

Opioid Tapering

Tapering your opioid dose will lead to less pain, better mood, function and overall quality of life. Sometimes it is only after such a taper that patients appreciate how opioids were not helping as much as they thought.

What can be expected when tapering or decreasing your opioid dose?

Pain – one of the first symptoms of opioid withdrawal is increased pain. This pain may be the same pain that you are being treated for, or it may include total body, joint and muscle aches. Taking an opioid may reduce these pains, but only temporarily. Most people report that pain associated with withdrawal generally passes within 1-2 weeks and is lessened by tapering doses very slowly. Many people also report that the pain that the opioid was originally being taken for does not worsen when opioids are reduced. Prior to starting to reduce your opioids, plan with your doctor how you will deal with this pain. This might include distraction, activity, stretching, meditation, and heat or the use of non-opioid pain medications. Treating withdrawal pain with opioids just delays the taper process.

Withdrawal symptoms – opioid withdrawal symptoms can be very unpleasant but are generally not life-threatening. However they sometimes cause people to seek opioids from non-medical sources, which can be very dangerous due to overdose and death. It is therefore advisable to talk with your doctor about a safe approach to gradual tapering. Withdrawal symptoms are similar to a flu-like illness and can begin 6-36 hours after your last opioid dose. If you stop opioids suddenly these symptoms are most severe within 24-72 hours and will diminish over 3-7 days. Some people will generally feel tired and unwell for several weeks to months, particularly if you have been taking very high doses. If you decrease your opioid dose slowly over several weeks or months these withdrawal symptoms are much less severe and usually resolve over time. Your doctor may be able prescribe some non-opioid medications to help you deal with these effects, which may include:

- Sweats, chills, goose flesh
- Headache, muscle aches, joint pain
- Abdominal cramps, nausea, vomiting, diarrhea
- Fatigue, anxiety, trouble sleeping

Preparing for an opioid taper:

- Enlist support from family, friends and all your health care team, including your physician and pharmacist
- Make a plan to deal with any withdrawal related pain

- Make a plan to manage any withdrawal symptoms including anxiety and trouble sleeping
- Learn and practice non-drug pain management strategies
- If you experience severe withdrawal symptoms, work with your physician or pharmacist to pause or slow the taper. It is OK to take a break, but the key point is to continue tapering to the lowest effective dose
- Remember the long term goal is improved pain control and quality of life while reducing potential harms of treatment

Four methods of opioid reduction

Fast – stopping abruptly or reducing the dose over a few days or weeks will result in more severe withdrawal symptoms, but the worst is over in a relatively short period of time. This method is best carried out in a medically supervised withdrawal centre.

Slow – gradually reducing the dose by 5-10% every 2-4 weeks with frequent follow up with your doctor is the preferred method for most people. If you are taking any short-acting opioids, it may be preferable to switch your total daily dose to a long acting opioid taken on a regular basis.

Rotation – Switch to a different opioid. By doing this the dose can be dramatically reduced (between 40 and 75%). The new opioid will be perceived by your body as a new medication and therefore will not need to be at the same equivalent dose as the old opioid. Also, giving the same equivalent dose of the new opioid can be dangerous and precipitate an intoxication (overdose).

Methadone or buprenorphine/naloxone –another strategy which might result in less withdrawal is a switch to methadone or buprenorphine/naloxone, and then gradually tapering off. However this requires a doctor trained to use these medications but can be an alternative to the slow method above.

Talk with your physician today



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