

Managing Opioid Withdrawal – Information for Patients

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Most opioids provide **good pain relief at lower doses**. Unfortunately, it also seems like most people will experience some degree of tolerance if the opioids are taken regularly over time. This means that you need a higher dose of the opioid to achieve the same pain relief. This does not necessarily mean that you are addicted (although sometimes that is the case). Almost 100% of people who take opioids regularly for more than a few weeks will develop withdrawal symptoms when they stop them. If the drug you are using is alcohol, then withdrawal is a one sign of addiction. However, when you are taking a prescribed medication, such as an opioid, as directed, then withdrawal is not necessarily a sign of addiction. We are now learning that high dose **opioids may not provide good pain relief over the long term** in all patients. Many patients still report pain levels over 7/10, a sign their pain is not being well controlled by the opioid. Watch the YouTube video by Dr. Micheal Evans to learn more: <https://youtu.be/7Na2m7lx-hU>

In a person with chronic pain, one of the very **first symptoms of opioid withdrawal is increased pain**. It can be the same pain you are being treated for as well as total body joint and muscle pains. This can be confusing. Many people have experimented with their opioid to see if they still need it by delaying or missing a dose or taking less. In almost every case, this will cause some degree of withdrawal and the first symptom you will feel is increased pain. Taking additional opioid will relieve the pain quickly because it relieves the withdrawal. Since the opioid was not reduced enough to cause other withdrawal symptoms, **people misinterpret this fast pain relief as proof that the opioid is still working**. They often describe this as “taking the edge off” and so they believe that they will be much worse off without the opioid.

OPIOID SIDE EFFECTS

Opioids do have some **long-term side effects**. High doses can cause reduced hormone levels, particularly testosterone in men, and estrogen and progesterone in women. It appears this can increase the risk of osteoporosis and increase the risk of bone fractures in both sexes. In men, low testosterone can also lead to low sex drive, low energy, depressed mood, and can impair muscle repair. Opioids can make sleep apnea worse, resulting in poor sleep and daytime fatigue. Many people comment that they had no idea how much the opioids were affecting them until they reduced their dosage or stopped them. When the opioids are no longer providing good pain relief, most people feel much better without them.

GO SLOW

It can be scary to think of reducing or stopping your opioids. One way to test this out is to try the following: If you are taking both short-acting and long-acting opioids, ask your doctor to switch all of the short-acting opioids to long-acting opioids. Then **reduce your total daily dose of opioid by 10% for two weeks**. In the first week, you will experience increased pain as well as the other withdrawal symptoms. If the increased pain was mainly due to withdrawal, during the second week your pain should reduce back down to where it was before you started reducing the opioid. Some people are extremely sensitive to withdrawal symptoms and experience more severe symptoms than others. In this case, **try reducing by only 5% instead**. Try your best to avoid taking extra opioids to manage your withdrawal. It may help in the short term but it just delays and prolongs your withdrawal. It is best to plan ahead on not feeling great for the duration of withdrawal. Trouble sleeping and anxiety are both part of withdrawal and will also get better over time.

Opioid withdrawal symptoms are unpleasant but very rarely life threatening. The exceptions to this could be someone with another serious medical condition, such as poorly controlled angina or poorly controlled high blood pressure, or someone with a severe psychiatric condition where the risk of self-harm is high. In such cases, you should seek medical supervision when stopping your opioid medication through your own family doctor or, if necessary, at the Emergency Department of your local hospital. (also see the award-winning blog, *Guinevere Gets Sober*, for extra advice.)

You may experience any or all of the following **symptoms** during withdrawal:

- sweats
- muscle aches
- abdominal
- vomiting
- fatigue
- chills
- joint aches
- cramps
- diarrhea
- malaise
- headaches
- insomnia
- nausea
- anxiety
- “goose flesh”

These symptoms are similar to a severe flu-like illness. They usually begin within 12-36 hours of reducing the dose of your opioid medication, are most severe for the next 24-72 hours, and usually begin to fade away over the next 3-7 days. Some people report feeling tired and mildly unwell for 1-2 weeks after completely stopping opioids. Occasionally this feeling can last several weeks.

THREE METHODS FOR STOPPING OPIOIDS

1. **Fast** – You can simply stop taking your opioids immediately. This will mean that your withdrawal symptoms may be more severe, but the worst will be over in 7-10 days. If you have taken opioids for many months, it is NOT recommended that you do this on your own. If you really want to do it this way, try to check into a Detox centre where you can get medical help. Hospitals will not allow admissions for detox. If you are determined to stop opioids quickly and cannot get into a Detox centre, and you have a doctor willing to work with you, you could gradually taper the amount you take by 5-10% every day. This would mean that you are off of opioids in 10-20 days. Your withdrawal symptoms will be milder but will last a longer time (2-4 weeks). In this case, the doctor may choose to write a prescription instructing the pharmacist to dispense only a limited amount of medication at a time. Also, he/she may substitute a long-acting, once-daily opioid, such as Kadian, which can be taken once daily. Another medication called Suboxone can also help you stop opioids quickly but must be prescribed by a physician who is knowledgeable about prescribing this medication.
2. **Slower** – Convert all of your opioid into long-acting opioid (it is really hard to come off short-acting opioids slowly) and then have your physician reduce the dosage by 5-10% every two weeks. The doctor can usually write a prescription for a month or two at a time and you can simply pick up the new dosage from the pharmacy every two weeks. A pharmacist can assist in figuring out the exact dosage reductions.
3. **Methadone taper** – This method is the gentlest way to come off of opioids as it can be dispensed in a liquid form, which means it can be reduced by very small amounts at a time. It requires a physician to have a methadone prescribing exemption either for pain or addiction. It is not harder to come off methadone, as Dr. Google may suggest. In our experience (in many, many patients), using methadone to taper is easier and well tolerated.

MEDICATIONS FOR DECREASING WITHDRAWAL SYMPTOMS

There are some **medications you can take to decrease opioid withdrawal symptoms** but no medication, other than an opioid, will take withdrawal symptoms away completely. Please do not use alcohol to manage your withdrawal symptoms. Benzodiazepine medications can be helpful for anxiety and sleep, but they will also cause withdrawal symptoms if they are taken regularly for more than a couple of weeks. This will require another gradual withdrawal to discontinue them. It is harder to stop benzodiazepines than opioids. We suggest that your doctor try nabilone, gabapentin or pregabalin instead.

1. **Nabilone** is a pharmaceutical cannabinoid medication that can be used for **pain**, nausea, vomiting, insomnia, and anxiety. It is safe to use in combination with opioids. If you are not currently using marijuana, the starting dose is 0.25 mg, usually taken at night to start with; it then may be used up to three times a day. The maximum suggested dose is 1 mg up to four times a day. It should not be used if you have a history of psychosis or a history of paranoia with marijuana. It can make you feel high if you take too much, so start low and increase slowly. People do not get dependent on this medication so it can be stopped suddenly and it does not affect breathing which makes it very safe to use with opioids, even in people who have sleep apnea.
2. **Clonidine** is an older blood pressure medication, which can help to decrease some of the anxiety, jitters, sweats, and chills associated with opioid withdrawal. The most important side effect of clonidine is light-headedness when getting up suddenly from bed or a chair. Clonidine comes in a 0.1 mg tablet. Start by taking half of one to see how well you tolerate the drug. Then take one or two tablets every 4-6 hours as required. Do not exceed 6 tablets per day without speaking to your doctor. When stopping clonidine, taper the dose off over 3 days to decrease the risk of a temporary blood pressure increase.
3. Muscle and joint aches can be treated with **acetaminophen** or over-the-counter **NSAIDs**, such as ibuprofen or naproxen (i.e., Advil, Aleve).
4. If diarrhea and stomach cramps become severe, use **loperamide**, available over the counter at your pharmacy.
5. Finally, for severe anxiety and insomnia, the doctor may prescribe **nabilone, gabapentin, or pregabalin** during the taper and for 1-2 weeks after stopping your opioid medication. These medications also need to be stopped gradually if taken regularly for several weeks but they are relatively easy to stop.