



Prescribing Tips and When to Taper Opioids for Patients With Chronic Pain

(Recommendations for adults 18+ with chronic pain more than 3 months, excluding active cancer, palliative, or end-of-life care)

Prescribing Tips

- Consider a consultation with a pain management specialist
- Optimize non-opioid analgesics and nonpharmacologic therapies first
- Discuss opioid exit strategy up-front before initiating therapy
- Start with lowest dose of opioid and slowly increase
- Prescribe scheduled doses rather than “as needed” when possible
- Evaluate the benefits and possible harm of therapy:
 - Within 1 – 4 weeks of starting opioid therapy
 - At least every 3 months

When to Consider Opioid Tapering

- Patient requests dose reduction
- No clinically meaningful improvement (30% or more) in pain or function
- Doses more than 50 MME/day without benefit
- Opioids have been combined with benzodiazepines
- Deterioration in physical, emotional, or social functioning
- Signs of substance use disorder (e.g. related work or family problems, difficulty controlling use)
- Overdose or other serious adverse event occurs
- Presence of early warning signs for overdose
- Resolution of condition likely causing pain

Pocket Guide: Tapering Opioids for Chronic Pain. Centers for Disease Control and Prevention.
NPS MedicineWise: Victoria State Government. Recommendations for Deprescribing or Tapering Opioids. May 2016.

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