Managing Opioid Withdrawal – Information for Clinicians

Roman D. Jovey, MD and Pam Squire, MD

1. Reassure the patient that withdrawal from opioids is **uncomfortable but rarely life threatening.** Each dosage reduction may result in symptoms similar to a severe, flu-like illness beginning within 12-36 hours and, peaking at 48-72 hours, and then tapering off after 1-2 weeks. Some people experience a period of vague dysphoria for 1-2 weeks after initial withdrawal. (Methadone withdrawal may peak later with less intensity but can go on for 4-6 weeks in some people.) More caution is required in pregnancy and in those with fragile medical or mental health conditions, where an inpatient chemical withdrawal would be safer.

2. The patient and physician can agree to withdraw more quickly (over 10-14 days) resulting in a more severe but shorter overall period of symptoms, or to taper over weeks to months and experience a milder but more prolonged withdrawal. Reduce the dose by 10% at the agreed upon interval. Use interval dispensing for every dose reduction. Consider blister packs to help the patient stay on schedule. High-risk patients may require daily dispensing. Once-daily opioid formulations (i.e., Kadian) may make the withdrawal process simpler. A methadone taper allows for a less intense but longer period of withdrawal symptoms. This requires a Federal methadone prescribing authorization. A switch to BUP-NX followed by a taper is another option – especially for a rapid opioid taper. This is available through physicians who have methadone for addiction exemptions and is also offered in some private detox clinics. A suggested 4-day BUP-NX loading protocol is attached.

3. Clonidine has been used the longest to decrease some of the autonomic symptoms of opioid withdrawal. The main side effects are orthostatic hypotension and sedation.

> *Prescribe 0.1-0.2 mg po q6h prn maximum 6 tabs per day. The dose may have to be lowered if the patient reports orthostatic symptoms or has a BP less than 90/60 mmHg, 1 hour after a dose. Continue clonidine until off of opioids for 3-5 days, then taper over next 3-5 days.*

4. One of the early symptoms of opioid withdrawal is increased pain – the patient's usual pain plus additional arthralgias and myalgias. This may persist longer than other withdrawal symptoms, but will eventually settle. Acetaminophen, NSAIDs, or tramadol may be helpful. If attempting to re-evaluate a patient's pain off of opioids, the opioids need to be discontinued for at least 4-6 weeks to get through withdrawal pain and to allow opioid receptors to "reset." It can take a while for an individual's endogenous opioids to begin production again.

5. Loperamide (OTC) can help decrease abdominal cramping and diarrhea if these occur.

6. Acupuncture or TENS have been shown in some studies to decrease symptoms of opioid withdrawal.

7. Short-term use of pregabalin (75-150mg bid), and/or the cannabinoid nabilone (0.5 – 1mg bid) for the first 1-2 weeks may help with pain as well as sleep and anxiety.

References:

Brands B (Ed.), Kahan M, Selby P, Wilson L. *Management of Alcohol, Tobacco and Other Drug Problems. A Physician's Manual.* Toronto, Ontario: Centre for Addiction and Mental Health, 2000.

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Ashburn MA, Lipman AG, Carr D, Rubingh C. *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain* (5th Edition). Chicago, IL: American Pain Society, 2003.

Gowing LR, Ali RL. The place of detoxification in treatment of opioid dependence. *Curr Opin Psychiatry* 2006 May;19(3):266-70.

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BUP-NX = Buprenorphine-naloxone sl tablets

A Suggested Outpatient Protocol for BUP-NX Induction and Taper

This protocol is for use with opioids other than methadone, in a patient who is not at high risk for addiction and should not be utilized if there are also benzodiazepines involved. Arrange a daily pickup of meds from the pharmacy for the first 4 days.

1. Make sure there is a responsible other adult present during the switchover and that you have met and discussed the protocol with them in person. Explain the possibility of precipitated withdrawal after the first dose of BUP-NX.

2. Explain the BUP-NX loading protocol and provide written materials. Discuss the common opioid withdrawal symptoms and provide a handout that describes what to expect.

3. Stop the prescription opioid at midnight.

4. The next day (Day 1) wait until the withdrawal symptoms are at least moderate to severe. The longer the patient waits, the less the risk of precipitated withdrawal. If using the COWS questionnaire to assess severity of withdrawal, aim for a total score of 14-20.

5. Take the first dose of BUP-NX 4mg s.l. and wait 3 hours.

6. Take BUP-NX 2mg s.l. q 3h prn up to a maximum dose of 12mg in the first 24 hours. If there are still some severe withdrawal symptoms, use the other meds (clonidine, loperamide, PGN or nabilone) to get through the first 24 hours.

7. On the morning of Day 2 (or 24 hours after the first dose of BUP-NX) – take the total dose of BUP-NX required on Day 1 (max 12mg) in one dose. Wait 3 hours. If withdrawal symptoms are at least moderate to severe, start loading again if by 2mg s.l. q 3h up to max 24mg daily on Day 2. **The patient should never exceed 24 mg in any 24 hour period.**

8. On Day 3 (48 hours after starting BUP-NX)– take the total dose of BUP-NX from Day 2 and split the total dose BID. Repeat this dose on the morning of Day 4.

9. On Day 4 follow-up with the MD to reassess. If the patient has had a relatively easy transition then begin the taper process. The speed of taper depends on the motivation (and stamina) of the patient. One can taper by 2mg daily or 2mg weekly. Reassess the patient weekly to offer support and be prepared to pause when required. Use interval dispensing no longer than 1 week apart during this time.

10. When you get to 2mg daily, you can either split the pill into 1mg doses or take a 2mg pill every 2 days and then stop.

11. If the patient is still having great difficulty stopping the last 1mg of BUP-NX then switch them to the Buprenorphine patch and taper. A 20ug/hr BUP patch is roughly equivalent to a s.l. dose of 0.5 mg buprenorphine per day. Therefore one can use a 20ug/hr patch for 1 week, then 15ug/hr for 1 week, then 10ug/hr for 1 week then 5ug/hr for 1 week then stop.

This protocol was adapted by Dr. R. D. Jovey, MD using the following references:

Lee JD, Vocci F, Fiellin DA. Unobserved "home" induction onto buprenorphine. J Addict Med. 2014 Sep-Oct;8(5):299-308.
Lee JD, Grossman E, DiRocco D, Gourevitch MN. Home buprenorphine/naloxone induction in primary care. J Gen Intern Med. 2009 Feb;24(2):226-32.