The decision to taper or discontinue chronic opioid therapy is often challenging for clinicians. Patients may be reluctant to reduce the dose for fear of increased pain or withdrawal symptoms, or in the case of a substance use disorder fear reduced access to the drug. Careful planning and close patient monitoring can help mitigate some of the patient fears.

**Opioid Tapering Guidelines:** There is no single tapering strategy that fits all patients. Individualized planning related to length of time the patient has been receiving opioids, comorbid physical and mental health conditions, and presence of adverse effects or safety issues will guide the tapering process.

Several resources are available that cover indications for taper as well as guidelines on how to taper and discontinue opioid analgesics.

- Opioid Tapering Guidelines (Ascension Pain Management Guideline)
- CDC Pocket Guide: Tapering Opioids for Chronic Pain
- Washington State Interagency Guideline on Prescribing Opioids for Pain (pages 36-39)
- Mayo Clinic Proceedings Tapering Long-term Opioid Therapy in Chronic Noncancer Pain

**Key considerations regarding opioid taper:**

- Most patients can safely taper opioid analgesics on an outpatient basis.
- Seek consultation from a pain management or addiction specialist for patients who have failed an outpatient taper, who are on high dose opioids, or have a concurrent substance use disorder or poorly managed mental health disorder.
- Consider sequential tapers for patients on multiple drugs requiring taper e.g., opioids and benzodiazepines; typically, opioids are tapered first. Coordinate care with other prescribers.
- **Suggestions for rate of taper:** (Washington State Interagency Guideline on Prescribing Opioids for Pain, 2015)
  - Immediate discontinuation if there is diversion or non-medical use
  - Rapid taper (over a 2 to 3 week period) if the patient has had a severe adverse outcome such as overdose or substance use disorder
  - Slow taper for patient with no acute safety issues
- Slow the rate of taper with emergence of withdrawal symptoms but do not reverse the taper. Opioid withdrawal is not life-threatening in the absence of significant comorbidities. Treat symptomatically.
- The Clinical Opioid Withdrawal Scale (COWS) is a tool that provides an assessment of the objective signs of opioid withdrawal.
- Watch for signs of unmasked mental health disorders.
- Continue pain management with non-opioid medications, cognitive-behavioral and physical rehabilitation strategies, and complementary therapies as appropriate for patient condition.

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