When and how to taper opioids

When should a patient be weaned off opioids? What is the protocol for tapering opioids? Are there any situations in which a doctor should just stop writing opioid prescriptions for a patient?

ot all patients benefit from opioids, and a prescriber frequently faces the challenge of reducing the opioid dose or discontinuing the opioid altogether. Below Dr. Mel Kahan, Medical Director of Addiction Medical Services at St. Joseph's Health Centre in Toronto and Dr. Angela Mailis-Gagnon, Director of the Comprehensive Pain Program at Toronto Western Hospital answer some frequently asked questions about opioid tapering.

When is opioid tapering indicated?

According to Drs. Mailis-Gagnon and Kahan, tapering is indicated in the following instances:

- Inadequate analgesia. Patients with severe pain and disability despite a high dose (above 200 mg morphine equivalent per day) often experience improved pain, function and mood with tapering.
- Side effects or medical complications. Adverse effects primarily include sedation, constipation, falls in the elderly, sleep apnea, and overdose. Most of these side effects are dose-related.
- Opioid misuse and addiction.

 Patients who are addicted but
 primarily acquire their opioids
 from their physician may receive
 'structured opioid therapy,' with

OxyContin Substitution

After a fatality apparently resulting from a change in prescription from OxyContin to another opioid analgesic, physicians and pharmacists are being advised to work closely in determining the appropriate dosage for medications prescribed to replace the discontinued OxyContin.

Over the next several weeks and months, physicians and pharmacists will be facing situations that may require either a direct shift in prescribing and dispensing from OxyContin to the new, tamper-resistant OxyNEO or a more complex conversion from OxyContin to another opioid alternative. In the latter scenario, both physicians and pharmacists must be aware of the challenges associated with such conversions, say the regulatory bodies and associations of both professions.

The Ontario College of Pharmacists and the Ontario Pharmacists' Association are encouraging their members to contact the prescribing physician for clarification of dose changes where possibly unintentional dose escalation is noted. The College of Physicians and Surgeons of Ontario and the Ontario Medical Association are urging physicians to be receptive to this contact and work closely with pharmacists in determining the equi-analgesic dose of alternative opioid therapies for chronic non-cancer pain management.

"Given the complexities of opioid prescribing and dispensing, it is critical that we work together to ensure the safety of the public," said Dr. Bob Byrick, President of the CPSO. Mr. Sherif Guorgui, President of the Ontario College of Pharmacists agrees, saying that "effective communication between health-care professionals is key to ensuring the best care for patients, particularly in this changing environment."

Conversion charts are available to help health practitioners determine the equianalgesic dose of alternative opioid therapies for chronic non-cancer pain management. These charts and other important and useful practice tools can be found on the Michael G. DeGroote National Pain Centre website. (http://nationalpaincentre. mcmaster.ca/)

The CPSO appreciates that physicians may have a number of questions about the Ministry of Health and Long-Term Care's removal of OxyContin from the Ontario Drug Benefit Formulary/Comparative Drug Index and its replacement, OxyNEO. We have provided answers to frequently asked questions on our website homepage, www.cpso.on.ca

tapering, frequent dispensing (as often as daily), and urine drug screening. If this fails or if the patient acquires opioids from multiple physicians or the street, methadone or buprenorphine treatment may be needed.

Are there circumstances when a patient's opioid prescriptions can be abruptly discontinued?

Drs. Kahan and Mailis-Gagnon advise the following: Physicians may abruptly stop prescribing opioids only if they are certain that the patient acquires most of their opioids from another source, or regularly diverts the physician's prescription. Otherwise, abrupt cessation is not recommended.

Acute withdrawal can cause depression, insomnia and difficulty with daily functioning. If patients manage to resume their usual dose after one or two week abstinence, they will be at risk of overdose, as they will have lost tolerance.

Resources for physicians in safe opioid prescribing

CANADIAN GUIDELINE & PRACTICE TOOLKIT

The practice recommendations in the Canadian Guideline will assist physicians to use opioids effectively and safely for chronic non-cancer pain. This clinical practice guideline will also help patients to be informed about the potential benefits and risks of opioids, and enable other health-care professionals to be aware of roles they can play to achieve desired patient outcomes. http://nationalpaincentre.mcmaster.ca/opioid/



The Practice Toolkit provides easy to use e-tools that allow physicians to make optimal use of the guidelines. One of these tools is the Opioid Manager, a point-of-care tool which distils onto one double-sided page, essential information and advice. http://nationalpaincentre.mcmaster.ca/documents/practicetoolkit.pdf

CAMH PROFESSIONAL WEB PORTAL

CAMH Knowledge Exchange gives physicians quick access to the best available online information, tools and resources. As it evolves, KnowledgeX will also provide opportunities to collaborate and communicate with other addiction and mental health professionals http://knowledgex.camh.net



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Dr. Mailis-Gagnon said she has seen a recent increase in the number of patients coming to her program with their opioids abruptly discontinued. Dr. Mailis-Gagnon said that the increase may be linked to physicians' concerns about the Ministry of Health and Long-Term

Care's Narcotic Monitoring System. She urges physicians to view the new system as a clinical tool. "This database will alert the pharmacist if a patient acquires opioid prescriptions from multiple physicians, or presents too early with a script renewal, she said.

ORAL OPIOID ANALGESIC EQUIVALENCE TABLE			
	Equivalence to oral morphine 30 mg	To convert to oral morphine equivalent multiply by:	To convert from oral morphine equivalent multiply by:
Morphine	30 mg	1	1
Codeine	200 mg	0.15	6.67
Oxycodone	20 mg	1.5	0.667
Hydromorphone	6 mg	5	0.2
Transdermal fentanyl	60-100 mg morphine = 25 μ cg/hr fentanyl		

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Opioid Tapering Protocol

TAPERING PROTOCOL		
Formulation	Sustained release preferred (until low dose reached)	
Dosing interval	Scheduled doses rather than PRN	
	Keep dosing interval the same for as long as possible (bid or tid)	
	Advise patients not to skip or delay doses	
Rate of taper	Taper slowly. Rate may vary from 10% of the total daily dose EVERY DAY to 10% of total daily dose EVERY 1-2 WEEKS (we prefer the latter for outpatient tapering)	
	Let patient choose which dose is decreased (AM, PM or HS)	
	Taper even more slowly when 1/3 of total dose is reached	
	(For detailed instructions see Canadian Guideline for Safe and Effective Use of Opioids in CNCP, 2010, page 85/16)	
Frequency of pharmacy dispensing	If patient runs out early, increase frequency to weekly, alternate day or daily	
End point of taper	Less than or up to 200 mg of morphine equivalent dose	
	This dose should control pain with minimal side effects	
Frequency of visits	Depends on rate of taper	
	If possible, see patient prior to each dose decrease	
Approach at each visit	Ask not just about withdrawal symptoms and pain but benefits of tapering: more alert, less fatigued, less constipated	

Resources for physicians in safe opioid prescribing

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MMAP - MEDICAL MENTORING FOR ADDICTIONS AND PAIN

The Ontario College of Family Physicians (OCFP) has spearheaded the MMAP initiative to bring together physicians with expertise in pain management and addictions including methadone prescribers to mentor family physicians interested in chronic pain and or addictions.

Physicians who wish to be mentored are encouraged to fill out a form on the OCFP's website at http://www.ocfp.on.ca/

CAMH OPIOID DEPENDENCE TREATMENT CERTIFICATE PROGRAM

This program prepares physicians, pharmacists, nurses and counsellors to provide a range of services for people with opioid dependence.

http://www.camh.net/education/Online_courses_webinars/odt_certificate_program.html

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ACCS - ADDICTION CLINICAL CONSULTATION SERVICE

This service provides "just in time" direct clinical advice about such issues as medical complications of drug and alcohol use and management of patients with addiction problems.

Contact: 1-888-720-2227 or 416-595-6968 in Toronto