Introduction

Ensuring high-quality, respectful, and appropriate management of chronic non-cancer pain (CNCP) in the context of the U.S. opioid crisis is a critical and complex endeavor. Unfortunately, data regarding the best way to proceed with care for these patients in terms of opioid maintenance or tapering are lacking. The evidence supporting the use of opioids in managing CNCP is weak, and there is now strong evidence that chronic opioid use among CNCP patients can be detrimental, particularly at high doses.

The discussion paper “Best Practices, Research Gaps, and Future Priorities to Support Tapering Patients on Long-Term Opioid Therapy for Chronic Non-Cancer Pain in Outpatient Settings” focuses on key decision points and available evidence to support tapering strategies for specific patient populations of long-term opioid use being treated for CNCP in the out-patient setting. This document summarizes the key messages from the discussion paper, as well as identified priorities for future research. It must be reiterated that the needs of each patient are unique and should be approached on a case-by-case basis. Clinicians should review the risks and benefits of tapering for each patient and proceed in a way that is informed by individual circumstances.

Indications for Considering an Opioid Taper

- Patient requests to be tapered off of opioids
- Clinician determines that risks of continuing opioid treatment outweigh the benefits
- Patient is under 30 years old, and therefore more likely to experience significant negative effects from opioid therapy
- Patient has an inadequate pain response; functional improvement with moderate dosage increases is not seen; unbearable side effects are experienced; or treatment harms a physical, emotional, or social function
- Patient takes other substances that affect the central nervous system or increase overdose risk
- Patient displays an inability to follow terms of an agreed-upon pain management plan
- Patient is a child or pregnant person (patients in these populations will require additional attention and caution while undergoing a taper as they may be at higher risk for adverse outcomes)
Select Best Practices for Shared Decision Making and Patient Engagement

- Every taper should be initiated through a supportive, shared decision-making strategy that ensures the patient understands the reasons for tapering, protocols to follow during tapering, and symptoms they will likely experience during each stage of tapering.
- Patient buy-in to the tapering process and procedures may improve the efficacy of the taper and patient compliance.
- Patient concerns should be fully validated and addressed before and throughout the tapering process.
- The collaborative development of a plan for managing withdrawal symptoms during a taper may help reduce patient anxiety.
- A tapering agreement with patient input and support from an interdisciplinary team may help improve outcomes.

Best Practices in Selecting the Speed of an Opioid Taper

- Existing evidence on the most effective tapering speed for CNCP patients is limited.
- The 2019 HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics¹ states that a decrease of 10% or less of a patient’s original dose per week or slower is less likely to trigger withdrawal symptoms and is often better tolerated than more rapid tapers.
- There is some evidence that slower tapers result in better long-term patient outcomes.
- The higher the initial opioid dosage, the slower the tapering speed should be for a successful taper.
- Slower tapers may be indicated for complex patients (someone on a daily opioid dose greater than 90 MME, who presents with comorbidities, or who presents with other complications).
- Tapers can be slowed or paused if patient experiences adverse side effects, but generally should not be reversed.
- Reversal of an opioid taper should be carefully considered and include analysis of the risks and benefits in a shared decision-making process.

Best Practices for Clinicians While Managing an Opioid Taper

- Non-opioid medications and non-pharmacologic therapies can help manage pain during a taper.
- Co-prescription of naloxone at initial patient assessment and throughout the tapering process is recommended to decrease the risk of fatal opioid overdose.
- Providers should consider slowing or pausing a taper if the patient experiences serious withdrawal symptoms.
Priorities for Future Research

• Identify the appropriate taper speed for individual patients within distinct patient populations, beginning with those patients on high-dose opioid therapy (greater than 90 MME per day); patients with suspected opioid use disorder; and patients with coexisting behavioral health disorders
• Determine the optimal non-opioid pharmacologic and non-pharmacologic treatments to manage pain for different patient populations, beginning with the use of cognitive behavioral therapy in tapering; use of antidepressant therapy in tapering, specifically in patients with and without behavioral health disorders; and use of gabapentinoids in tapering
• Determine the efficacy around use of interdisciplinary teams in opioid tapering
• Determine how to best employ opioid agonists in patients with opioid use disorder and chronic pain and on the use of buprenorphine and methadone in patients with persistent opioid dependence
• Identify best practices to taper opioids in polypharmacy patients
• Identify optimal treatments for concomitant behavioral health conditions in patients undergoing an opioid taper
• Strengthen the evidence behind associated benefits and risks of opioid tapering