Dose, Duration, and Tapering of Opioids

After initiating opioid therapy, providers should consider the following recommendations and suggestions based on the *VA/DOD Clinical Practice Guideline for the Use of Opioids in the Treatment of Chronic Pain.*

Dose

If prescribing opioids, we recommend using the lowest dose of opioids as indicated by patient-specific risks and benefits. (p. 34)[1]

- Risk of prescription opioid overdose and overdose death exists even at low opioid dosage levels and increases with increasing doses. (p. 47)[1]

If considering an increase in opioid dosage, we recommend reevaluation of patient-specific risks and benefits and monitoring for adverse events including opioid use disorder [OUD] and risk of overdose with increasing dosage. (p. 34)[1]

Dosing information is available on p. 47–48 of the clinical practice guideline.

Duration

When prescribing opioids, we recommend the shortest duration as indicated. (p. 34)[1]

- There is variability regarding the ideal duration of prescription and at what timepoint risk increases; however, after initiating opioid therapy, we recommend reevaluation at 30 days or fewer and frequent follow-up visits, if opioids are to be continued. (p. 34, 50)[1]
- Evidence suggests that a longer duration of opioids is associated with a higher risk of being treated for OUD and a higher risk of fatal opioid overdose. (p. 49)[1]

We recommend against prescribing long-acting opioids:

- For acute pain,
- As an as-needed medication,
- When initiating long-term opioid therapy. (p. 34)[1]

For a comprehensive list of medication recommendations and dosing see Appendix D of the VA/DOD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. (p. 98–103)[1]

Tapering

There is insufficient evidence to recommend for or against any specific tapering strategies. We suggest a collaborative, patient-centered approach to opioid tapering. (p. 34)[1]

What does collaborative and patient-centered mean in this context?

- Collaborative means shared decision-making.
- Patient-centered care is about whole health and considering or actively discussing the person's values in the context of their sex, culture, ethnicity, and/or other background characteristics relevant to care.

Providers must be adept at presenting information to their patients regarding individual treatments, expected risks, expected outcomes, and levels and/or settings of care, especially where there may be patient heterogeneity in risks and benefits. The Veterans Health Administration and Military Health System have embraced shared decision-making. Providers are encouraged to use shared decision making to individualize treatment goals and plans based on patient capabilities, needs, and preferences. (p. 23)[1]

The Department of Health and Human Services Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics provides additional information and guidance, including regarding taper rates, assessment of opioid use disorder in patients who struggle to or express unwillingness to taper, and considerations of transitioning certain patients to buprenorphine.

References

1 Veterans Affairs and Department of Defense. (2022). *VA/DOD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain.* Version 4.0. https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf