

Addressing Pain in South Carolina

Quick Reference #8

Tapering Opioids for Chronic Pain

Tapering is the process of slowly decreasing the amount of opioid prescribed for pain because of unacceptable risk, intolerable side effects, or lack of benefit from the medication. Tapering should be conducted slowly and with the patient's active participation in decision-making.

Considerations for Tapering Opioids

The goal of tapering need not always be discontinuation. Reducing pill burden, managing side-effects, and reducing risk from drug-drug interaction are all goals that may be achieved by tapering to a lower dose rather than discontinuing:

- As the opioid is tapered, non-opioid and non-pharmacologic therapies may be added.
- Tapering the dose of opioids will result in a short-term increase in pain that may not require long-term intervention to relieve or manage. Small incremental decreases and slowly reducing the dosage will minimize short-term discomfort.
- For long-acting opioids, a tolerable decrease is 5-10% of the total dose per week with pauses to allow stabilization before continuing to decrease.
- For short-acting opioids, a decrease of 5-15% per week is recommended with pauses to allow stabilization before continuing to decrease.



Tapering is not the same as detoxification. Detoxification is the medical management of acute withdrawal from intoxication and is now called medically managed withdrawal. Using the correct terminology helps patients understand their management and the goals of treatment.



As the opioid is tapered, the patient may experience symptoms of withdrawal. It is important to palliate these symptoms with medications such as NSAIDs, clonidine, or antidiarrheal agents, if needed. Be aware that, if the goal of the taper is complete discontinuation of the opioid, the final part of the taper will be the most physically and psychologically challenging and may need to be considerably slowed.

Assure your patient that you are tapering the opioid, not the care.

- Be responsive to symptoms of opioid withdrawal, which can be physically demanding and emotionally distressing.
- Monitor comorbid conditions including anxiety and depression for possible exacerbation while conducting a taper because dysphoria related to decreasing opioids can be intense.
- Remember that pain's essential purpose is aversive. The fear of re-experiencing the pain associated with the underlying illness or past injury is normal and cannot be dismissed.
- Anticipate the need for psychological support and address it without judgment.
- Severe distress or destabilization of comorbid conditions may require the taper to be paused until the patient stabilizes medically and psychologically.

Tapering & the CDC Guidelines for Prescribing Opioids for Chronic Pain

A recent [perspective](#) published in the NEJM looks at how the Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain has been implemented and raises some concerns. For example, some practices attempt to apply the guidelines to acute pain, cancer pain, or palliative care. And some policies have gone beyond the guidelines to enact mandatory tapering—and even abrupt discontinuation of opioids and dismissal of patients. According to the authors, “Such



actions disregard messages emphasized in the guideline that clinicians should not dismiss patients from care, which can adversely affect patient safety, could represent patient abandonment, and can result in missed opportunities to provide potentially lifesaving information and treatment.” Assessing benefits and risks, educating patients, and mitigating risks of continuation or tapering are paramount when considering application of the guidelines. In summary, there are no shortcuts to safer opioid prescribing.

Refer to the [CDC's Pocket Guide: Tapering Opioids for Chronic Pain](#) for more information.

