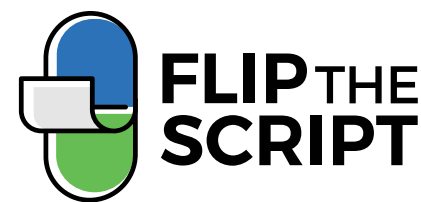


Minnesota's opioid prescribing guidelines

Ready to talk about tapering?



Beginning the conversation about tapering

There are ways to approach the tapering conversation to make it easier, especially by developing the patient's motivation to taper by talking about long-term gains from reducing opioid use. A growing body of evidence finds that patients who work with clinicians to reduce or discontinue use experience improvement in pain severity, function and quality of life.

The goal of tapering is to improve patients' risk-benefit profile. Preparing a patient to taper can be tough, and it can take time. But it can be done, especially if you focus on long-term improvements, carefully communicate the taper process, and provide the patient with as much control over the process as appropriate.



1. Talk about it early and often.

- Discuss tapering before initiating chronic opioid analgesic therapy and with any dose adjustment. Talk about tapering or discontinuing use at least every three months.

Explain the risks of opioid therapy and how the taper reduces risk.

Identify situations together when the risks of opioid therapy outweigh the benefits and when therapy is no longer desired. Document those situations in the treatment plan.

- *"I believe the risks of continuing your opioid therapy are now greater than the benefits you receive. Given this medication's risks, I'm worried about your continued use of these drugs at your current dose. Can I explain in general what a taper is, and then we can identify how we can work on this together?"*



2. Talk about the process and how the patient will be supported.

- Identify non-opioid and non-pharmacological therapies that will be used to treat pain during the taper.

Discuss adjuvant therapies available to treat withdrawal symptoms, e.g., clonidine, gabapentin, hydroxyzine, dicyclomine, loperamide.

Maximize the patient's mental health before and during the taper. Most patients benefit from Cognitive Behavioral Therapy. Build mental health support options and resources into the taper plan.

- “We will start with small reductions in your daily dose while using other non-opioid pain medications and treatments to help manage your pain. You may experience some discomfort in the beginning, but it will improve over time. People usually feel better when their opioid doses are reduced or stopped.”

“It’s important to let us know what symptoms you experience so we can help you manage them. It’s also very important that we address any concern or nervousness you have about tapering your opioids before and during the process. Would you like to learn about some of the therapy options that can help people during a taper?”



3. Develop a taper plan together and expect adjustments.

- Individualize the taper to the patient’s circumstances. Start with a general plan and tailor it based on the patient’s risk factors, goals and comfort level.

Tapering high-risk patients to less than 50 MME/day is a reasonable initial goal.

Explain that pauses in the taper may be helpful during the process, but that the dose will not be increased.

- “Your brain and body have adapted to opioid therapy, so it is normal and expected to take some time for them to readjust. I want to stay in touch with you very closely during this process. During the taper, you may find you are always thinking about your medication or feeling overwhelmed, but this does not often last. We will work with you. I will not increase your dose, but we can slow down or speed up the taper depending on how you do.”



4. Taper process and treatment

The optimal timing and approach depends on a number of patient factors. Below is a sample of tapering recommendations from national and state guidelines and medical literature. Detailed guidance on the taper process is available at “Tapering – Guidance & Tools” Oregon Pain Guidance <https://www.oregonpainguidance.org/guideline/tapering/>

General taper recommendation for stable patients	Source
Patients may tolerate tapering increments as great as 30 percent initially. Decrease increments to less than 10 percent later in the taper.	“ Interagency Guidelines on Prescribing Opioids for Pain ,” Washington State Agency Medical Directors Group
Decrease 10 percent of the original dose every 5 to 7 days until 30 percent of the original dose is reached. Follow by a weekly decrease of 10 percent of the remaining dose.	“ Tapering long-term opioid therapy in chronic noncancer pain: evidence and recommendations for everyday practice ,” Berna, Kulich and Rathmell, Mayo Clinic Proceedings
A decrease of 10 percent of the original dose per week is a reasonable starting point. Slower tapers, e.g., 10 percent per month, may be easier for patients who have taken opioids for a long time.	“ CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016 ,” Centers for Disease Control and Prevention
Dose reductions of 5-20 percent every four weeks. Gradual tapers over months or even years for patients starting on very high opioid doses. The rate of the taper must take into account dose, formulation and risk factors.	“ VA/DoD clinical practice guidelines for opioid therapy for chronic pain ,” Departments of Veterans Affairs and Defense