



## Opioid Tapering

### The Risks and Benefits

---

On August 3rd, 2021 JAMA published, [Association of Dose Tapering with Overdose or Mental Health Crisis Among Patients Prescribed Long-term Opioids](#). The study reflects a trend also documented in a [2020 BMJ article of the VA system](#) showing increased risk of overdose and mental health crisis in patients tapered or stopped on their opioids. These studies highlight the importance of tapering the right way, and with sensitivity to patient needs and priorities. In digesting these studies, one might think of a chapter of a favorite book, the Tao Te Ching. The chapter, as translated by Stephen Mitchell:

#### Chapter 13

“Success is as dangerous as failure.  
Hope is as hollow as fear.

What does it mean that success is as dangerous as failure?  
Whether you go up the ladder or down it,  
your position is shaky.  
When you stand with your two feet on the ground,  
you will always keep your balance.

What does it mean that hope is as hollow as fear?  
Hope and fear are both phantoms  
that arise from thinking of the self.  
When we don't see the self as self,  
what do we have to fear?

See the world as yourself.  
Have faith in the way things are.  
Love the world as yourself;  
then you can care for all things.”

The takeaways from this exploration between philosophy and medicine are as follows:

1. Going up or down the opioid ladder is a time of risk - we should always be aware and conscious of these risks and how to mitigate them.
2. How do we keep our two feet on the ground? By rooting ourselves in the driving principles of nonmaleficence (do no harm) and beneficence (do good). When treatment with opioids is starting to cause harm or become unsafe, it is time to go down the ladder. When patients might benefit from opioids being decreased or stopped, it is time to go down the ladder. There are significant benefits to tapering patients off opioids, in terms of reduced pain, improved testosterone/estrogen levels, reduced overdose risk, reduced fall and infection risk, and improved function. Always evaluate and



# Compass Opioid Prescribing + Treatment Guidance Toolkit



emphasize the positive aspects when tapering, as patients are more driven by positive anticipated results than negative consequences or warnings.

3. Rushing patients on a taper, just as rushing down a ladder, incurs more risk. Whenever possible, taper slowly and respect how powerful the effects of opioids are on the brains' neurochemistry; in particular, the endogenous dopaminergic and endorphin systems that regulate mood and motivation. The findings of the JAMA and BMJ studies are not surprising when thinking of the underlying neurochemistry. Depression, suicidality and mental health crises become more common when the brain is transitioning from exogenous supply to endogenous production of the aforementioned neurotransmitters - especially when changes are abrupt or drastic. Another finding, not highlighted by the authors of the JAMA study, but apparent in the data, is that slow tapering has low risk, pretty much the same as no tapering.
4. When going down a ladder, it's important to have someone holding the bottom. That means involving family and friends, and increasing your own monitoring and involvement with patients. Check in more frequently with patients you are tapering, increase your communication. Adapt the taper speed to assure success and provide patients as much self agency as possible. In a voluntary, non-emergent taper, patients can often guide you on how quickly they can and should come down. In the case that you identify your patient has opioid use disorder, abrupt discontinuation is much riskier than rotating the patient on to buprenorphine or methadone. It is recommended to change the treatment the patient is on, rather than throwing them off the ladder.
5. Knowing the science, your practice, and all the tools available to you will allow you, as the Tao says, to "care for all things". Patients with chronic pain, opioid use disorder, or both are challenging to many clinicians. But once you find your footing, establish good protocols, and learn to effectively communicate with these patients - this becomes enjoyable and very meaningful medicine.

Unilateral or forced tapers, just for the sake of reaching a "safer" MME/day or meeting a metric, is an overwhelmingly dangerous practice. [Is Nonconsensual Tapering of High-Dose Opioid Therapy Justifiable?](#) reviews some of the dynamics surrounding legacy patients and the issues facing providers managing these relatively high-risk patients.

The Compass Opioid Stewardship Certificate Program offers additional tapering resources and Subject Matter Experts to discuss the studies mentioned, pearls and pitfalls of tapering, how to taper more effectively, how to mitigate risk in patients not tapering, and the benefits often seen in patients who taper.

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.