BACKGROUND

In recent years opioid use in the United States has increased.

Furthermore, there has been increased aggressiveness in pharmaceutical companies’ marketing of opioids, greater physician and organization advocacy, and an enhanced patient awareness on the right to pain relief.

One of the most common problems clinicians face with opioid therapy is the development of withdrawal symptoms in patients upon discontinuation.

OBJECTIVES

1. Provide a comprehensive overview of the published peer-reviewed literature related to opioid tapering strategies in pain management.

2. Develop an algorithm and taper examples to guide clinicians in the appropriate tapering of opioid therapy

METHODS

- PubMed, Ovid, Google Scholar and Cochrane Library, were searched for articles from January 2000 to January 2013.
- The key search terms were “opioid,” “tapering,” “detoxification,” “detox,” “dependence,” “withdrawal,” and “weaning.”
- Articles were selected based upon relevance and quality and included narrative and systematic reviews, prospective and retrospective studies, and clinical guidelines from US government agencies and experts.

RESULTS

- There were 24 articles included in this review.
- Out of the 24 articles, 12 were clinical guidelines.
- Of the remaining 12 studies, eight involved pediatric patients in the inpatient setting, and four involved populations that included adults in the inpatient setting.

TAPER EXAMPLES

- OxyContin 30 mg and 40 mg t.i.d.
- ER tablets come in 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg

CONCLUSIONS

- Review of the literature suggested four major themes:
  a) individual taper parameters to ensure patient compliance
  b) presentation of withdrawal symptoms
  c) the rate of the taper at one-third or 20% of the original dose for patients anxious about tapering or prefer to go slower, psychologically dependent, co-morbid cardiovascular conditions
  d) switch patients from short-acting to long-acting medications

- There was no consistent rate of tapering found in the literature.
- Taper rate ranged from an initial 20-50% daily reduction in opioid dose to a 5% reduction in dose every one to four weeks.

- The most common titration rate was a 10% reduction in the daily dose.

- Time in the reduction of doses ranged from two weeks to four months.

- Additionally, several studies noted the importance of referral of addicted and complex patients to appropriate specialists for treatment.

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