When to Consider Opioid Tapering

Every patient taking chronic opioid therapy should be reassessed at least quarterly for risks vs. benefits of continued opioid therapy. If the risks outweigh the benefits, opioid tapering should be initiated. This table lists common reasons for considering opioid tapering:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
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<tbody>
<tr>
<td>Opioid overdose</td>
<td>If your patient has had a cardiac or other serious medical event (e.g., hospitalization, heart attack), the risks to the opioid therapy are increased. It is likely that tapering opioid therapy or switching to an alternative pain management will improve the patient's quality of life.</td>
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<tr>
<td>Dose over 90 MED</td>
<td>Morphine Equivalent Dosing (MED) is a patient's cumulative intake of all opioids over 24 hours measured in morphine milligram equivalents. Adverse outcomes are dose and duration dependent. Some patients at higher doses may be fully adherent and functioning well without risk. However, the risks of overdose, opioid use disorder, and other serious adverse effects increase above 90 MED. At least quarterly reassessment of the benefits versus the risks of continued opioid therapy above 90 MED is necessary.</td>
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<tr>
<td>Pain and function not improved</td>
<td>If your ongoing evaluation of the patient demonstrates that your pain and function are not meaningfully improved, then tapering is recommended.</td>
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| Adverse opioid effects                   | Consider tapering if your patient is suffering adverse effects of opioids, such as:
  - Constipation
  - Lethargy
  - Tachycardia
  - Confusion
  - Nausea
  - Increased risk for falls
  - Insomnia
  - Respiratory depression
  - Depression
  - Increased risk for falls
  - Fatigue

Adverse effects can sometimes be managed symptomatically or with a switch to a different opioid, but if these strategies are not effective or in the face of other adverse effects, consider tapering. Tolerance, dependence, and withdrawal are common in patients taking chronic opioid therapy. However, these may represent adverse effects, and depending on the larger clinical picture, may themselves be indication for a taper. |
| Co-occurring conditions (including mental health) | Consider tapering if your patient has co-occurring health conditions that put them at higher risk of adverse outcomes with opioid therapy, such as:
  - Lung disease
  - Liver disease
  - Kidney disease
  - Cardiac arrhythmias
  - Obesity
  - Immune suppression
  - Dementia

Patients with the following issues are at higher risk for developing respiratory issues or an opioid use disorder:
  - Substance use
  - Premature cardiac disease
  - Childhood trauma

Integrating mental health treatment alongside chronic pain treatment increases the odds of a successful and therapeutic opioid taper. |
| Patient request                          | If your patient requests reducing or eliminating opioids, you should initiate tapering. If pain is a problem, alternative management options can be considered. |

Adapted from BRAVO with permission from Dr. Anna Lembke.

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