

Managing Opioid Withdrawal – Information for Physicians

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1. Reassure the patient that withdrawal from opioids is **uncomfortable but not life threatening**. Each dosage reduction may result in symptoms similar to a severe, flu-like illness beginning within 12 - 36 hours and peaking at 48 - 72 hours and then tapering off after 1 week. Some people experience a period of vague dysphoria for 1 - 2 weeks after withdrawal. (Methadone withdrawal may peak later with less intensity but can go on for 4-6 weeks in some people.)
2. The patient can choose to withdraw abruptly and experience a more severe but shorter overall period of symptoms, or to taper over 10 to 14 days and experience milder but a more prolonged withdrawal. Simply provide a 10% reduction daily over 10 days. Use frequent (even daily) pharmacy dispensing for the tapering process in high-risk patients. Once-daily opioid formulations (ie. Kadian) may make the withdrawal process simpler. A methadone taper allows for a less intense but longer period of withdrawal symptoms. This requires a methadone prescribing authorization. Suboxone is another option and is the best solution for a rapid opioid taper. Patients are usually comfortable during the taper but experience withdrawal after the last dose. This is available through some physicians who have methadone for addiction licenses and is also offered in some private detox clinics.
3. Clonidine has been used the longest to decrease some of the autonomic symptoms of opioid withdrawal. The main side effects are orthostatic hypotension and sedation.
Prescribe 0.1-0.2 mg po q6h prn maximum 6 tabs per day. The dose may have to be lowered if the patient reports orthostatic symptoms or has a BP less than 90/60 mmHg, 1 hour after a dose. Continue clonidine until off of opioids for 3-5 days then taper over next 3-5 days.
4. One of the early symptoms of opioid withdrawal is pain –the patient’s usual pain plus additional arthralgias and myalgias - which may persist longer than other withdrawal symptoms, but will eventually settle. Acetaminophen, NSAIDs or tramadol may be helpful. If attempting to re-evaluate a patient’s pain off of opioids, the opioids need to be discontinued for at least 3-4 weeks to get through withdrawal pain and allow opioid receptors to “reset.” It can take longer for an individual’s natural opioids to begin production.
5. Loperamide (Imodium), which can be purchased OTC at the pharmacy, can help decrease abdominal cramping and diarrhea if these occur.
6. Acupuncture or TENS have been shown in some studies to decrease symptoms of opioid withdrawal.
7. Short-term use of an antiepileptic such as carbamazepine or gabapentin or pregabalin, or the cannabinoid nabilone for the first 1-2 weeks may help with sleep and anxiety.

References

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