Weaning down opioids in the inherited patients on highdose opioids

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ABSTRACT

Patients who receive high-dose opioid therapy for chronic non-cancer pain (CNCP) are at risk for opioid dependence, misuse, and overdose death. Transitions of care between physicians complicate the situation. This retrospective study described the opioid tapering experience of one outpatient pain practice that performed a slow wean over 12 months

in patients maintained at least 120 mg of daily oral morphine equivalents for at least 6 months. The authors assessed compliance through patient history, state online prescription monitoring program, and frequent random urine toxicology screening. They reported that 57 of 91 patients who were evaluated (63%) achieved the meaningful reduction criterion at 12 months after the transition of

care. The average reduction of daily oral morphine equivalents was 210 mg vs 127 mg in the groups that did and did not achieve meaningful reductions, respectively. The authors concluded that a slow taper in the ambulatory setting of patients with CNCP taking high-dose opioids can be successful in a substantial proportion of patients.

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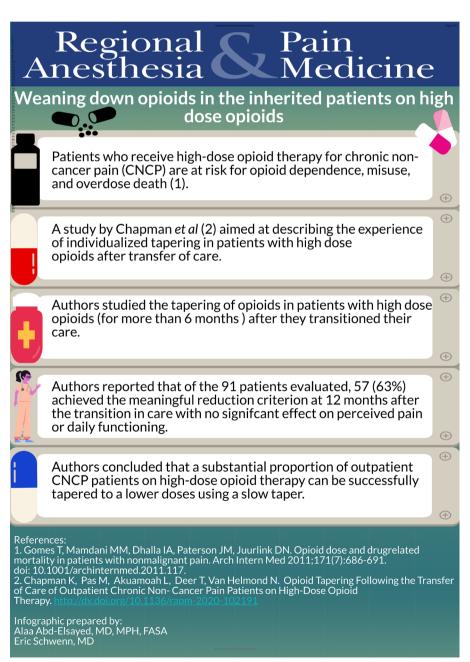


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REFERENCES

- 1 Gomes T, Mamdani MM, Dhalla IA, et al. Opioid dose and drug-related mortality in patients with nonmalignant pain. Arch Intern Med 2011;171:686–91.
- 2 Chapman K, Pas M, Akuamoah L. Opioid tapering following the transfer of care of outpatient chronic non-





Infographic

cancer pain patients on high-dose opioid therapy. Reg

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