Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain
Utah Department of Health 2009

Recognize Adverse Effects of Opioids

Checklist for adverse effects

- Constipation, sweating, nausea
- Exacerbation of sleep apnea, COPD
- Opioid bowl syndrome
- Rebound headaches
- Fatigue and confusion (particularly in the elderly)
- Reproductive effects (impotence in men and menstrual irregularities in women)
- Sensitization to pain (higher opioid doses may be required in acute pain compared to stable chronic pain)
- Neurotoxicity, seizures and hallucinations (for example with repeated administration of Demerol)

Source: British Pain Society 2007

Signs of Dependence

Checklist for signs of opioid dependence

- On high and escalating doses of opioids
- Frequently runs out of medicine early observed to be intoxicated or in withdrawal
- Alters, borrows, steals, or sells prescriptions
- Accesses multiple sources of opioids, including from ERs, other prescribers, friends, acquaintances, or on the street
- Injects oral medications
- Threatens or harasses staff to get immediate appointment
- Reluctant to try alternatives
- Angry, demanding, or tearful if not given drug of choice
- Deterioration of functional status while in receipt of opioid
- Concurrent abuse of alcohol or other illicit drugs
- Multiple dose escalations or other noncompliance with therapy despite warnings
- Multiple episodes of prescription loss

Source: College of Physicians and Surgeons of Ontario, 2000

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Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain – (cont'd)

Recognize Diversion

Active diversion of controlled substances

- frequent requests for early refills,
- atypically large quantities are required
- purposeful misrepresentation of the pain disorder suspected
- urine drug screen (UDS) is negative for the substance being prescribed, in the absence of withdrawal symptoms.
- Verified diversion is a crime and constitutes a strong contraindication to prescribing additional medications, and consultation with a pain specialist, psychiatrist, or addiction specialist may be warranted.

Source: Department of Veterans Affairs and Department of Defense, 2003

Signs of Misuse

Active diversion of controlled substances

- Cutaneous signs of drug abuse
- Assertive, aggressive or emotionally labile behavior
- Current intoxication/withdrawal
- Unusual knowledge of controlled substances
- Gives medical history with textbook symptoms
- Gives evasive or vague answers to questions regarding medical history
- Reluctant or unwilling to provide reference information
- May have no General Practitioner.
- Will often request a specific controlled drug and is reluctant to try a different drug
- Generally has no interest in diagnosis – fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation.

Source: British Pain Society 2007

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Strategies for tapering

From a medical standpoint, weaning from opioids can be done safely by slowly tapering the opioid dose and taking into account the following issues:

- A decrease by 10% of the original dose per week is usually well tolerated with minimal physiological adverse effects. Some patients can be tapered more rapidly without problems (over 6 to 8 weeks).
- If opioid abstinence syndrome is encountered, it is rarely medically serious although symptoms may be unpleasant.
- Symptoms of an abstinence syndrome, such as nausea, diarrhea, muscle pain and myoclonus can be managed with clonidine 0.1-0.2 mg orally every 6 hours or clonidine transdermal patch 0.1 mg/24 hrs (Catapres TTS-1™) weekly during the taper while monitoring for often significant hypertension and anticholinergic side effects. In some patients it may be necessary to slow the taper timeline to monthly, rather than weekly dosage adjustments.
- Symptoms of mild opioid withdrawal may persist for six months after opioids have been discontinued.
- Consider using adjuvant agents, such as antidepressants to manage irritability, sleep disturbance or antiepiliptics for neuropathic pain.
- Do not treat withdrawal symptoms with opioids or benzodiazepines after discontinuing opioids.
- Referral for counseling or other support during this period is recommended if there are significant behavioral issues.
- Referral to a pain specialist or chemical dependency center should be made for complicated withdrawal symptoms.

Strategies for tapering & weaning

Recognizing and managing behavioral issues during opioid weaning:

Opioid tapers can be done safely and do not pose significant health risks to the patient. In contrast, extremely challenging behavioral issues may emerge during an opioid taper.

Behavioral challenges frequently arise in the setting of a prescriber who is tapering the opioid dose and a patient who places great value on the opioid he/she is receiving. In this setting, some patients will use a wide range of interpersonal strategies to derail the opioid taper. These may include:

- Guilt provocation ("You are indifferent to my suffering")
- Threats of various kinds
- Exaggeration of their actual suffering in order to disrupt the progress of a scheduled taper

There are no fool-proof methods for preventing behavioral issues during an opioid taper, but strategies implemented at the beginning of the opioid therapy are most likely to prevent later behavioral problems if an opioid taper becomes necessary.

Source: Washington State Agency Medical Directors' Group, 2007