

# Compass Opioid Prescribing + Treatment Guidance Toolkit

## Tapering Opioids Safely: When, Why, and How to Begin

### Why Consider a Taper?

Chronic opioid therapy carries long-term risks, including tolerance, dependence, hormonal suppression, cognitive changes, and Opioid-Induced Hyperalgesia (OIH)—a state of increased pain sensitivity caused by the opioid itself.

Tapering reduces risk and restores function:

- Lowers risk of overdose and respiratory depression
- Improves alertness, motivation, and mood
- Normalizes hormones (testosterone, estrogen)
- Reduces constipation, falls, and sedation
- Restores natural pain modulation and endorphin activity
- Protects the prescriber by documenting best-practice risk management

### When to Taper

Taper when treatment is causing harm, no longer effective, or patient safety is at risk.

- High MME (>50 MME/day) or escalating doses
- Concomitant sedatives (benzodiazepines, Z-drugs, carisoprodol)
- Aberrant behaviors or misuse concerns
- Adverse effects: fatigue, constipation, confusion, sedation
- Pain uncontrolled despite stable or rising doses
- Opioid-Induced Hyperalgesia
- Patient readiness or request

*Legacy patients: "Being on it for years without issue" is not a reason to continue.*

### How to Taper

Tapering should be individualized, collaborative, and well-documented.

**Slow taper:** Decrease morphine equivalent daily dose (MEDD) by 5–10% every 2–4 weeks as tolerated.

**Rapid taper:** Decrease MEDD by 5–15% per week if safety requires.

**During taper:** Reassess pain/function at each visit, provide naloxone, comfort medications, and non-opioid modalities.

### **Motivating Patients to Try**

Patients are more motivated by hope than fear. Reassure and engage them with small, achievable steps.

- Use the “Humor Me” method – “Let’s just try a small reduction and see how you feel.”
- Reinforce positives: better sleep, clearer mind, more control.
- Share success stories and remind them you’ll go slowly and safely.

### **Safety & Documentation**

Every chronic opioid visit should include documentation of:

- Pain/function using PEG Scale
- Multimodal pain plan and taper option
- Naloxone education and prescription
- PDMP review, refill timing, and safety checks

Regular documentation protects both patient and provider.

### **Special Considerations**

- Taper opioids before benzodiazepines.
- Elderly patients require slower tapering.
- Consider testosterone testing in men.
- Transition to buprenorphine when indicated.

*“Our goal is not to take something away — it’s to help the body heal and regain its natural strength.”*

### **References**

CDC Clinical Practice Guideline, 2022

HHS Guide to Dosage Reduction, 2019

JAMA 2021; BMJ 2020 studies on taper risk

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