

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

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ABSTRACT

Patients who receive high-dose opioid therapy for chronic non-cancer pain (CNCN) 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 CNCN taking high-dose opioids can be successful in a substantial proportion of patients.

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Patients who receive high-dose opioid therapy for chronic non-cancer pain (CNCN) 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 CNCN patients on high-dose opioid therapy can be successfully tapered to a lower doses using a slow taper.

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