Withdrawal symptoms and supporting medication options[1]

Withdrawal symptom	Management option
restlessness, sweating, or tremors	clonidine 0.1-0.2 mg orally every 6 hours or transdermal patch 0.1-0.2 mg weekly; maximum 1.2 mg per day Monitor for significant hypotension or anticholinergic side effects.
nausea	ondansetron 4-8 mg by mouth every 12 hours; maximum 16 mg/day bismuth 524 mg orally every 30-60 minutes PRN; maximum 4200 mg/day
diarrhea	loperamide 4 mg dose, then 2 mg with every loose stool; maximum 16 mg/day
stomach cramping	dicyclomine 10-20 mg by mouth every 6 to 8 hours PRN; maximum 160 mg/day
pain or myoclonus	ibuprofen 400 mg by mouth every 4-6 hours PRN, maximum 2400 mg/day; acetaminophen 650-1000 mg by mouth every 4-6 hours; maximum 4,000 mg/day
anxiety	hydroxyzine 25-100 mg every 6-8 hours PRN; maximum 400 mg/day diphenhydramine 50-100 mg every 4 to 6 hours PRN; maximum 300 mg/day
insomnia	trazodone 25-100 mg at bedtime mirtazapine 7.5-15 mg at bedtime quetiapine 50-100 mg at bedtime
muscle spasm, restless legs	cyclobenzaprine 5-10 mg every 8 hours PRN; maximum 30 mg/day baclofen 5-10 mg every 8 hours PRN; maximum 60 mg/day

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

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Supporting patients through an opioid taper

Before beginning and throughout the taper, patients should be assessed for opioid use disorder (OUD) based on DSM-5-TR criteria.[2] Prescribe or refer patients for medications for OUD (MOUD) when OUD is diagnosed.

Symptoms of opioid withdrawal

Patients who have been taking opioid medications for a long time have a physiologic dependence to opioids. When opioids are withdrawn, patients may have symptoms such as sweating, diarrhea, pupillary dilation, irritability, and pain. Supportive medications can help alleviate some of these *(see reverse side).*

Anxiety and depression

Addressing underlying mental health conditions can help manage pain and assist with opioid dose reductions.[3]

- Before starting a taper, assess for depression and anxiety with the PHQ-2, PHQ-9, and GAD-7 as appropriate.
- If the patient has depression, anxiety, or another mental health condition, offer treatment and referrals as appropriate.
- Optimize mental health treatment throughout the taper process.

Suicide

Recent studies suggest that rapid tapers, especially in patients at high opioid doses, increases the risk for suicide.[4-6]

- Screen for baseline suicide risk using ASQ.
- Provide all patients mental health resources:
  - Referrals to other providers if needed
  - **Share 988 information**
- Continue to reassess throughout the taper.

988 SUICIDE & CRISIS LIFELINE

Overdose

Ensure all patients and families are provided naloxone and educated about opioid overdose signs and symptoms.[7]

Visit www.ihs.gov/opioids
for links to initiatives, tools, and other resources

(1) Severino K. Opioid withdrawal: Medically supervised withdrawal during treatment for opioid use disorder. May 22, 2023; https://www.uptodate.com/contents/opioid-withdrawal-medically-supervised-withdrawal-during-treatment-for-opioid-use-disorder. Accessed July 19, 2023. **(2)** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision.* Washington, DC: American Psychiatric Publishing; 2022. **(3)** Dowell D, et al. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recomm Rep.* 2022;71(3):1-95. **(4)** Coffin PO, Barreveld AM. Inherited patients taking opioids for chronic pain—Considerations for primary care. *N Engl J Med.* 2022;386(7):611-613. **(5)** Food and Drug Administration. FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering. 2019; https://www.fda.gov/Drugs/DrugSafety/ucm635038.htm. Accessed April 19 2019. **(6)** Larochelle MR, et al. Comparative Effectiveness of Opioid Tapering or Abrupt Discontinuation vs No Dosage Change for Opioid Overdose or Suicide for Patients Receiving Stable Long-term Opioid Therapy. *JAMA Network Open.* 2022;5(8):e2226523-e2226523. **(7)** The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. *J Addict Med.* 2020;14(2S Suppl 1):1-91.