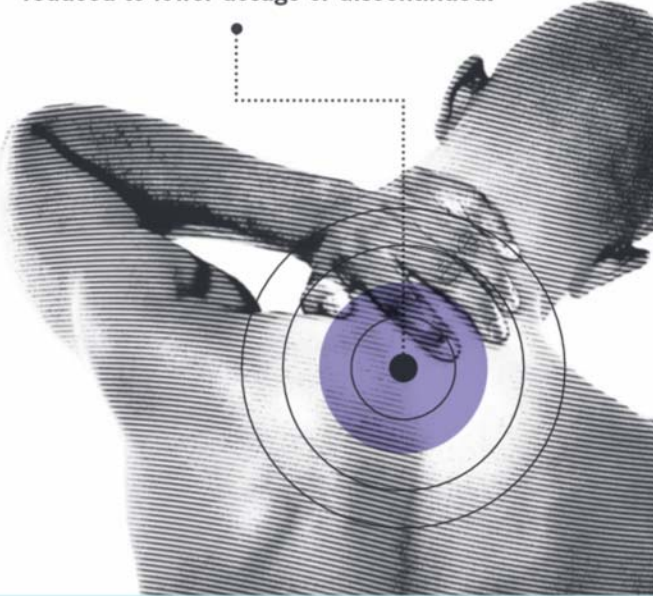


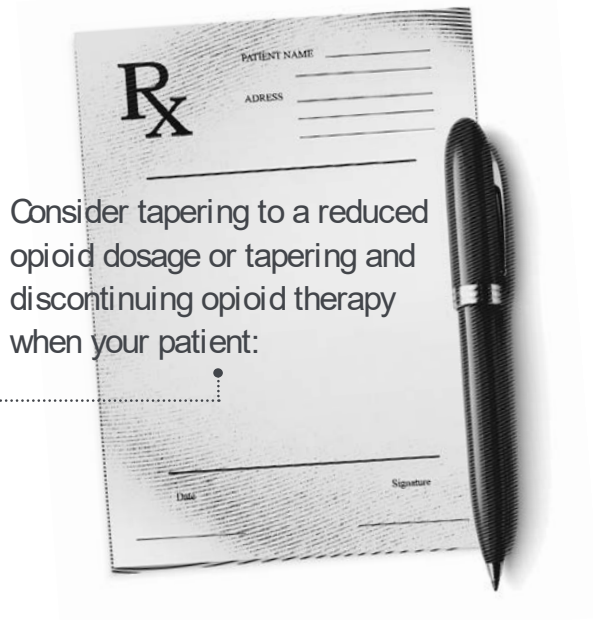
# POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN\*

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



**GUIDELINE FOR PRESCRIBING  
OPIOIDS FOR CHRONIC PAIN**

\*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.







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% improvement on the 3-item PEG scale)
- is on dosages  $\geq 50$  MME<sup>\*</sup>/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

<sup>\*</sup>morphine milligram equivalents

## 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. In general:

- **Go Slow**
- A decrease of 10% 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% 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.”*

## CONSIDERATIONS

Adjust  
Monitor  
Reduce



- 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](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

**Washington State Opioid Taper Plan Calculator**  
[www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf](http://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)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

[www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)