

Check-up for Chronic Opioid Prescriptions

For long term pain conditions such as chronic low back pain, neck pain, arthritis, and fibromyalgia

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Assess The Patient

Optimize First

Always assess pain and activities of daily living

- Acetaminophen and/or NSAIDs (oral, topical)
- Anticonvulsants (e.g., pregabalin, gabapentin)
- Antidepressants (e.g., amitriptyline, nortriptyline, and duloxetine)
- Physical activity, physical therapy, and psychological therapy

Ask About Side Effects

- Constipation
- Nausea, vomiting
- Drowsiness, dizziness
- Sleep apnea
- Hypogonadism (sexual dysfunction, osteoporosis)
- Hyperalgesia
- Depressed mood
- Dry/itchy skin
- Dry mouth, cavities

Constipation does not improve with time, may need stimulant laxative

Risk of Opioid Use Disorder *Opioid Risk Tool**

- Family or personal history of substance use
- History of preadolescent sexual abuse
- Mental illness
- Age between 16 - 45 years

*http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b02.html

Opioid Use Disorder: Potential Indicators

- Crushing, biting, snorting, or injecting oral tablets
- Getting opioids from a friend, family member, or illicit sources
- Opioids from multiple prescribers

Increased Risk of Overdose *Offer naloxone if any of the following are present:*

- >90 morphine equivalent dose (MED)
- Chronic lung disease (asthma, COPD), sleep apnea
- Sedating agents (alcohol, benzos, muscle relaxants)
- Undergoing opioid taper or rotation
- Kidney, liver, and/or cardiac dysfunction
- History of overdose, illicit/recreational drug use
- Frail older adults
- People with children or teens at home

Assess The Drug

Calculate Morphine Equivalent Dose

Help patients keep prescriptions below the following doses (see table on Page 2):

- Opioid trial..... Try to stay below 50 MED
- Long term therapy..... Stay below 90 MED

Drug Choice

- Start low and go slow
- Always question a prescription for meperidine or pentazocine as there are better choices
- Consider switching if there is poor pain control, persistent side effects, or need to change route

Switching Opioids:

Decrease total daily dose of current opioid by 25-50%
THEN convert to new opioid equivalent dose

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Tapering

When to Rethink an Opioid or Lower the Dose

- Doses >90 MED
- Pain isn't sufficiently relieved
- Opioid combined with benzos
- Opioid is making pain worse (hyperalgesia)
- Side effects are problematic (sleep apnea, sedation)
- Signs of opioid use disorder

Tips for Tapering

Use a tapering template*

- Go slow, partner with the patient
- Check in regularly, follow patient cues
- Can take weeks to months

Tapering Opioids:

Decrease by 5-10% every 2-4 weeks

*<https://thewellhealth.ca/opioidtaperingtool>

Withdrawal Symptoms

Slow the taper if withdrawal is intolerable

- Muscle cramps (*most common*)
- Nausea/vomiting/stomach pain
- Depression
- Agitation
- Anxiety
- Insomnia
- Sweating
- Tremor

Short acting opioids: symptoms last 3-10 days
Long acting opioids: symptoms last 10-20 days

Opioid	Opioid Trial <50 MED	Long Term <90 MED	To Convert To Oral Morphine	To Convert From Oral Morphine
Morphine	50 mg/day	90 mg/day	Multiply by	Multiply by
Codeine	334 mg/day	600 mg/day	0.15	6.7
Hydromorphone	10 mg/day	18 mg/day	5	0.2
Oxycodone	33 mg/day	60 mg/day	1.5	0.7
Tapentadol	160 mg/day	300 mg/day	0.3 - 0.4	2.5 - 3.3
Methadone	Not established	Not established	Not established	Not established
Tramadol	300 mg/day	540 mg/day [†]	0.1 - 0.2	6

[†]The maximum recommended daily dose of tramadol is 300 mg – 400 mg depending on the formulation
For conversion of fentanyl or buprenorphine visit: https://thewellhealth.ca/wp-content/uploads/2017/09/CEP_OpioidManager2017.pdf