

Options for management of opioid reduction

These recommendations are not intended to replace clinical judgment in individual cases.

Opioid reduction protocol

Before initiation:

- Emphasise that the goal of tapering is to make the patient feel better (ie to improve function and mood – in most patients the pain intensity is no different or even less).
- Have a detailed treatment agreement.
- Be prepared to provide frequent follow-up visits and supportive counselling.
- Providing support – withdrawal symptoms will decrease over time. Ask about the benefits of taper (eg improved pain, mood, alertness). Use motivational interviewing techniques to help patients identify change thoughts and develop discrepancies.
- Slow tapers are recommended for patients who are anxious about tapering, those who might be psychologically dependent on opioids and those who have cardiorespiratory conditions.
- Slowing down the taper – either in smaller dose decreases or by slowing taper timeline if there are problems with withdrawal symptoms or temporary increase in pain (eg four weekly, six-weekly, eight-weekly).
- Hold the dose if the patient experiences severe withdrawal symptoms or worsening of pain or mood. Restart taper when patient feels able.
- Only reduce ONE of the sustained release opioid doses at a time usually by - 10mg
- Doses may need to be dispensed in smaller pack sizes by the patients' pharmacy to assist taper process.
- Sleep disturbance can be helped with sleep hygiene and relaxation techniques.
<https://www.highlandpaininfo.com/power-of-nature>
- Avoid sedative medications such as benzodiazepines or Z-drugs.

Other Symptomatic treatments

- Muscle aches/pains - Paracetamol 1000 mg, every 4 hours as required (maximum 4000 mg in 24 hours) OR
- Ibuprofen 400 mg every 6 hours as required (if no history of peptic ulcer or gastritis).
- Nausea - Metoclopramide 10 mg, every 4–6 hours as required OR
- Prochlorperazine 5 mg, every 4–6 hours as required.
- Abdominal cramps - Hyoscine 20 mg, every 6 hours as required
- Diarrhoea - Loperamide 2 mg as required

For more information see <https://fpm.ac.uk/opioids-aware>

For dose calculation <https://www.paindata.org/calculator.php> and taper guide is in the clinician tab.