

# Reducing and stopping your Opioid medication

## What is an opioid medication?

- An opioid medication is considered to be one of the strongest pain killers available
- Examples include Codeine, Dihydrocodeine, Tramadol, Morphine, Oxycodone, Buprenorphine, Tapentadol and Fentanyl
- They come in many different forms such as injections, tablets, capsules, liquids and patches
- For more information on how they work, how long they take to work and common side effects please read our patient information leaflet: [Information for adult patients prescribed an opioid medication for pain](#)

## Why stop taking opioids?

- Opioid medications are **not very effective** when taken for a long period of time. This is partly because the body can quickly become **tolerant** to (used to) the opioid – higher and higher doses of the opioid are needed to achieve the same amount of pain relief. Eventually you reach a point where your body has become so used to the medication that it no longer reduces your pain and increasing the dose has no benefit
- Your body can become **dependent** on the opioid. This means if you are late taking a dose or miss a dose you can experience withdrawal symptoms
- Opioids are associated with **side effects** that can **make doing day-to-day tasks challenging**, for example drowsiness and difficulty concentrating can make it difficult to interact with other people
- Some side effects, including low mood, can **make your pain more difficult to manage**
- Overtime opioids can make your nervous system more sensitive to pain, making your **pain more severe and widespread**, this is called ‘Opioid Induced Hyperalgesia’. This is reversible when the opioid is stopped
- Opioid medications can cause a number of health problems when taken long term and can **increase your risk of death** (See our leaflet: [Information for adult patients prescribed an opioid medication for pain, for further information](#))
  - The British Pain Society states the risk of harm to your body greatly increases at dose above **120mg of oral Morphine per day** (taken by mouth), but USA research shows doses above 100mg increase the risk of early death (from side effects and overdose)
  - Oxycodone, Buprenorphine and Fentanyl are stronger than Morphine, doses that are roughly equal to 120mg of Morphine are:
    - **Oxycodone (oral) 60mg per day**
    - **Buprenorphine 52 microgram/ hour patch**
    - **Fentanyl 37 microgram/ hour patch**

## When to consider stopping your opioid

- If your opioid medication does not provide **useful** pain relief or allow you to be more active
- If the opioid medication is making your pain worse
- If you are unable to tolerate the side effects, or if they interfere with your life
- If you are taking an opioid medication to feel ‘relaxed’ or ‘spaced out’, to help you go to sleep or help manage anxiety or distress
- If you feel you are becoming addicted or dependent on the opioid medication
- If your painful condition has resolved, for example a chronic infection has resolved, or you have had an intervention to resolve your pain, for example joint surgery, so the opioid medication is no longer needed

**If you are unsure if your opioid medication is providing useful pain relief try completing the questionnaire on the link below, then discuss it with your healthcare professional**

[www.my.livewellwithpain.co.uk/wp-content/uploads/patient-medicines-decision-guide.pdf](http://www.my.livewellwithpain.co.uk/wp-content/uploads/patient-medicines-decision-guide.pdf)

## What are the benefits of stopping your opioid?

- Reducing your opioid medication dose will reduce your risk of side effects and the risk of harm to your body
- Reduced side effects means your quality and enjoyment of life can improve and your physical fitness
- People report they are able to think more clearly when they stop taking opioid medications and their mood improves which makes it easier to do day-to-day activities and interact with family and friends
- Most people find when they reduce their opioid dose gradually their **pain is no worse**, in some cases pain can improve

## I want to stop taking opioids – what do I do next?

- Do not stop taking your opioid medication suddenly, you may experience withdrawal symptoms
- Speak to your GP, practice pharmacist or pain team, they will be able to help and support you reduce your dose gradually

## How will my opioid dose be reduced?

- Your healthcare professional will help you create a **personalised plan** to reduce your opioid dose slowly, to reduce the risk of withdrawal symptoms
  - Your healthcare professional will calculate how much opioid medication you take in 24 hours
  - Your daily dose of opioid medication can then be reduced by roughly 10% every 1 to 2 weeks
  - The dose may be reduced more slowly when you near the end of your reduction plan
  - For example:
    - Mr Smith takes slow release Morphine capsules (Zomorph®) 50mg twice a day
    - Total amount of opioid taken in 24 hours =  $50\text{mg} \times 2 = 100\text{mg}$
    - 10% of total dose =  $100\text{mg}$  divided by 10 = 10mg
    - Reduction plan: Mr Smith should reduce his Morphine dose by 10mg every week until he reaches a dose of 30mg per day, then he should reduce his dose, more slowly, by 5mg every week until the Morphine is stopped
- Your reduction plan will depend on the opioid medication that you are taking
- Any reduction in your dose will benefit your general health
- If you take more than 1 opioid medication, you should ideally only reduce 1 medication at a time

## Withdrawal symptoms

- Overtime your body becomes used to the opioid medication being there. When the opioid medication dose is reduced you may experience withdrawal symptoms, including:
  - Flu like symptoms e.g. runny nose, aching, alternating hot and cold spells
  - Upset stomach and stomach ache
  - Nausea (feeling sick), vomiting (being sick)
  - Goose bumps on the skin
  - Blurry vision
  - Rapid heart beat, high blood pressure
  - Difficulty sleeping, frequent yawning
  - Feeling anxious or irritable
  - **Short term** increase in pain
- Reducing your opioid dose slowly reduces the chance of you experiencing withdrawal symptoms
- If you do experience withdrawal symptoms they are generally mild and short lived
- For some people it can take 4 to 6 months to feel completely back to normal

## What should I do if I experience withdrawal symptoms?

- Relaxation and distraction techniques can help. You may find it helpful to distract the brain by doing something that you enjoy or have to concentrate on for example watching a film, listening to some music, going out for a walk or reading a book
- If you have a smart phone you can download a relaxation or mindfulness app which can help you relax, or you can use resources online
- Sitting quietly and doing some deep breathing can also help you to relax . This is useful at night as it can improve your sleep
- If you experience severe withdrawal symptoms and are unable to cope, your prescriber may suggest a '[Tapering Holiday](#)' where your reduction plan is put on hold for a few weeks and your opioid dose is not reduced. They may also suggest reducing your dose more slowly

## What support will I receive?

- Your healthcare professional will review you on a regular basis whilst you are reducing your opioid medication. This may be in a face to face appointment, or over telephone
- It is important to discuss how you feel with your family and friends so they can also provide support and encouragement

## What will I be prescribed instead of my opioid medication?

- It is important to remember that the reason for reducing and stopping your opioid is to remove a medication that is no longer needed or is not working – reducing your risk of long term harm
- Alternative medications are **not always** prescribed
- If your prescriber thinks you may benefit from an alternative non-opioid medication they will prescribe this **once you have stopped taking the opioid**. If the new medication is started whilst you are still reducing your opioid, it is difficult to tell how your body is responding to opioid reduction and how it is responding to the new medication

## What else can I do to help manage my pain?

- Non-drug therapies can help reduce your pain and improve your well being
- You may find pacing activities, mindfulness and relaxation and structured exercise helpful
- We would encourage you to read our patient information leaflets on non-drug therapies, available on our internet page [www.southtees.nhs.uk/services/pain-management/attachment/pain-management-clinic](http://www.southtees.nhs.uk/services/pain-management/attachment/pain-management-clinic) and take a look at the resources below

## Useful resources

### Practical advice and useful tips to help you manage and live with your pain:

**Pain Toolkit:** [www.pain toolkit.org/resources/for-patients](http://www.pain toolkit.org/resources/for-patients)

**Live well with pain:** [www.my.livewellwithpain.co.uk](http://www.my.livewellwithpain.co.uk)

### Information about taking opioid medications for pain:

**Opioid aware, by the Faculty of Pain Medicine:** <https://fpm.ac.uk/opioids-aware/information-patients>

**Live well with pain: Reducing opioid medications:** [www.my.livewellwithpain.co.uk/wp-content/uploads/Reducing-Opioid-Medications.pdf](http://www.my.livewellwithpain.co.uk/wp-content/uploads/Reducing-Opioid-Medications.pdf)

**Brainman stops his opioids:** <https://www.youtube.com/watch?v=Ml1myFQPdCE>

### Mindfulness:

**Headspace:** [www.headspace.com](http://www.headspace.com)

**NHS website:** <https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>