

Opioid Weaning Guidance Document

Primary Care

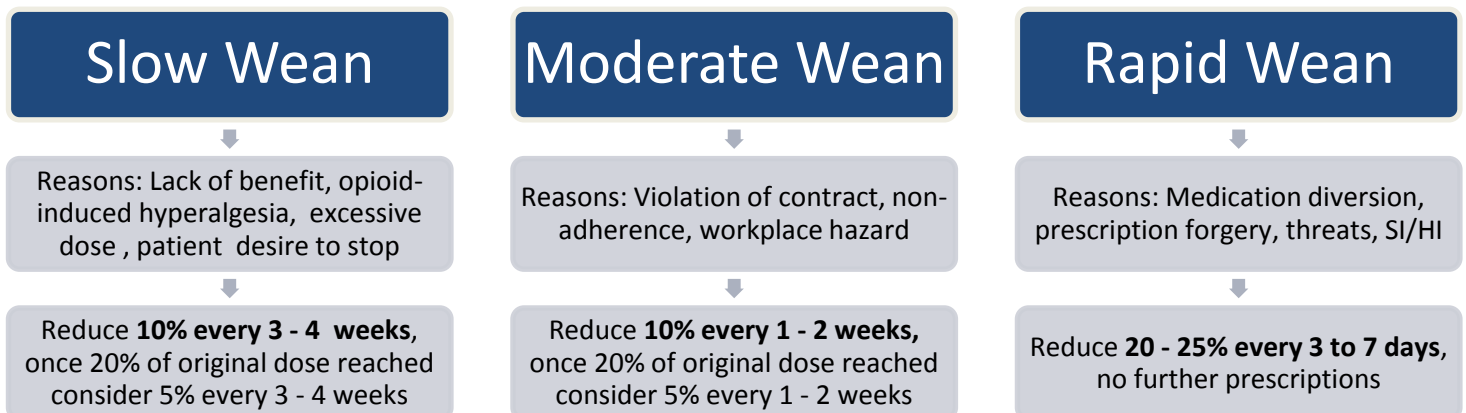
GENERAL CONSIDERATIONS:

1. Determine if the goal is a dose reduction or complete discontinuation of agent(s).
2. Weans should occur gradually to minimize the risk of withdrawal symptoms. Weaning opioids may take 6 months or more depending on the total opioid dose and the individual patient's response to the opioid wean. There is no need to rush this process as this may only cause more distress for the patient.
3. Optimize non-opioid pain management strategies. This link provides options for non-opioid strategies: https://www.cdc.gov/drugoverdose/pdf/alternative_treatments-a.pdf
 - a. Recommend implementing one non-opioid agent at a time
 - b. Evaluate and discontinue any agents that are ineffective
 - c. Do not exceed maximum recommended doses or combine multiple agents from the same medication class
 - d. Avoid use of benzodiazepines or any sedative hypnotic agents
4. Set expectations and functional goals with patient prior to initiation of the opioid wean.
5. Educate patient on the change in opioid tolerance over time during the opioid wean and risk for overdose if they resume their starting dose or a previously stable higher dose. Discuss/prescribe naloxone to minimize the risk of overdose.
6. Screen for and treat any untreated/under-treated depression. Depression may make the weaning process more challenging.

MORPHINE EQUIVALENT DOSE CALCULATOR:

1. Link to calculator: <http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm>
2. This calculator can be utilized to determine the current morphine equivalent dose your patient is receiving at baseline. If the goal is for opioid dose reduction, this calculator can also be used to determine your goal "ending" dose.

OPIOID WEAN ALGORITHM (BASED ON TOTAL DAILY DOSE)*:



*Adapted from <http://www.in.gov/bitterpill/toolkit.html> Appendix A and Section H in Important Information about Commonly Prescribed Opioids chapter

1. Slow wean is the preferred method for weaning opioids as this will minimize withdrawal symptoms
2. If receiving more than one opioid, wean one agent at a time
3. You may not be able to achieve exactly a 5 or 10% reduction in dose based on available dosage forms and/or strengths; however, you should be able to get close.
 - a. Alternating doses or ½ tablets may be required (do NOT cut extended release preparations or patches) throughout the opioid wean to achieve a 5-10% reduction.
 - b. If using extended release preparations, may have to change to immediate release dosage forms to achieve lower doses since extended release preparation cannot be cut.
4. Provide a prescription for only enough opioid for 1 step of the wean at a time
5. If weaning tramadol, evaluate for signs and symptoms of serotonin withdrawal as well (increased anxiety, agitation, restlessness, insomnia). If symptoms occur, can treat symptomatically or slow wean.

RECOGNITION AND MANAGEMENT OF WITHDRAWAL SYMPTOMS:**

Early Symptoms (Hours - days)	Late Symptoms (Days - weeks)	Prolonged Symptoms (Weeks - months)
<ul style="list-style-type: none"> •Anxiety •Sweating •Rapid, short respirations •Runny nose, tearing eyes •Dilated reactive pupils 	<ul style="list-style-type: none"> •Runny nose, tearing eyes •Rapid breathing •Tremor •Diffuse muscle spasms, aches •Nausea, vomiting •Diarrhea •Fever/chills •↑ WBC (sudden withdrawal) 	<ul style="list-style-type: none"> •Irritability •Fatigue •Bradycardia •↓body temperature

Aches, Pains, Myalgia:	⇒ NSAIDs ⇒ Acetaminophen – maximum of 3 grams in ALL acetaminophen containing products
Nausea, Vomiting:	⇒ Dimenhydrinate 50 – 100 mg every 6 hours PRN ⇒ Alternative: prochlorperazine 5 – 10 mg every 6 to 8 hours
Constipation, Diarrhea:	⇒ Constipation: if currently requiring treatment for constipation- continue treatment to avoid constipation, reduce over time as opioids are weaned. ⇒ Diarrhea: Loperamide 2 mg after each loose stool, maximum of 8 mg/day
Anxiety, Irritability, Lacrimation, Rhinorrhea:	⇒ Hydroxyzine 25 – 50 mg TID as needed
Insomnia:	⇒ Non-drug treatment and sleep hygiene ⇒ Pharmacologic needed: Short-term trazodone (25-100 mg at bedtime)
Physical withdrawal symptoms†:	⇒ Clonidine 0.1 mg BID*

† Anxiety and agitation not well controlled with hydroxyzine
 *Consider initial test dose of clonidine 0.1 mg followed by BP & HR evaluation 1 hour later in office. If BP less than 90/60mmHg or HR less than 60 beats per minute do not prescribe
 **Adapted from Opioid Taper Decision Tool: US Department of Veterans Affairs

1. Use of the opioid wean algorithm should minimize the risk of withdrawal symptoms
2. These agents should not be used to “prevent” withdrawal. Use should occur only if patient experiences symptoms. This reduces the risk of polypharmacy and adverse effects.
3. A patient education resource for opioid withdrawal can be found at:
<https://dovenet.stvincent.org/sites/SVMG/CP/SitePages/Home.aspx> (in the patient education folder)

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