
ten questions you might have about **tapering** (and room for your own)

an informational booklet for
opioid pain treatment

This booklet was created to help you learn about tapering.

You probably have lots of questions about opioid tapering and your pain treatment, and this booklet is here to help answer some of them. To help your care team best support you, there is space for you to document your well-being and to jot down other questions you have.

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The Big Questions

People with chronic pain have good days and bad days; this is true for tapering as well. So before you begin the tapering process, it's a good idea to talk to your doctor and make plans to handle different problems that can arise during tapering.

These ten questions (and answers) will help you prepare for this conversation and for a successful tapering process.

What is tapering?

Tapering is a process of gradually reducing your opioid medication.

This doesn't necessarily mean that your dose will go down to zero, since you may still need some medication. You and your care team will work on a plan that's right for you. This may include trying alternative treatments like physical therapy, meditation, or acupuncture.

Why is my care team asking me to taper?

Opioids are rarely a permanent solution to chronic pain.

New research has found that high doses of opioid medications are not as safe as doctors once thought they were.

Your care team may ask you to taper:

- because a lower dose of opioids may provide **enough pain relief and be safer**
- to **avoid or decrease negative side effects** of opioids
- because you're on a high dose of pain medication but **still experiencing severe pain** (the meds aren't working as intended to reduce pain intensity)

After tapering, you may see long-term improvements in function without worsening pain. Some people even experience a decrease in pain after they are no longer on high doses of opioid medication.

Why would I want to try tapering?

Taking opioids long-term has clear and serious risks.

Opioids can cause you to experience negative side effects such as decreased memory, drowsiness, and nausea. If you are taking opioids, you may already find yourself experiencing these or other side effects.

Other reasons include:

- **You want to take fewer medications in the long run.** Some people are concerned about the long-term effects of opioids on their health. You may be able to replace some or all of your prescriptions with alternative treatments.
- **You want more freedom in your day-to-day life.** Taking opioids can mean centering every day around a rigid dosing schedule.
- **You want to have more control over your pain treatment.** Because of new clinical guidelines, getting high doses of opioid medications may be harder in the future.

What are some of the benefits of tapering?

Less medication can make it easier to tackle day-to-day tasks and spend time doing what you want to do.

You may be more alert and **able to concentrate for longer periods of time**, making it easier to drive.

You may feel more stable in your moods throughout the day, where you're **able to remember more and make decisions more easily**.

People who have tapered their opioid medications can feel like they have **more control over their life again**.

What are your goals? What do you want to be able to do each day? In the future?

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Should I try to self-taper?

If you want to either get off of your medication or go down to a lower dose, **Speak with your care team.**

Because everybody is different, it is important to **work with your care team to create a tapering plan that is tailored to you so that you can achieve your goals while maintaining function.** They can also help you explore alternative treatment options to treat your pain.

Self-tapering can be dangerous, as there is no one-size-fits-all guideline for tapering.

What are you most worried about when it comes to opioids?

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How will tapering make me feel?

During the tapering process, you may experience some uncomfortable physical symptoms such as nausea, cramping, or trouble sleeping.

When you reduce the amount of pain medicine you are taking, you can experience symptoms of withdrawal.

Withdrawal symptoms can show up when a person's body doesn't get a substance it's dependent on.

One goal of creating a tapering plan is to **maximize your function while minimizing symptoms of withdrawal.**

This is why it is important to reach out to your care team if you run into any problems. The **Self-Support Checklist beginning on page 15** offers some guidance on when to ask for help.

How can I treat any uncomfortable symptoms?

While they may be uncomfortable, many withdrawal symptoms are treatable.

There are some medicines that can help. You can find some at your local pharmacy. If you need a prescription, ask your care team.

Your care team can also suggest alternative treatment options for your pain, which may include **physical therapy, support groups, and/or acupuncture.**

Over-the-Counter

Pain or fever:
200mg Ibuprofen
(1–2 tabs)
every 6 hours

Diarrhea:
2mg Imodium
every 2 hours

Prescription

Cramps:
Dicyclomine

Trouble sleeping:
Trazodone

Nausea:
Ondansetron

Restlessness:
Clonidine

What if I think we are tapering too fast?

Tell your doctor why you think you are going down on the medication too fast, so that you can adjust your plan together. In some cases, you might want to pause the taper so your body has more time to adapt to lower doses of medicine.

It's important to keep an open line of communication with your care team during the tapering process.

Are there certain activities or times during the day when your pain is worse?

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What if I can't get through the day or my pain gets worse?

Ask your care team to adjust your tapering plan.

Tell your doctor what is keeping you from getting through the day, and what kinds of activities you are having trouble with. If you're having withdrawal symptoms, your doctor may want to slow down your taper or give you medications to help reduce the withdrawal symptoms.

For most people, staying in bed makes the pain worse in the long run, so try to move around your house and find activities to take your mind off the pain. In some cases, your doctor may talk to you about shifting to a different kind of pain medication (such as buprenorphine).

If your pain is getting worse, your doctor may want you to come in for an evaluation. Sometimes it can be hard to distinguish withdrawal symptoms from increased pain. You and your doctor may decide to pause or slow down your taper, or to add new pain management strategies.

What happens if I get a new injury?

You may need additional pain medication for a short period of time, especially if your injury required hospitalization or a visit to the emergency room.

If you start taking more medication than prescribed because of a new injury, tell your doctor right away. If you wait to contact your doctor until you are out of medications, your doctor may not be willing to give you an early refill of pain medications.

Contact your doctor to let them know about your injury as soon as possible.



Self-Support Checklist

A tool that helps you know when you're on track and when you should ask for help.

Tapering is a process and is different for everyone. Sometimes it can be hard to figure out how you're doing overall.

Tapering isn't easy, and you'll likely have good days and bad. The checklist on the following pages can help you **know when you're on track with your tapering plan and when you should ask for help.**



If you find yourself identifying with any of the statements in the **Caution** and **Warning** sections, reach out to your care team for support.

Function: Impact on daily activities

- My pain or withdrawal symptoms are preventing me from doing what I need to do.
- I'm having increased difficulty functioning at work.

Behavior: Impact on actions

- I haven't tried to cut down on my dose at all.
- I'm getting opioids from other providers.
- I'm using alcohol and/or illegal drugs.
- I'm having problems in my social and/or family relationships.

Symptoms: Impact on physical state

- My pain and/or withdrawal symptoms are unbearable.
- I'm experiencing severe withdrawal symptoms. (Severe cramps, diarrhea, high blood pressure, etc.)

Feeling: Impact on emotional state

- I don't feel like I'm making any progress.
- I don't feel like I have any control over my well-being.
- I'm very anxious and/or depressed.

Warning

Your pain and withdrawal symptoms might be too intense.

If any of these statements describe how you feel, contact your care team. **You might be taking your medicine in a way that puts you at risk.** Your care team can get you back on track—**ask for help.**

What are you having the most trouble with?

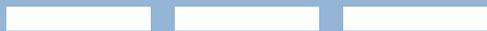
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Glossary

Words your care team may use when working with you on a tapering plan.

12-step program—a self-help program that uses a set of steps to help you reach a goal

Acute pain—pain that is severe or sudden and normally heals within 3 months

Addiction—a chronic disease that causes you to uncontrollably want to use a substance for reward instead of just for relief

Agonist—a medicine that acts like another medicine and stimulates an effect

Analgesic—a medication that relieves pain

Antidepressant—a medicine that helps treat depression and may be prescribed to treat some types of pain

Antiepileptic—a medicine that helps treat seizures and may be prescribed to treat some types of pain

Benzodiazepines—sleeping aids or anti-anxiety medicines; sometimes referred to as “benzos”

Buprenorphine—a medication used to relieve moderate to severe pain and to treat opioid use disorder

Care team—your doctor, your behavioral therapist, and all other staff that aid in your treatment

Chronic pain—pain that persists for 3 or more months

Cold turkey—when you stop taking an addictive substance abruptly

Comorbidity—when you have more than one illness or disorder; also referred to as co-occurring disorders

Compulsive—an action that is often overpowering, repeated, and irrational

Craving—an intense and urgent desire for a substance

Dependence—when your body feels like it needs a substance in order to function

Detox—a process that enables your body to rid itself of a drug

Fentanyl—an opioid medicine used to relieve severe pain

Function—your ability to do what you need (and want) to do each day

Half-life—the time required for half the quantity of a drug or other substance to be used up or eliminated by your body

Methadone—an agonist medicine that can help you taper down from opioids

Morphine—an opioid medicine used to relieve severe pain

Naloxone—a medicine used to treat overdose from opioids

Narcan—the brand name for naloxone, a medicine used to treat overdose from opioids

Narcotic—a drug, usually an opioid such as morphine or oxycodone, which can relieve pain

Narcotic Bowel Syndrome (NBS)—a condition with abdominal pain that gets worse when the effect of a narcotic drug wears off; in addition to pain, other symptoms may include nausea, bloating, vomiting, and constipation

Neuropathic pain—pain caused by nerve damage

Opioids—medication used to relieve severe pain

Opioid use disorder—a pattern of using opioids in a way that causes you distress and has a negative impact on how you function each day

Overdose—taking a substance in an amount that causes illness or death

OxyContin—a time-released medicine used to relieve severe pain; also known as “oxycodone extended release”

Oxycodone—an immediate-release drug that is the active ingredient in OxyContin®

Protocol—a way of doing something that is followed for legal, medical, and/or planning reasons

Side effects—an often harmful or unwanted effect from a medicine or medical treatment

Self-medication—using substances that are not approved by a healthcare provider

Stigma—a perceived cultural norm or stereotype used to discredit the character of a person or group of people

Tapering—the process of gradually reducing the amount of a medication

Tolerance—when your body needs more of something to get the same effect

Withdrawal—symptoms that occur when you stop taking, or reduce the amount of, a substance that you are dependent on

created as a collaboration between
UC Davis Center for Design in the Public Interest
and **UC Davis Health System**