm such as pregnant women or patients with an opioid use disorder. Use extra caution during pregnancy due to possible risk to the pregnant patient and to the fetus if the patient goes into withdrawal.

- **Support:** Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer naloxone for overdose prevention. Watch for signs of anxiety, depression, and opioid use disorder during the taper and offer support or referral as needed.
- **Encourage:** Let patients know that most people have improved function without worse pain after tapering opioids. Some patients even have improved pain after a taper, even though pain might briefly get worse at first. Tell patients “I know you can do this” or “I’ll stick by you through this.”