

[Narrator] For patients prescribed continuing opioid therapy for chronic non-cancer pain, providers should evaluate benefits and risks after one to four weeks initially and every three months or more often thereafter.

If you find that benefits do not outweigh risks of continued opioid therapy, consider initiating a discussion with your patient about whether to taper opioids to lower dosages or to taper and discontinue opioids.

Although there are many instances where tapering may be needed, sometimes tapering opioids isn't the best option.

The CDC guideline for prescribing opioids for chronic pain does not recommend opioid discontinuation when benefits of continued opioid therapies outweigh risks.

Consider your patient's diagnosis, circumstances, and unique needs.

For pregnant women, opioid withdrawal risks include spontaneous abortion and premature labor.

Access appropriate expertise if considering opioid tapering or managing opioid use disorder during pregnancy.

If you as the provider think that tapering is needed, or if your patient requests an opioid dosage reduction, start by having a conversation with your patient.

Patient collaboration and buy-in are important to successful tapering.

Let patients know that they may experience improved function, sleep, anxiety and mood without worsening pain, or even with decreased pain after a taper, even though pain might initially get worse.

Once a mutual decision has been made, individualize the tapering plan, considering risk factors for opioid-related harms, duration of the taper, and how you will handle pausing and restarting if necessary.

Tapers may be slowed or paused, but should not be reversed.

Avoid abrupt tapering or sudden discontinuation of opioids.

Use a taper slow enough to minimize withdrawal symptoms.

A reasonable starting point for a patient who has taken opioids for more than a year would be a dosage reduction of 10% per month.

If a patient has taken opioids for only a few weeks or months, a reduction of 10% per week may be reasonable.

Because it takes as little as a week to lose tolerance, advise your patient that there is an increased risk for overdose if they abruptly begin taking a previously-prescribed higher dose after beginning a taper.

For patients who have experienced overdose on their current opioid dosage, a more rapid taper over the course of two to three weeks might be needed.

You can support your patients during the tapering process in the following ways.

Schedule follow-up appointments frequently, for example, once a week.

And establish a multidisciplinary approach to pain management.

This can include nonpharmacological options, such as exercise and nonopioid therapies, which have been shown to be effective in managing chronic pain.

Provide psychological support, especially cognitive behavioral therapy.

If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer Naloxone for overdose prevention.

Finally, monitor your patient for depression, suicidal ideation, anxiety and opioid use disorder during the tapering process.

Treating comorbid mental health disorders can improve the likelihood of opioid tapering success.

Remember that collaboration is an ongoing process.

Continue to work with your patient to weigh the benefits and risks of opioids, and to make decisions about whether to continue at the current dosage, taper and continue at a lower dosage, or taper and discontinue opioid therapy.

For more information about opioid tapering, see Module 6: Dosing and Titration and Applying CDC's Guideline for Prescribing Opioids training series.

CDC also offers a tapering Pocket Guide for your convenience.

Finally, you may also want to refer to the HHS Guide for Clinicians on the appropriate dosage reduction or discontinuation of long-term opioid analgesics for specific guidance on conducting a taper.

Access these resources on the CDC website.

Thank you.