Compass Opioid Stewardship in Practice Microlearning Series

COMPASS HEALTHCARE COLLABORATIVE
Sustainable Healthcare Transformation

Module 11: Managing Persistent Opioid Withdrawal

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Josh Blum, MD; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case is Kent, a 72-year-old male, on long-term opioid therapy for Persistent Spinal Pain Syndrome- Type 2 (formerly called failed back surgery syndrome). Over the last 18 months, you have been working collaboratively to slowly wean him down from a prior regimen of MS Contin 30 mg BID and hydrocodone plus acetaminophen, 5/325 mg, 8 tablets/day. (Total MME of this regimen: 100). He is now only taking the hydrocodone/acetaminophen, 1 tablet 3 times daily. He has tried to go lower, but every time he tries to decrease the dose or the frequency, he experiences diffuse body aches, runny nose, difficulty sleeping, and a very depressed mood. Nevertheless, he is highly motivated to completely stop opioid therapy, as he does not want to be tethered to a medication he no longer perceives as helpful.

Goal

Some patients who are highly motivated to discontinue long-term opioid therapy are nevertheless limited by acute or subacute withdrawal symptoms. This can be true both in patients with and without opioid use disorder. In this session we'll discuss the common medications used to help get patients "over the hump" and off opioids, even those who experience persistent symptoms weeks or even months following discontinuation.

Achieving our Goal

- Recognize that acute and subacute opioid withdrawal symptoms are common, distressing, and a significant driver of return to opioid use.
- Identify common physical withdrawal symptoms, including body aches, nausea, vomiting, diarrhea, sweating, goosebumps, and restlessness.
- Identify psychiatric withdrawal symptoms, including anxiety, depression, hypomania, and psychosis, and understand their impact on patient stability.
- Provide consistent reassurance, education, and supportive counseling to reinforce that withdrawal symptoms are temporary and manageable.
- Avoid minimizing withdrawal symptoms, regardless of opioid dose, and proactively offer symptom management.

- Implement evidence-based pharmacologic strategies to manage withdrawal symptoms, including alpha-2 agonists, antiemetics, antidiarrheals, anxiolytics, sleep aids, NSAIDs, and anticholinergic medications when appropriate.
- Counsel patients on medication risks, benefits, dosing, and safety considerations, including monitoring for adverse effects such as orthostatic hypotension.
- Utilize multimodal, patient-centered withdrawal management plans that address both physical and psychological symptoms.
- Consider short buprenorphine tapers to reduce withdrawal severity and support opioid discontinuation when clinically appropriate.
- Recognize and manage post-acute withdrawal symptoms, including considering transition to long-acting buprenorphine formulations when indicated.

Clinical Pearls

The clinical pearls we want you to remember are:

- Manage opioid withdrawal aggressively in patients discontinuing long-term opioid use by prescribing multiple classes of medications to manage symptoms
- Provide ample reassurance and follow up in clinic or by phone daily or near-daily to quickly identify problems or concerns.
- Buprenorphine is a useful adjunct for helping reduce withdrawal symptoms
- For patients with prolonged withdrawal symptoms, transitioning to a long-acting injectable buprenorphine formulation can eliminate withdrawal symptoms and provide a very slow blind taper without requiring daily medication adherence
- As a reminder, screen for opioid use disorder and prescribe naloxone to patients discontinuing opioids. Individuals who return to opioid use after a period of abstinence are at high risk for opioid overdose.

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

Resources

- Opioid Tapering: The Risks and Benefits
- IR Opioid to Buprenorphine Example