Deprescribing Opioids and Its Alternatives

Sharon Quigley, DNP, APRN, FNP-BC

I have no financial disclosures

Objectives

- By the end of this session, participants will be able to describe at least three clinical indicators that suggest the need to initiate opioid deprescribing in chronic pain management.
- Participants will be able to outline a step-by-step tapering protocol for opioids, including patient monitoring strategies.
- Participants will identify and discuss at least three evidence-based non-opioid alternatives for managing chronic pain.

Deprescribing

In the simplest terms, deprescribing means safely reducing or stopping a medication when it risks are greater than its benefits.

Clinical Indicators for deprescribing

- Lack of functional improvement
- Opioid related overdose, hospitalization or injury
- Exhibiting opioid-related concerning behaviors (early refills, PDMP findings or UDT results)
- Adverse effects (cognitive impairment)
- Concurrent medications or substances which increase overdose risk (benzodiazepines, gabentinoids, muscle relaxants)
- Medical conditions that increase overdose risk (OSA, TBI, kidney or liver disease)
- Mental health conditions (PTSD, OUD, anxiety, depression)

VA Opioid Deprescribing Discussion Tool, 2022

Safe Tapering Protocols

- Reevaluate and ensure benefits outweigh risks
- Share decision-making protocols (what do they want and what is realistic)
- Use patient-center approach to discordance (no consensus – express empathy)
- Determine whether treatment goals are met (functional goals
- Consider tapering and discuss approaches

Dowell et al., 2022

CDC Recommendation 5

Clinicians should carefully weigh the benefits and risks and exercise care when changing opioid dosage

If benefits do not outweigh risk of continued opioid therapy, clinical should optimize other therapies to lower dosages..appropriately taper and discontinue opioids.

Opioids should not be discontinued abruptly and should not rapidly reduce opioid dosages from higher dosages

Dowell et al., 2022

When to consider tapering

- Patient request dosage reduction or discontinuation
- Pain improves and there is resolution
- Opioid therapy is not reducing pain or improving function
- Prolonged used and benefit-risk balance is unclear
- Receiving higher dosage without evidence of benefit
- Side effects diminish quality of life or impairs function
- Patient experienced an overdose or serious event
- Receiving medications or has medical conditions that increase adverse outcomes

Individualize Tapering Rate

- Rate based on clinical situation
- Slow taper to minimize opioid withdrawal (anxiety, insomnia, abdominal pain, diarrhea, tremor, tachycardia, diaphoresis)
- For patients taking opioid for longer than a year 10% per month or slower
- For patients taking less than a year can decrease by 10% per week or until approximately 30% of the original dose.
- Tapers can be paused or restarted when the patient is ready

Morphine Equivalents

Dowell et al., 2022

TABLE. Morphine milligram equivalent doses for commonly prescribed opioids for pain management

Return

Opioid	Conversion factor*
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1.0
Hydromorphone	5.0
Methadone	4.7
Morphine	1.0
Oxycodone	1.5
Oxymorphone	3.0
Tapentadol†	0.4
Tramadol§	0.2

Sample taper plans for opioids

Slower Taper	Fast Taper
Reduce by 10-20% every 4 weeks with pauses	Reduce by 10-20% every week
Morphine SR 15mg q8h _ oxycodone 5mg TID + 67.5mg MEDD	Oxycodone 10mg IR every 4 hours prn (6 tablets daily)= 90mg MEDD
Month 1: Morphine SR 15mg QAM and QPM and Oxycodone 5mg TID [20% reduction]	Week 1: Oxycodone 10mg IR QAM, 10mg IR noon, O 10mg IR QPM, O 10mg IR QHS [17% reduction]
Month 2: Morphine SR 15mg QPM and Oxycodone 5 mg TID	Week 2: Oxycodone 10mg IR QAM, 10mg IR noon, 5 mg IR QPM, 10mg IR QHS
Month 3: Oxycodone 5mg TID	Week 3: Oxycodone 10mg IR QAM, 5 mg IR noon, 5 mg IR QPM, 10mg IR QHS
Month 4: Oxycodone 5mg BID	Week 4: Oxycodone 5mg IR QAM, 5 mg IR noon, 5 mg IR QPM, 10mg IR QHS
Month 5: Oxycodone 5mg QD	Week 5: Oxycodone 5 mg IR QAM, 5 mg IR noon, 5 mg IR QPM, 5mg IR QHS

Assess for signs of withdrawals

- Sweating
- Diarrhea
- Intestinal cramps
- Nausea/vomiting
- Pupillary dilation
- Myalgia
- Irritability/anxiety
- Restless leg syndrome

Follow up is important

Follow up	Slowest Taper	Slower Taper	Fast Taper	Rapid Taper
When	1-4 week after starting taper, then monthly before each reduction	1-4 week after starting taper, then monthly before each reduction	Weekly before each reduction	Daily before each reduction
Who	Healthcare team who initiated the taper			
How	Clinic, telehealth, and/or telephone			
What	Assess patient's function, pain intensity, physical activity, stress, personal goals being met			
Red Flags	Increased anxiety, stress, suicidal thought, strong desire to take more opioids, difficulty taking minds off opioids, or difficulty in taking opioids as prescribed			

VA Opioid Deprescribing Discussion Tool, 2022

What else works? Evidence-Based Alternatives

	Buprenorphine formulation for treatment of OUD
Typical dosing	During initiation, titrate dose to treat withdrawal and cravings Day 1: Initiate • Suboxone 2/0.5mg or 4/1mg; titrate by 2/0.5mg or 4/1mg every 1-2 hours to a target dose of 8/2mg/day • Subutex 2 or 4mg; titrate by 2 or 4mg every 1-2 hours to a target dose of 8mg/day Day 2: Start with Day 1 dose, continue titrating • Suboxone 2/0.5mg or 4/1mg increments to a target dose of 16/4mg/day • Subutex 2 or 4mg increments to a target dose of 16mg/day Target maintenance dose: Suboxone 12/3mg to 16/4mg/day or Subutex 12-16mg/day Max dose is 24mg/day; higher dose may be used in some cases
Clinical pearls	Initial when in sufficient withdrawal (clinical opiate withdrawal scale >8 SL tablet: place under tong until dissolved SL film: place 1 film under the tongue close to the base on the left or right side to completely dissolved.

Dowell et al., 2022; VA Opioid Deprescribing Discussion Tool

What else works? Evidence-Based Alternatives

Behavioral Therapies

- Psychosocial interventions
  - Cognitive behavioral therapy
  - Acceptance and commitment therapy (ACT)
- Whole Health Coaching
- Nutrition
- Integrated pain team
- Mental health, substance use treatment

Physical and movement therapies

- Physical therapy
- Occupation therapy
- Recreational therapy and wellness program
- Aquatic therapy
- Yoga
- Tai Chi

Dowell et al., 2022; VA Opioid Deprescribing Discussion Tool, 2022

What else works? Evidence-Based Alternatives

Medications

- Acetaminophen, NSAIDS
- Topical therapies
  - NSAIDs, lidocaine, methyl salicylate, capsaicin
- Serotonin-norepinephrine reuptake inhibitor – duloxetine
- Gabapentin, pregabalin
- Tricyclic antidepressants

Procedural and manual therapies

- TENSs unit evaluation
- Sleep apnea evaluation
- Acupuncture
- Chiropractic therapy
- Orthotics, prosthetics
- Surgery

Dowell et al., 2022; VA Opioid Deprescribing Discussion Tool, 2022


Thank you for listening

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