

# Recommendations for Discontinuing and Tapering Opioids

Medically prescribed opioids at doses  $\geq$  50 morphine equivalent dose (MED) per day increase overdose risk, with the risk becoming significantly greater with daily dosages close to or greater than 100 MED.<sup>1</sup> Consider the following guidelines:<sup>2</sup>

- Short and long acting narcotics should be tapered separately; first taper the short acting agent, then taper the long acting agent.
- For patients concomitantly using opiates and benzodiazepines, taper opioids first, then the benzodiazepines. Forging or selling prescription medications, or obtaining multiple controlled substances from multiple practitioners may warrant the need for immediate discontinuation of the opioid prescription.

## TAPERING SHORT ACTING NARCOTICS:

- If the % of total MED is less than 10% of the starting total MED of all narcotics, taper by 10% of the initial total dose (milligrams) **every three days**.
- If the % of total MED is more than 10% of the starting total MED of all narcotics, taper by 10% of the initial total dose (milligrams) **every week**.

## TAPERING LONG ACTING NARCOTICS:

- Taper by 5-10% of the initial dose (milligrams) weekly until down to 30% of the initial total dose (milligrams). Then taper by 5-10 % weekly of the remaining 30% of the initial taper (milligrams).
- A decrease by 10% of the original dose per week is recommended and usually well tolerated.

## SYMPTOMS AND TREATMENTS OF OPIOID WITHDRAWAL<sup>2,3</sup>

**Symptom:** Nausea, diarrhea, sweating, tachycardia, hypertension  
**Treatment:** Clonidine 0.1 – 0.2 mg orally every six hours or transdermal patch 0.1 – 0.2 mg weekly (if using the patch, oral medication may be needed for the first 72 hours) during the taper while monitoring for hypotension and anticholinergic side effects.

**Symptom:** Nausea  
**Treatment:** Anti-emetics such as ondansetron or prochlorperazine

**Symptom:** Diarrhea  
**Treatment:** Loperamide or antispasmodics such as dicyclomine

**Symptom:** Muscle pain, neuropathic pain or myoclonus  
**Treatment:** NSAIDs, anti-epileptics such as gabapentin, or muscle relaxants such as cyclobenzaprine, tizanidine or methocarbamol

**Symptom:** Insomnia  
**Treatment:** Sedating antidepressants (e.g. nortriptyline 25 mg at bedtime or mirtazapine 15 mg at bedtime or trazodone 50 mg at bedtime).

Source: Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain. 2015, page 38, Table 10. Available at: <http://www.agencymeddirectors.wa.gov/guidelines.asp>

## MANAGEMENT OF OPIOID WITHDRAWAL:

- Withdrawal symptoms may persist for six months after opioids are discontinued.
- Do not reverse the taper; it can be slowed or paused while managing withdrawal symptoms.
- Do not treat withdrawal symptoms with opioids or benzodiazepines after discontinuation.
- Refer for counseling or other support during this period as needed.
- Assess patient for suicidality and drug seeking behavior. Refer to a behavioral health specialist, and/or addiction or pain specialist if warranted.
- Refer patient to a pain specialist/center specializing in withdrawal treatment if complicated withdrawal symptoms occur.

## MED FOR SELECTED OPIOIDS<sup>2</sup>

OPIOID	APPROXIMATE EQUIANALGESIC DOSE (ORAL & TRANSDERMAL)
<b>Morphine</b> (Reference)	<b>30 mg</b>
Codeine	200 mg
Fentanyl Transdermal	12.5 mcg/hr
Hydrocodone	30 mg
Hydromorphone	7.5 mg
Methadone	Chronic: 4 mg
Oxycodone	20 mg
Oxymorphone	10 mg

- Equianalgesic dosing ratios between methadone and other opioids are complex; thus, requiring slow, cautious conversion (Ayonrinde 2000)

Source: Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain. 2015, page 57, Table 15.  
Available at: <http://www.agencymeddirectors.wa.gov/guidelines.asp>

## HELPFUL WEBSITE TOOLS:



### TAPERING SCHEDULE:

<http://www.partnershiphp.org/Providers/HealthServices/Documents/ManagingPainSafely/TaperDosingCalculator.xls>



### DOSE CALCULATOR:

[www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm](http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm)

### REFERENCES:

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1> <https://www.cdc.gov/Other/disclaimer.html>
2. Agency Medical Directors' Group. [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov). Interagency Guideline on Prescribing Opioids for Pain. 2015
3. Oregon Pain Guidance (OPG). Opioid Prescribing Guidelines of Southern Oregon: A Provider and Community Resource.