How to Taper an Opioid Medication

Insights for Veterans on when and how to slowly stop taking pain medication with the help of your medical team
Veteran Jamie Cochrane, 66, took 600 mg daily of oxycodone (Oxycontin and generic), a powerful opioid pain medication, after excruciating back pain sent him to the emergency room in October 2014.

Three months later, Cochrane met with doctors at the VA Connecticut Healthcare System in West Haven, Conn. There, physicians explained that such high levels of opioids posed a risk of addiction and little benefit in helping to relieve his pain. Doctors urged Cochrane to slowly reduce his use of the medications—also known as “tapering,” and reduced his daily regimen of the drug to 300 mg.

At first, the Navy veteran scoffed at making a change with his meds. “You’re fearful,” Cochrane says, and recalled being concerned about how he was going to handle the pain. “Like well, wait a minute I know my body. I know what’s going on.”

Cochrane’s doctors may have urged him to taper off the opioids because the drugs pose dangerous risks to people who take them—not only do they block pain signals in the nervous system, but they also affect parts of the brain that control breathing and blood pressure. The most serious consequence is that opioids can cause a person to stop breathing entirely, leading to death.

It’s especially risky if a person takes very high doses of an opioid, or combines them with alcohol, sleeping pills, or other sedating medication.

The drugs also have limited effectiveness in treating long-term, chronic pain—and simply don’t work as well as doctors once thought. And they pose serious risks of dependency and addiction, as well as a risk for fractures, heart attack, problems with sexual function, suicide, depression, and motor vehicle crashes.

And surprisingly, opioids can actually worsen the original pain you are trying to treat.

“This epidemic is, first and foremost, a crisis in prescribing. We physicians made a mistake,” says Anna Lembke, M.D., associate professor and chief of addiction medicine at Stanford University School of Medicine. “We believed these medications were not addictive, that they worked for chronic pain. We believed that no dose was too high. But all of that turns out to be untrue.”

Opioids can provide some benefit when used for short periods of time, say when recovering from a surgery. But there is no strong data on their benefits when used for long-term or chronic pain, according to Joseph W. Frank, M.D., a primary care physician and researcher at the VA Eastern Colorado Health Care System and University of Colorado School of Medicine.

“What is new over the last several years is that studies have raised alarms about the risks of these medications, particularly when used at high doses”.

Sales of opioid pain drugs have quadrupled in the last 15 years. Such overuse and misuse has lead to a public health crisis. Drugs such as oxycodone (Oxycontin and generic), oxycodone/acetaminophen (Percocet and generic), hydrocodone/acetaminophen (Vicodin and generic), and fentanyl (Duragesic and generic) send more than 1,000 people to hospitals around the country every day, and are responsible for the deaths of more than 17,000 people annually. That’s according to the most recent figures available from the Centers for Disease Control and Prevention (CDC).

Because of these issues, the CDC is urging physicians and patients to cut back on opioid use, find nondrug treatments for pain whenever possible, and avoid long-term opioid therapy.

Here, a Consumer Reports Best Buy Drugs primer on how to taper your opioid dose with your healthcare provider’s guidance, and what you can expect in the process.

Is It Time to Taper An Opioid? A Checklist

• Your pain isn’t getting better or easier to manage.
• Side effects of the opioids are serious (drowsiness, constipation, mental confusion).
• You take a very high dose.
• You run out of opioid pills early in the month and need frequent refills.
• By accident, you experienced an overdose.
• You have other issues like sleep apnea, kidney or liver disease, or you are at risk for falling.
• You use other medications that could negatively interact with an opioid like sleep medications or muscle relaxers.
• You have depression or PTSD (Post-Traumatic Stress Disorder).

Source: U.S. Dept. of Veteran’s Affairs, “Opioid Taper Decision Tool”

Stopping on Opioid

More evidence suggests these pain medications may not be effective for long-term treatment. Here, CR’s guide to alternative pain remedies and how to taper an opioid.

—By Suzanne Allard Levingston
How Tapering An Opioid Works

**TAPERING AN OPIOID DRUG** is typically a slow and deliberate process, undertaken closely with your doctor or team of healthcare providers. That’s because stopping an opioid can sometimes be tricky—the goal is to reduce withdrawal symptoms while slowly lowering your opioid dose over time. And to find other ways to manage any lingering pain.

The process can take days, weeks, or months, depending on the dose you’re taking, and how you’re feeling.

Expert guidelines from the CDC and more recently from the Departments of Veterans Affairs and Defense provide wide ranges for how fast or how slow to lower an opioid dose.

A common taper schedule, for example, might reduce opioid doses by 5 to 20 percent every four weeks, and allow time for a pause in the schedule as you adjust to each new dose. The CDC suggests trying a 10 percent decrease per week—and 10 percent per month if you’ve taken opioids for an extended period (more than three months).

The CDC notes that an opioid can be stopped when you are taking the smallest dose possible, once a day or less.

**IRAQ WAR VETERAN**, Derrick Alan Brown, 33, suffered neck injuries as a Marine from being slammed into the roof of a vehicle during an IED roadside blast in 2008.

Then, three years later, he was in a severe car accident that re-injured his neck.

Brown deals with chronic pain daily, and takes acetaminophen and codeine (Tylenol 3 and generic) when pain flares up. He also relies on nondrug measures to reduce his pain.

Brown found that chiropractic care helps the most, along with physical therapy.

“I learned stretches from the physical therapy, and different stretches for pain,” says Brown. “I don’t want to take medication forever.”

Besides chiropractic care and physical therapy, a long list of other non-medication approaches may help ease chronic pain: exercise, yoga, tai chi, massage, acupuncture, cognitive behavioral therapy, or aqua therapy. (See our “How to Treat Pain” series at www.ConsumerReports.org for more details.)

“Most of those treatments provide some benefit, but we recommend trying multiple treatments together to get people where they would like to go,” says Joseph W. Frank, M.D., a primary care physician and researcher at the VA Eastern Colorado Health Care System and University of Colorado School of Medicine.

Frank notes that chronic pain is complex and subjective.

“But importantly there are different conditions that cause pain, and that likely benefit from different medications and different non-medication treatment,” says Frank. “A pain treatment plan should be tailored to the unique needs of the patient.”

Nondrug Treatments to Help Ease Pain

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Pain Management During Tapering

STopping an opioid can have another short-term consequence: increasing a person’s pain, says Anna Lembke, M.D., associate professor and chief of addiction medicine at Stanford University School of Medicine. “Many people who undergo a taper will immediately have a flare up of their pain. They might become fearful and think ‘Oh, no, this is pain I’m going to be left with,’ but it’s not,” she notes.

The pain first experienced when the dose is lowered is not permanent, Lembke says. It’s called opioid-withdrawal mediated pain, and “once your brain and body adapt to that lower dose, you’ll find your pain hasn’t gone away, but it’s no worse.”

During tapering, trying other treatments to manage pain is essential, says Daniel Alford, M.D., professor of medicine and the director of the Safe and Competent Opioid Prescribing Education (SCOPE of Pain) Program at the Boston University School of Medicine.

Navy veteran Jamie Cochrane benefited from breathing exercises, physical therapy, aqua therapy, even “battlefield acupuncture” in the ear—a technique developed by an airforce flight surgeon, and administered by the physicians at the West Haven VA.

And, Cochrane attended 12 weeks of pain management school within the West Haven VA. That program tied together a class, group therapy session with doctors and clinicians, and an hour of physical therapy.

Today, Cochrane remains a firm believer in that if you “move a muscle” you can “change a thought,” he says. He regularly meditates and stretches, and walks often. “What I’ve learned to do is live with the chronic pain,” Cochrane said.

He’s not alone. After numerous surgeries and multiple experiences with opioids to treat chronic pain arising from her previous work in a ship’s supply service division, Rosie Glenn, 47, an ex-Navy service member, found strength working with a pain psychologist.

“Sometimes just getting out and talking through your stresses can help decrease that pain,” says Glenn.

Special Approaches to Tapering: Buprenorphine

A series of painful back injuries landed Navy veteran Jamie Cochrane, 66, into a local emergency room in October 2014, and prompted doctors to prescribe high-dose Oxycontin for pain relief.

After three months, his team of physicians at the VA in West Haven, Conn., urged him that it was time to dial back the amount he was taking. But because of their concern that he may develop a dependence or even an addiction to the drug, they eventually moved him on to another drug—buprenorphine—a medication to help him reduce his opioid use.

It’s not unusual for healthcare providers to prescribe buprenorphine if you have become dependent or addicted to an opioid. That’s because buprenorphine is also an opioid, but it’s considered a “partial opioid agonist,” which produces a weaker effect than other opioids like oxycodone or hydrocodone. And it treats opioid withdrawal and craving.

Today, Cochrane meets with his doctors at least once a month and hopes to taper off the buprenorphine, but he still faces ongoing health challenges and renewed bouts of pain.

An important note about buprenorphine: Talk with your doctor if you face challenges with managing any new pain or other symptoms while taking this medication.
Doctor’s Tips on How to Have a Successful Taper

Slowly stopping opioid use takes collaboration between patient and doctor. Experts offer these tips.

**Build trust with your medical team.**
Healing and recovery can’t happen without a trusting doctor-patient relationship that lasts over time, says Anna Lembke, M.D., associate professor and chief of addiction medicine at Stanford University School of Medicine. Patients deserve and require the emotional support of touching base and finding reassurance, she notes.

To build trust, be honest with yourself and your medical team by sharing your fears, anxieties, setbacks, and triumphs. And, give your caregivers a chance to get to know you and understand your needs and motivations.

Navy veteran Jamie Cochrane worked with a psychiatrist, psychologist, medical doctors, and physical therapist. “That gave me the option to reach out to more than just one source if I needed to speak to somebody,” says Cochrane.

**Consider your goals, not the numbers.**
For years, doctors have talked about pain in terms of a 0 to 10 scale. But today, healthcare providers consider more important questions like, “What are your goals for life?,” “How do you want to function?,” and “How can your chronic pain be best kept at bay to meet your goals?”

“For some, the goal is to get back to work. For others, it’s increased function at home,” says Daniel Alford, M.D., professor of medicine and the director of the Safe and Competent Opioid Prescribing Education (SCOPE of Pain) Program at the Boston University School of Medicine.

For example, a goal could be as simple as: “I want to be able to play catch with my son” or “I want to take evening walks around the neighborhood.” And goals are individual: One person might want to be able run three miles again with less pain, while another might just want to be able to walk to the mailbox.

**Be willing to invest the time and energy.**
Write in your workbook, for example, or take a walk or do some stretching. Plan time in your day for the activities you and your medical team have designed to help you reach your goals.

**Realize tapering is personal.**
There is no one tapering schedule that works for everyone. Instead, help your doctor devise a reasonable tapering schedule for you and your activities. How you personally respond to a lower dose, as well as your pain levels, are highly individualized. Be patient with yourself and take it one day at a time.

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Consider Other Pain Meds Besides Opioids

Non-opioid medications, such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil and generic) or naproxen (Aleve and generic) can provide some relief for chronic pain.

Two drugs used to treat seizures in people with epilepsy—gabapentin (Neurontin and generic) and pregabalin (Lyrica and generic)—also treat neuropathic pain and fibromyalgia.

Older types of antidepressants called tricyclics can help with some kinds of pain, as well. Your physician may prescribe one or more of these for you to help manage pain as you are tapering an opioid. These medications also carry risks and should be discussed with your doctor before you begin them for treatment.

Topical, medicated lotions, and creams used directly on the skin including lidocaine, NSAIDs, and capsaicin may help neuropathic pain, osteoarthritis, and musculoskeletal and neuropathic pain may also be useful, according to the CDC.
A Word About Withdrawal Symptoms

**Withdrawal** symptoms of achiness, trouble sleeping, diarrhea, nausea, and vomiting are not life-threatening, and can happen to anyone trying to stop taking an opioid.

Some people may become sweaty and feel like they have a terrible case of the flu. The effects are usually mild and temporary, especially when the opioid dose is reduced slowly. These symptoms can occur even in people who have taken an opioid as prescribed, says Anna Lembke, M.D., associate professor and chief of addiction medicine at Stanford University School of Medicine.

Not everyone will experience withdrawal symptoms when they start reducing or stopping their opioids—and experts cannot predict who will.

“Some people on chronic opioid therapy can stop all their opioids overnight and have no opioid withdrawal,” said Lembke. “Other people on even modest doses of opioids have extreme difficulty getting off of them when they’re taking the drug daily.”

For Jamie Cochrane, stopping Oxycontin caused him to experience general malaise and diarrhea.

“It can get a little bit ugly,” says Cochrane. “You could lose a bit of control over your bodily functions, and you don’t feel too good. There’s no other way but to soldier through it.”

**Bottom Line:** What You Need to Know

- If you take an opioid, ask your doctor about any risks of side effects or addiction you may have.
- If you’re ready to stop an opioid, don’t do it on your own.
- When you’re ready, create a plan with your doctor for how to taper your opioid.
- Discuss with your doctor any withdrawal symptoms or pain that you experience.
- Consider how you will manage pain while tapering—including adding exercise, yoga, physical therapy, acupuncture, or tai chi to your regimen.
- Set goals for yourself during your taper.
- Commit the time and energy each day to reducing your pain.
- Stay positive and don’t get discouraged.