

Weaning opioids – Advice for patients

If pain remains severe despite taking opioids, it is probable that the opioids are not helping at all and you would feel better and avoid the associated risks if you reduced or stopped them. Read the leaflet that comes with the medication (or consult the internet) for the long list of negative effects of taking opioids.

We now know that when long-term opioids are used to treat long-term pain, there can be benefit for the first few weeks of treatment, but this benefit then tails off. For the majority, opioids provide little or no pain relief in the long term, and lead to an overall reduction in their quality of life.

Most people that have been on opioids for more than a few days will experience side effects when they reduce the dose. Side effects vary in their intensity and unpleasantness. Side effects generally reduce after 3 days and are mostly gone after a week.

What are the symptoms of opioid withdrawal?

Pain is often the first. This may be general muscle and joint pain or an increase in the patient's painful condition. Many people take these "withdrawal pains" as a sign that the opioids had been working and need to be continued (or even increased) – they are not. It can be tough getting through this time but it's worth it.

Other side effects of withdrawal are rather like severe flu, and may include
Sweats, chills, "goose flesh"
Abdominal cramps, diarrhoea
Anxiety, insomnia, fatigue, malaise

Not everyone experiences these symptoms, but you are more likely to if you stop your opioids suddenly or reduce the dose very quickly. If you do experience severe symptoms you may need to reduce the dose more slowly. Some people occasionally need medication to control the effects of opioid withdrawal.

But my opioids were recommended and prescribed by a doctor!

The evidence regarding the use of long-term opioids has changed in recent years. It has become clear that in the past, doctors over-estimated the effectiveness of opioids, and underestimated the problems associated with their use.

How can opioids be withdrawn?

The most suitable withdrawal schedule varies widely, depending on the individual, their circumstances, the drug dose and how long the drugs have been taken. Try the suggestion below, and adapt it as required.

Work out a reduction dose – the amount by which your daily dose will be reduced. A suggestion is approximately 10% of your current daily total opioid dose. It may be necessary to first change your opioid(s) to a drug or a schedule that allows this reduction, then to reduce using the new drug. Your doctor can help you with this. The pain clinic can advise. The reduction figure of 10% is only a rough guide – it may not be possible or practical to do this as tablets only come in certain sizes.

Reduce your daily intake by the reduction dose. If you possibly can, maintain this lower dose for 2 weeks. If after that time your symptoms are no worse than when you were on the higher dose, then you are ready to make your next reduction.

Reduce by the reduction dose again. Repeat the process ten times and your wean is complete.

You may find that withdrawal symptoms become more prominent as you near the end of the wean. This is normal, and is not a sign that the wean shouldn't continue. Make the dose reduction smaller, and keep going if you can.

What if withdrawal effects are intolerable?

First, try reducing in smaller steps, or prolong the period between reductions. Consider non-medical strategies – distraction and self-reward can be very effective. If this proves inadequate, your doctor might have some medication that lessens the side effects. There are organisations that help patients that are struggling to wean opioids or other medications – see your GP for details.

(some information is outlined in the document “Weaning Opioids – advice to GP’s”)

I've weaned, and I've still got pain. Now what?

Once you have been off opioids for a few weeks, or at least on a lower dose, consider two questions:

- Has my quality of life gone up or down as a result of the wean? Why?
- Has my pain increased, decreased or remained the same?

If you are not happy with the end result of weaning, speak to your doctor about your experience to discuss what to do now. Suggestions include:

- Consider taking short-acting opioids instead. These should be taken only to treat exacerbations (worsening) of your pain, or before doing activity that you can't manage without them. Evidence suggests that the less often opioids are used, the more effective they are. They should not be taken more than once or twice a day.
- Consider alternative pain relief. Sometimes a referral to another practitioner, such as a physiotherapist or pain clinician, might be appropriate.

Occasionally it might be appropriate to reinstate your opioids. This is rare – the majority of people feel and function better after weaning. If you and your GP do decide to go back to opioids, do so gradually in order to stave off the inevitable tolerance and reduction in benefit.

“I can't manage to wean these medications unaided”

Ask your GP about sources of help available in your area. Some are listed on this document's sister leaflet “Weaning opioids – Advice for GP's”.

Type “weaning opiates” into a search engine to peruse sources available on the internet.

Information sources

<http://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>

https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf

Adapted from Faculty of Pain guidance