

Opioids:

Helping Richard Withdraw

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Richard's Dependence

- Richard, 50, has a history of low-back pain. He is scheduled for surgery in 10 months. In the interim his primary-care physician initiated treatment with morphine sulfate, titrating to a dose of 30 mg, twice daily. At this dose Richard's level of activity improved, but after eight months of treatment he noticed that the medication was losing its effect.
- Richard had the surgery, which reduced his back pain so he decided to stop the morphine on his own by going "cold turkey." The next day his pain increased, he had terrible cramps and he began to vomit. He thought he had re-injured his back. His family doctor told him to restart the morphine sulfate immediately.



What's wrong with Richard?
Go to page 26 to find out.

Are opioids addictive?

Current medical literature supports the use of opioid therapy for the treatment of chronic noncancer pain (CNCP).^{1,2} However, one of the common side-effects of opioid therapy is physical dependence, which can make it challenging for patients to discontinue or reduce the dose of these medications. It is important to recognize that physical dependence is not equivalent to addiction. Addiction is characterized by the loss of control over the use of opioids despite negative consequences. Physical dependence is characterized by the development of a tolerance to the desired effect of the medication and by a withdrawal syndrome when the medication is rapidly discontinued.³

What are the symptoms of opioid withdrawal?

The typical symptoms of opioid withdrawal include:

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| • yawning | • sweating |
| • lacrimation | • rhinorrhea |
| • anxiety | • restlessness |
| • insomnia | • dilated pupils |
| • piloerection | • chills |
| • tachycardia | • hypertension |
| • nausea/vomiting | • abdominal cramps |
| • diarrhea | • myalgias |
| • hyperalgesia | |

Unlike alcohol or benzodiazepine withdrawal, opioid withdrawal is not life threatening. However, opioid withdrawal can be uncomfortable depending on the speed with which the medication is reduced.



What is the goal of opioid withdrawal?

For patients with CNCP who want to reduce their dose of opioids, or for patients who are abusing opioids and would like to stop, the goal is opioid reduction while maintaining patient comfort. This goal can be accomplished by using buprenorphine or methadone for opioid substitution; however, additional training is necessary to ensure the safe use of these medications in the withdrawal process.

Are there guidelines to follow to help a patient withdraw from opioids?

Although clinicians have a number of different formula they use for the withdrawal process, there are no specific withdrawal guidelines available. The amount and rate of dose reduction depends on a patient's tolerance for withdrawal symptoms. Typically, opioid withdrawal can be accomplished by identifying the largest dose of opioid that a patient can tolerate reducing over a given time. The patient is withdrawn from this amount of opioid at a fixed rate of reduction. For short-acting opioids, the time between dose reduction is typically two to four days, while for long-acting opioids this time can increase to one week. If necessary, the time between dose reductions can be altered depending on the patient's response to withdrawal. As the dose of opioid becomes lower, the patient's tolerance for the withdrawal process often decreases, requiring a change in dose and /or rate of opioid reduction.

Some patients become highly sensitized to opioids during treatment, resulting in significant withdrawal symptoms with small dose reductions. Short-acting opioids are available in low-dose tablets, allowing for very

More on Richard

Richard's primary care physician explained that he had gone into withdrawal by stopping all of his morphine at one time and this was why he had more pain. They agreed to a plan of a slower withdrawal of the morphine sulfate. Richard reduced the morphine sulfate to 15 mg in the morning and 30 mg at night.

Richard reduced his dose of morphine sulfate by 15 mg every week, but he developed withdrawal symptoms when he discontinued the last 15 mg. His doctor switched him to 5 mg of short acting morphine sulphate taken three times per day. Richard reduced his dose of morphine by 5 mg every three days without any significant problems until he was completely withdrawn from the morphine.

gradual dose reduction in these patients. However, if a sensitized patient is being treated with long-acting opioids, they might have difficulty withdrawing directly from the

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treatment medication, because the minimum dose of long-acting opioids is greater than the minimum dose of its short-acting counterpart.

Under these circumstances the lowest dose of long-acting opioid is converted into its short-acting equivalent. This dose is divided into its smallest dose taken every four to six hours. The patient is then withdrawn from the short-acting opioid using the lowest dose reduction available. Once the short-acting opioid has been withdrawn, another minimum dose of the long-acting opioid is converted to its short-acting equivalent and the withdrawal process continues until the desired treatment dose is reached. For the fentanyl patch 25 micrograms, which is equivalent to 60 mg to 134 mg of morphine, is converted into its equivalent of long-acting opioid. The long-acting opioid is withdrawn as described above. This process is continued until the desired dose of the fentanyl patch is reached.

Central to the withdrawal process is a well established therapeutic relationship that allows for the close monitoring of the patient's feedback about the withdrawal process; making adjustments, as necessary, to the withdrawal dose and rate. Successful withdrawal is characterized by the patient reaching the desired dose of opioid without a negative withdrawal process.

Other medications have been used to reduce the withdrawal phenomena during opioid dose reduction, including clonidine, acetaminophen, clonazepam, diphenoxylate, and gabapentin.^{4,5}

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CME

References

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Net Readings

<http://www.ohsu.edu/ahec/pain/painmanual.html>, Opioids and Chronic Non-malignant Pain

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