Weaning down opioids in the inherited patients on high-dose opioids

Alaa Abd-Elseyed,¹ Eric S Schwenk²

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 120mg 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 127mg 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.

¹Anesthesiology Department, University of Wisconsin Madison School of Medicine and Public Health, Madison, Wisconsin, USA

²Anesthesiology Department, Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, Pennsylvania, USA

Correspondence to Dr Alaa Abd-Elseyed, University of Wisconsin Madison School of Medicine and Public Health, Madison, Wisconsin, USA; alaaawny@hotmail.com

Correction notice This article has been corrected since it published Online First. The second author's name has been corrected and the provenance and peer review statement has been included

Contributors All authors contributed to the design and writing of this work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

© American Society of Regional Anesthesia & Pain Medicine 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Abd-Elseyed A, Schwenk ES. *Reg Anesth Pain Med* 2021;**46**:537–538.

Received 10 December 2020
Revised 17 December 2020
Accepted 20 December 2020
Published Online First 15 January 2021

► <http://dx.doi.org/10.1136/rapm-2020-102191>
Reg Anesth Pain Med 2021;**46**:537–538.
doi:10.1136/rapm-2020-102375

REFERENCES

- 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.
- Chapman K, Pas M, Akuamoah L. Opioid tapering following the transfer of care of outpatient chronic non-

Regional Anesthesia & Pain Medicine

Weaning down opioids in the inherited patients on high dose opioids

Patients who receive high-dose opioid therapy for chronic non-cancer pain (CNCP) are at risk for opioid dependence, misuse, and overdose death (1).

A study by Chapman *et al* (2) aimed at describing the experience of individualized tapering in patients with high dose opioids after transfer of care.

Authors studied the tapering of opioids in patients with high dose opioids (for more than 6 months) after they transitioned their care.

Authors reported that of the 91 patients evaluated, 57 (63%) achieved the meaningful reduction criterion at 12 months after the transition in care with no significant effect on perceived pain or daily functioning.

Authors concluded that a substantial proportion of outpatient CNCP patients on high-dose opioid therapy can be successfully tapered to a lower doses using a slow taper.

References:
1. Gomes T, Mamdani MM, Dhalla IA, Paterson JM, Juurlink DN. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med* 2011;171(7):686–691. doi: 10.1001/archinternmed.2011.117.
2. Chapman K, Pas M, Akuamoah L, Deer T, Van Helmond N. Opioid Tapering Following the Transfer of Care of Outpatient Chronic Non- Cancer Pain Patients on High-Dose Opioid Therapy. <http://dx.doi.org/10.1136/rapm-2020-102191>

Infographic prepared by:
Alaa Abd-Elseyed, MD, MPH, FASA
Eric Schwenk, MD

cancer pain patients on high-dose opioid therapy. [Reg](#)

[Anesth Pain Med](#) 46;2021:535–6.