Appendix 30 – Preparation for Dose Reduction

Factors in deciding whether to wean opioids, and how far to reduce the dose, include:

- the person wants to stop taking the medicine,
- the condition for which the medicine was prescribed has resolved,
- evidence that opioids are not helping – person complains of pain; person's function; reports from person's family or associates,
- risk of side effects or complications of opioids - the harms of the medicine outweigh the benefits,
- problems associated with dependence have developed,
- risk of drug theft or diversion,
- person's ability to cope with the effects of dose reduction,
- risk of person procuring more dangerous opioids from alternative sources,
- physical co-morbidities,
- mental health co-morbidities including significant emotional trauma.

Before weaning discuss the following with the person:

- Explain the rationale for stopping opioids including the potential benefits of opioid reduction (avoidance of long-term harms and improvement in ability to engage in self-management strategies) and aim to reach agreement using a shared decision-making approach.
- Understand that the person might be reluctant or anxious about discussing problems associated with dependence. Reassure them that dependence is an expected effect of these medicines and that problems associated with dependence sometimes develop. Be sensitive to the use of terminology that may apportion blame to the person or be perceived adversely.
- Acknowledge and discuss with the person any differences between their views and your own about the risks and benefits of the medicine.
- Be prepared for queries about prescribing decisions made previously. Explain that our understanding of the balance of risks and benefits of a medicine can change over time. If sufficient clinical detail is available, discuss the possibility that past prescribing was done in the person's best interests using the knowledge available at the time.
- Agreed outcomes of opioid tapering and whether the initial goal should be complete withdrawal or, for people who find complete withdrawal too difficult, whether dose reduction with ongoing review is a more realistic initial aim.
- Discuss factors that might influence the timing of the start of the dose reduction, such as the person's circumstances and available support.
- Give the person information about the process of withdrawal that is tailored to their situation and the medicine they are taking, explain how the withdrawal will be carried out and consider providing details of sources of peer support, national and local support groups for people who are withdrawing from a medicine.

Agree a dose reduction schedule with the person:

- explain the risk of abrupt discontinuation and that the rate of safe withdrawal varies between people and can vary over time for the same person,
- balance the risk of adverse events from continued exposure to the medicine with minimising the risk of withdrawal symptoms by slow dose reduction and withdrawal,
- ensure that the planned rate of reduction is acceptable to the person,

- consider giving the person additional control over the process of dose reduction (for example, by issuing their usual daily dose in a form that allows them to reduce the amount in small decrements at a pace of their choosing, rather than issuing successive prescriptions for reduced daily doses),
- If using a published withdrawal schedule, apply it flexibly to accommodate the person's preferences, changes to their circumstances and the response to dose reductions.

Discuss withdrawal symptoms with the person and tell them about the support that is available. When discussing withdrawal symptoms, explain that:

- withdrawal can be difficult, and may take several months or more,
- support will be available throughout the withdrawal process - ensure the person knows who to contact if problems occur,
- withdrawal symptoms do not affect everyone, and it is not possible to predict who will be affected,
- withdrawal symptoms vary widely in type and severity, can affect both physical and mental health, may occur at any time during withdrawal or be delayed in onset and can change over time or persist over a prolonged period,
- there are options for managing withdrawal symptoms and the reduction schedule can be modified to allow intolerable withdrawal symptoms to improve before making the next reduction,
- some people may experience withdrawal symptoms that can be difficult to distinguish from a re-emergence of their original symptoms or a new disorder, and it is important to discuss these with a healthcare professional if they occur.
- monitoring of pain during taper - agree regular intervals for reviewing and adjusting the reduction schedule as needed,
- defining the role of drug and alcohol services to support dose reduction,
- close collaboration between the person, his or her carers and all members of the health care team
- arrangements for follow-up including agreed prescribing responsibilities,
- distraction strategies, social support, help in reducing temptation to relapse.

factors that might increase the person's risk of problems during withdrawal, include:

- long duration of medicine use,
- high dose of medicine,
- history of withdrawal symptoms,
- history of problems associated with dependence.