

Opioid Tapering

What is tapering?

Tapering means gradually decreasing the dosage of your medication over time. Some people can taper fairly quickly without any problems, while others struggle with even small changes to how they take their medication. Tapering should usually be done at the patient's pace with help from a doctor or nurse practitioner.

Why taper?

Using less medicine may decrease side effects. For opioids, this includes constipation, as well as other problems that you might not know are opioid side effects. These include 1) sleep apnea and related problems, 2) hormonal problems (such as low sex drive), 3) depression, 4) drowsiness that can lead to car accidents, 5) trouble with thinking, and 6) the risk of accidental overdose (which may cause death). People who taper to lower doses of opioids often report less pain and better mood. They are able to do more of their daily activities and have better overall quality of life.

What is tolerance?

In most people, the pain relief from opioids is less over time, even when you take a higher dose. This is called tolerance. It happens because our body and brain get used to the medication. The risks of opioids still keep going up with higher doses. Taking more medication can lead to more side effects and may increase the risk of an accidental overdose.

What is physical dependence?

Physical dependence is common. Over time, the body gets used to being on opioids so that if you suddenly stop or decrease the dose too quickly, you can have withdrawal symptoms (including pain, sleep and mood problems). Some patients will not want to taper because of a fear of experiencing withdrawal symptoms however there are other medications to help with those symptoms.

What can happen when I decrease my opioid medication?

Your pain may increase for a short time. You should know:

- The pain from withdrawal usually gets better within 1-2 weeks. The best way to control this is to taper doses very slowly.
- Withdrawal pain should not be treated with more opioids. This delays tapering.
- There are medications that can help with withdrawal symptoms. These include: clonidine for sweats and chills, Tylenol™ (acetaminophen) or Advil™ (ibuprofen) for headaches, muscle aches, joint pain, and medications for nausea and vomiting, diarrhea, anxiety, low mood, irritability, and trouble sleeping.
- Withdrawal is generally most severe 24-72 hours after beginning a taper and will improve over 3-7 days. Some people may feel tired and unwell for weeks or even months.
- If withdrawal symptoms are severe, it may be because the change was too much or too fast. You may need to pause or slow down a taper to help your body adjust.
- Seeking opioids from non-medical sources to treat increased pain and withdrawal symptoms while tapering can be very dangerous. It increases your risk of accidental overdose and death.

How do I taper?

- The overall goal is better pain control and quality of life with less risk of harm. You might choose to completely come off opioids or reduce the dose to a safer level.
- Tapering is a careful process that takes time. Remember you are not alone. Plan what support you will need from family, friends and your healthcare team.
- You and your doctor or nurse practitioner should develop a personal tapering plan. Common practice is to reduce the dose by 5-10% every two to four weeks.
- There are many ways to help you manage more pain during withdrawal. You can try 1) keeping busy with tasks or exercise, 2) stretching, meditation or yoga, 3) using ice or heat, rubbing on creams or lotions, or non-opioid medications, and 4) using other multi-disciplinary pain management (like physiotherapy or a support group) if available.

<h2 style="margin: 0;">Tapering</h2> <p style="margin: 0;">↓ dose = ↑ benefit ↓ risk</p>	<h2 style="margin: 0;">Tolerance & Physical Dependence</h2> <p style="margin: 0;">↑ dose = ↑ risk ↓ potential benefit</p>
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Do you know the SIDE EFFECTS and RISKS of taking opioids over the long term?

Sleep apnea (impaired breathing while sleeping)	Can contribute to daytime drowsiness, fatigue and poor thinking ability. It increases your risk for many health conditions and also increases your risk of having a car accident.
Drowsiness, fatigue	Sleepiness that may cause falls, broken bones, and lead to car accidents.
Constipation	Difficulty having regular bowel movements. Can cause a blockage.
Cognitive impairment	Difficulty thinking clearly, remembering and focusing.
Mood depression, low energy	Can significantly affect day-to-day activities.
Low testosterone hormone levels	Can lead to low sex drive, low energy, depressed mood, slower recovery from muscle injuries and thinning of the bones.
Low estrogen/progesterone hormones	Can lead to low energy and thinning of the bones.
Overdose and Death	Many opioid overdoses occur accidentally especially when opioids are taken with alcohol and other medications that decrease breathing (sleeping pills and sedatives). The higher the dose of opioid, the higher the risk of accidental overdose which may cause death.
Addiction - Opioid Use Disorder	Misusing an opioid for reasons other than just pain relief (e.g. to get high).
Opioid Induced Hyperalgesia	Over time, in some people, opioids can actually cause pain to get worse. This is called "opioid induced hyperalgesia" and will improve after a gradual dose reduction.

Tapering is a careful process that takes time. If you hit a tough spot, remember that you're not alone. Reach out to your healthcare team to talk about your concerns and options.

Useful links:

Michael G. DeGroot National Pain Centre

- [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)
- [National Pain Centre Tools](#)

MAGIC App

- [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain - Tapering](#)

This link takes you to an "Opioid Tapering Template". You can take it to your prescriber to help start a discussion about tapering your opioid

- [Opioid Tapering Tool](#)

Adapted from:

1. Busse JW et al. Guideline for opioid therapy and chronic noncancer pain. CMAJ2017 May8;189:E659-66.doi: 10.1503/cmaj.170363. Recommendation #9.
2. "Opioid Tapering-Information for Patients" document accessed June 24, 2018. [http://nationalpaincentre.mcmaster.ca/documents/Opioid%20Tapering%20Patient%20Information%20\(english\).pdf](http://nationalpaincentre.mcmaster.ca/documents/Opioid%20Tapering%20Patient%20Information%20(english).pdf)