

Managing Medication Withdrawal

Information for Providers Initiating Tapering

Introduction:

Taking controlled substances for even a short time can cause patients to experience withdrawal when stopped abruptly. To prevent patients from experiencing severe withdrawal, they should be gradually tapered off their dose.

During tapering, patients may still experience some withdrawal symptoms. Outlined below are some symptoms of opioid and benzodiazepine withdrawal to track, as they may cause a patient's withdrawal to become increasingly uncomfortable or unmanageable.

Withdrawal Symptoms:

| Opioids | Benzodiazepines |
|------------------------|-----------------------|
| Abdominal cramping | Rebound anxiety |
| Nausea, vomiting | Rebound insomnia |
| Diarrhea | Headache |
| Body aches | Nausea |
| Muscle spasms | Joint and muscle pain |
| Lack of appetite | Seizure |
| Yawning | Psychosis |
| Runny eyes, runny nose | Hallucinations |
| Dysphoria | Jitters |
| Goose bumps | |
| Sweating | |
| Tachycardia | |

Comfort Medications:

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| Medication | Dose (Frequency) | Note |
|-------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| Clonidine | 0.1 mg (TID) | For opioid and/or benzo withdrawal |
| Promethazine OR Hydroxyzine OR Diphenhydramine | 25 mg OR 50-100 mg OR 25-50 mg (3-4x/day) | For nausea and vomiting, For Opioid and/or Benzo withdrawal only if GI issues |
| Loperamide | 4 mg, then 2 mg after every loose stool (NTE 16 mg/ 24 hrs) | Opioid withdrawal only |
| Cyclobenzaprine | 5 mg (TID) | For aching, opioids only |
| Trazodone | 50 mg (QHS) | For sleeping, opioids typically, can be used for benzos if difficulty sleeping |
| Ibuprofen & Acetaminophen | 200 mg & 500 mg (3-4x/day) | Opioid withdrawal only |
| Gabapentin | 300 mg 2x daily, titrated to effective dose | Off-label for pain, almost always for benzos |