Provider Tapering Guide

For Patients on Long-Term Opioid Therapy

Background:

Most patients on long-term opioid therapy (LTOT) meet at least one criterion for tapering, or gradually discontinuing prescription of the opioid. There is evidence of no benefit in prescribing opioids to treat some of the most common conditions for which opioids are prescribed including back pain, headaches, fibromyalgia, neuropathic pain, and chronic regional pain syndrome[1].

Opioids are known to create a physiological dependence quite quickly with extended use; thus, experts recommend a gradual taper to minimize symptoms of withdrawal. Recommendations on the speed of a taper vary on a case-by-base basis, but experts generally recommend a 5-10% dose reduction on a weekly to monthly basis until the taper is complete[3,4,5,6].

Mechanics of Tapering:

Address medication changes in person if possible.

Take a gradual approach (5-10% dose reduction) if possible.

Ensure frequent follow ups and check ins.

Reframe the purpose of medication to prevent withdrawal vs. treat the condition.

Indicators that Tapering Should Occur
Patient requests tapering
Diminished analgesia or function
Quality of life issues not explained by a medical condition
High-risk dose (>50 MME/day)
High-risk medication combinations (ex. Opioids + Benzodiazepines)
Comorbid conditions (ex. alcohol and other substance use disorders)
Presence of non-reassuring behaviors
Examples of Non-Reassuring Behaviors:
Request for an early refill
Absence from or inability to schedule a pill count
Absence from of inability to schedule a urine drug screen
Arrest for criminal charges
Report of lost or stolen drugs
Failure to attend scheduled appointments with prescribing or referred providers
Report of diversion or misuse

In cases of diversion, there is no need to taper if the patient is not taking the medications (ex. the drug is absent on a urine drug screen). The medication should be removed from their list, and the patient made aware that they will not be prescribed any more. A comfort pack (ex. clonidine, hydroxyzine, dicyclomine and promethazine) won't be necessary unless withdrawal symptoms present.

Rapid Tapering:

Rapid tapers (ex. greater than 10% decrease per week, dose decreases more frequent than weekly) are typically discouraged as they are associated with more significant withdrawal symptoms, increased risks for mental health crises (ex. depression, anxiety, suicidality), and overdose events.[7]

Rapid tapers are only recommended in the presence of severe risk of harm or death and require greater supervision by providers and clear documentation of rationale.[8]

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References

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