

Please note, this page contains supplementary information and is not a component of the eLearning course.

Opioid tapering: creating a schedule and planning for setbacks

This supplementary information offers a step-by-step guide to creating a tapering schedule, where this has been agreed with the patient and then outlines a plan for managing setbacks.

Creating a tapering schedule with the patient

- Calculate total oral morphine equivalence of all current opioids by any route
 - Check with the patient what they are actually taking; don't assume the prescribed dose is being taken
 - Use the opioid equianalgesic calculator developed by the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FPM ANZCA), to calculate the total morphine equivalent daily dose (MED). The calculator is available [here](#) and can also be downloaded as a smart phone application from the Apple App Store or Google Play Store
- Avoid switching to a different opioid in order to taper, instead reduce the dose of their currently prescribed opioid(s)
- Aim to taper the dose by around 10% of the original dose 2-4 weekly
 - The exact % reduction will depend on the dose units available
 - If the patient is particularly anxious, starting with a smaller dose decrease (e.g. 5% or even less) and reducing monthly, may help build confidence
 - Avoid reducing more frequently than every 2 weeks
 - Making 1 reduction every 4 weeks, may facilitate a meaningful reduction, especially when the patient has worries about coping with a reduction.
 - When considering frequency of reductions, consider your capacity for follow up and review, taking into account any periods of leave
- Remember that the dose reduction may become a larger proportion of the dose as the dose reduces. Consider smaller dose reductions as the dose becomes lower, if the patient starts to run into difficulty

- If a patient is taking more than one opioid, reduce one at a time. If the patient has no preference start with the most potent.
- If a patient is taking oral modified release (MR) opioids (including patches) as well as immediate release (IR), taper the MR / patch first. If they are taking IR liquid, switch to tablets to more easily monitor the amount used
- Limit number of doses of IR per day and counsel patient not to increase dose of IR to compensate
- When reducing a fentanyl patch, bear in mind that the lowest dose patch available is 12 mcg/hour (MED 36mg/day). Dependent on how well the patient has tolerated previous reductions, for the final tapering step, you may wish to consider advising that they cut a 12 mcg/ hour matrix patch in half. Please note this only acceptable if they are prescribed a matrix patch

Managing set-backs

Setbacks happen. Often the best way of managing setbacks is to be aware that they may happen and to plan for them with patients. There are sometimes reasons for a setback, or that may increase the risk of a setback: a change in physical health, unexpected stressful life event, changes in social circumstances (change in job, moving house, bereavement etc).

When patients have agreed to try a reduction in the opioids they take, a setback will often be withdrawal symptoms and/or an increase in pain intensity. In the text below, we have outlined some tips for managing withdrawal symptoms and then managing an increase in pain.

Withdrawal symptoms

Patients experience withdrawal differently and may experience none, some or all of the symptoms below:

Sweating, yawning, tremor, abdominal cramps, diarrhoea, restlessness, irritability, anxiety, a runny nose/ eyes, bone and joint aches

Dealing with withdrawal symptoms

- Make sure the patient knows that opioids should be tapered gradually and not stopped suddenly and that the reduction will take time, often months not weeks, especially if they are on high doses
- Explain what to expect including:
 - Whilst it is unlikely that pain will increase longer-term, some patients experience temporary tiredness, restlessness, and/or an increase in their usual pain following opioid dose reduction

Only a few people report withdrawal symptoms (see box) following gradual tapering, although patients may fear this if they have stopped or reduced opioids abruptly in the past

- Reassure that withdrawal symptoms are temporary and any increase in their usual pain is unlikely to persist long-term. Most people do not experience worse pain following opioid reduction and many notice an overall improvement because they are having fewer side effects
- Tapering may be *paused* to allow time to overcome symptoms of withdrawal or worse pain before the next dose reduction
- However, tapering should not be reversed except in exceptional circumstances
- Do not be tempted to treat withdrawal symptoms with more opioids or benzodiazepines

Dealing with increase in pain intensity

Persistent pain is often unpredictable, both in terms of location and intensity of pain and this can be frustrating and distressing for patients. Set-backs in terms of increases in pain are common and often occur for no apparent reason whether reducing opioids or not.

- Offer reassurance that any change in pain following a dose reduction is likely to be temporary.
- Reassure your patient that persistent pain varies over time, as it most likely did prior to them starting a reduction in opioids. When pain fluctuates when reducing opioids then it is normal for patients to associate the change with the increase in pain.
- Encourage the patient to reflect on their previous experience of pain symptoms fluctuating, with 'good and 'bad' days even when opioids remained stable or were increasing and explain that this variation is likely to continue
- Offer reassurance that any change in pain following a dose reduction is likely to be temporary.
- Remind them why they decided to make changes to their opioid medicines in the first place, and the potential benefits of tapering for them
- Signpost patients to the Positive Changes leaflet tips and to videos of patients who have successfully reduced opioids that they may find inspiring on mypainreview.co.uk
- Encourage patients:
 - to be kind to themselves,
 - to make time to do the things they find enjoyable and/or comforting and soothing,
 - to consider taking some gentle exercise,
 - to get support from friends or family

- Arrange regular follow-up pain reviews.