

Tapers and Detoxs from Opioids and Benzodiazepines (How to Land)

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Questions to ask

- Is there physical dependence? **Y/N**
- Is there a need to stop? **Y/N**
 - Level of urgency:
 - **Non-urgent** (SLOW 5-10%/month taper)
 - **Urgent** (FASTER 20%/month or 10%/week taper)
 - **Emergency** (Discontinuation and management of withdrawal)

Benzo / Opioid SLOW Taper 1

- Low risk patient lacking an indication for CRX, or who has developed a non-urgent contraindication to continued CRX.
- SLOW taper to avoid triggering W/D SX
- Triggering W/D typically sabotages tapers
- 5X T_{1/2} = new steady state
- 3 or more steady states before more taper

Benzo / Opioid SLOW Taper 2

- Rule of thumb: 5% dose decrease / month
- "You did not get to this point over night ..."
- "There is no emergency ..."
- "You do not have to stop over night ..."
- So slow taper, moving from one potency member of group to lower potency
- Use analgesic / anxiolytic equivalence table

Benzo / Opioid SLOW Taper 3

- Benzo Example:
 - X amount of alprazolam = Y amount of diazepam = Z amount of clordiazepoxide.
 - Clordiazepoxide: weak (many mg), intermediate onset, long T_{1/2}
 - Clordiazepoxide = perfect benzo to use in taper
 - Give whole dose nightly
 - 5% decrease / month with W/D adjuncts*.
 - Start non-benzo anti-anxiety TX!!!!!!!

Benzo / Opioid SLOW Taper 4

- Opioid Example:
 - X amount of oxycodone = Y amount of morphine, give BID and taper.
 - Ultimately transition from morphine to weakest opioid (tramadol), and give in divided doses.
 - Morphine and then tramadol weakest opioids.
 - 5% decrease / month with W/D adjuncts**.
 - Start non-opioid pain management!!!!!!

Benzo / Opioid Faster Taper 1

- More urgent patient care considerations pushing taper – but not a "threat to patient health and safety".
- Taper 10%/week to 20%/month. Will cause W/D , cravings, etc after 3-4 cuts.
- May use to try to reinforce adherence.

Benzo / Opioid Faster Taper 2

- Benzo example 1:
 - Switch to clordiazepoxide and decrease by 20 %/month over 5 months
 - Add anti-seizure agent
 - Add non-benzo anxiety management
 - If taper fails, D/C benzo and offer detox.

Benzo / Opioid Faster Taper 3

- Benzo example #2:
 - Switch to oxazepam BID
 - See weekly with 10% decrease in dose
 - Add anti-seizure agent
 - Add non-benzo anxiety management
 - If taper fails, D/C benzo and offer detox.

Benzo / Opioid Faster Taper 4

- Opioid example #1:
 - Switch to morphine and then tramadol and decrease by 20%/month over 5 months
 - Add detox adjunct agents
 - Add non-opioid pain management
 - If taper fails, D/C opioid and offer detox.

Benzo / Opioid Faster Taper 4

- Opioid example #2:
 - Switch to morphine and then tramadol and decrease by 10%/week over 10 weeks
 - Add detox adjunct agents
 - Add non-opioid pain management
 - If taper fails, D/C opioid and offer detox.

Benzo anti-seizure agents

- Topiramate 25-300mg/d divided QD/TID
- Gabapentin 200-2400 mg/d `` TID/QID
- Carbamazepine 200-800 mg/d `` BID/TID
- Valproic acid 500-2000 mg/d `` BID/TID
- Lamotrigine 25-200 mg/d `` QD/BID

Benzo detox adjunct agents

- Sleep: doxepin, amitriptyline, trazodone, mirtazapine, Benadryl, tizanidine, clonidine, (antipsychotics)
- Restlessness: hydroxyzine, baclofen, ropinorole
- Nausea: promethazine, odansteron
- Tremor: beta blockers

Opioid detox adjunct agents

- Dicyclomine 10-20mg qid prn abd symptoms.
- Vistaril 25mg po q4-6h prn anxiety (or gabapentin or topiramate)
- Ibuprofen 600mg po qid prn pain.
- Benadryl, trazodone, amitriptyline 50mg PO QHS prn sleep, may repeat X1.
- RLS: ropinorole
- Myalgias: NON benzo or barbiturate meds, baclofen, tizanidine, metaxalone, methocarbamol

What if it is an emergency?

- **Current / Continued** RX endangers the health, safety, liberty or life of the patient / the patient's significant others / the community / the prescriber
- I.e.: OD / diversion / altering RX / repeat early refills / very problematic UDS or PMP
- STOP RX,

What do you mean STOP RX?!?!

- There can not be a legitimate medical purpose for knowingly endangering a pt.
- Knowingly endangering a pt. is not consistent with the usual course of practice
- SO STOP RX and ...
 - Refer to SUD TX. OR offer inpt / residential detox. OR educate re: sns/sxs of W/D and see daily with opt or ambulatory detox.
 - Don't "buy off" with one last RX to go, or a 1 month taper ... if RX is dangerous we MUST stop RX.

Predicting Withdrawal Liability

- Can you stop using?
- When did you last stop?
- Did you get sick?
- Do you use eye-openers (or compulsively use even on days when you did not intend to do so)?
- UDS (***always***)

Predicting Withdrawal Syndrome

- Onset: Blood alcohol level and UDS tox results
- Intensity: Prior W/D SX, Current Dose, PMP and local Pharmacy profile
- Characteristics: Prior W/D SX
- Duration: T ½ of benzo or opioid, or any H/O prior Cat IV with alc or benzo W/D

Shorts v. Longs: T ½ of CRX

- Short T ½ benzos: Ativan, Xanax, Serax, Soma, butalbital
- Long T ½ benzos: Valium, Librium, clonazepam, clorazapate, Dalmane
- Long T ½ opioid: methadone/buprenorphine
- Short T ½ opioids: ALL THE REST (once you get past the ER/LA release system)

Benzo Withdrawal SNS/SXS

- Category I: Tachycardia, hypertension, hyperreflexia, tremors, diaphoresis, anxiety/insomnia, N/V
- Category II: Benign hallucinosis – (tactile or visual ... not auditory) with a clear sensorium
- Category III: Withdrawal seizures (“rumfits”)
- Category IV: Delirium tremens = hyperautonomic signs, global confusion, hallucinations

TOOLS to quantify W/D sns/sx :

- **CIWA-Ar**
- **CIWA-B**

Benzo W/D Symptoms for patients

- Tremors (**shakes**)
- Diaphoresis (**sweats**)
- Anxiety (**feeling anxious**)
- Insomnia (**trouble sleeping**)
- Nausea (**sick on the stomach**)
- Hallucinosis (**seeing or feeling things**)

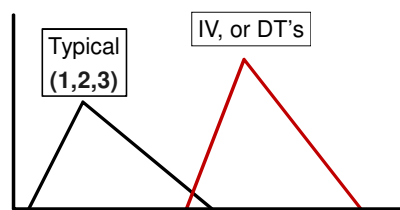
Opioid W/D SNS & SXS

- Insomnia, anxiety, head ache, dilated pupils, rhinorrhea, yawning, salivation
- Myalgias, arthralgias, muscle twitches, cramps, restlessness
- N / V / D / abdominal cramps
- Diaphoresis, piloerection, chills
- Typically mild increase in P and BP
- **TOOLS** to quantify opioid W/D sns/sxs:
 - **COWS or CINA**

Opioid W/D Sns/Sxs for patients

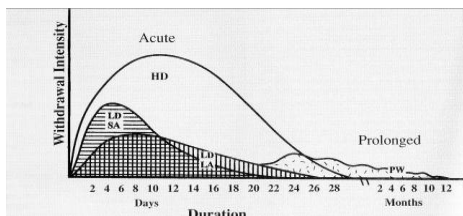
- Trouble sleeping
- Anxiousness and restless feelings
- Runny nose
- Aches and pains
- Feeling like throwing up
- Stomach cramps
- Cold sweats

Withdrawal Pharmacokinetics: Short acting benzos or opioids



W/D from long T_{1/2} benzos & opioids

- The onset and duration of withdrawal Sx for long half-life BZ and opioids: start within 2-3 days and lasting 12-20 days.



Sedatives-Hypnotics

Withdrawal

- Moderate to severe withdrawal syndrome can follow the ABRUPT discontinuation of:
 - long term (>6 months) typical therapeutic dose use
 - high dose (>2 times the high end of the therapeutic range) even for a duration of 6-8 weeks.

Mgmt of Acute Benzo Withdrawal

- Acute Detox – SHORT T_{1/2} agents
 - Utilize Detoxification protocols with either Phenobarbital, Carbamazepine, Valproic Acid, Gabapentin or Topiramate
 - Start maintenance therapy with anti-seizure/mood stabilizer for 6+ months
 - Use adjunctive agents

Benzo INPT W/D Mgmt:

Symptom Triggered Phenobarbital Protocol

- Pheno 30mg, PO Q4h PRN CIWA-B 6-7
- Pheno 60mg PO Q4h PRN CIWA-B 8-9
- Pheno 90mg PO Q4h PRN CIWA-B 10-18
- Pheno 130mg IM Q2h PRN CIWAB >18
- Check serum level as needed
- NO phenobarbital as an OPT
- GREAT for sort T $\frac{1}{2}$ benzos ... not long T $\frac{1}{2}$

Benzo OPT W/D Mgmt

- Carbamazepine 200mg BID, titrated up to 800mg/d based on daily visits
- Valproate 250mg BID, titrated up to 2000mg/d based on daily visits
- Gabapentin 200mg TID, titrated up to 2400mg/d based on daily visits
- Topiramate 25mg BID, titrated up to 300mg/d based on daily visits.
- Check serum level as needed, use adjunctive agents
- **NO** phenobarbital as an OPT

Mgmt of Acute Opioid Withdrawal

- Acute Detox – SHORT T_{1/2} opioids agent
 - Utilize Detoxification protocols with either
 - Clonidine
 - Tramadol
 - Buprenorphine (SL or IM)
 - Methadone (**ONLY** if you have a State and Federal methadone OTP license)
 - Use adjunctive agents

Clonidine detoxification

- Catapres patch .1-.2mg q.week X 3 weeks.
- Clonidine 0.1mg, ½ to 1 tab, po q4-6h PRN CINA >6 if SBP > 90 mmHG.
- Additional adjunctive medications.

Buprenorphine IM detoxification

Best approach for patients with severe chronic pain

- Buprenorphine 0.2-0.4 mg. IM q4h X 24h, then taper over a four to six day period.
- Initial dose of IM bup titrated to sx relief for 4h without sleepiness.
- Possible tapers: .4 - .3 - .2 - .1 Q4h X24h each, OR .3 X 48h - .2 X 48h - .1 X 48h.
- Adjunctive medications for PRN use.
- **Use ONLY in the inpatient setting**, with a legitimate acute or chronic pain diagnosis

Tramadol detoxification

- Now a CIII opioid so should be used inpatient or outpatient for > 72 hours only with a legitimate acute / chronic pain DX.
- Tramadol 100mg q6h X 36h, 100mg q8h X 36h, 50mg q6h X 24h, q8h X 24h, q12h X 48h, then D/C
- Clonidine .05-.1mg q6h prn CINA>5.
- Catapres .1-.2mg patch X 2weeks.
- Adjunctive medications for prn use.

SL buprenorphine detox

(THIS IS IT!!)

- As inpt OR opt, IF have DEA "X" waiver
- **EVERYONE** who RX opioids needs "X" waiver
- SL Bup 2-4mg TID X 3-7 days
- Taper 1 mg/ every 2-7days until off
- STOP SL bup
- Catapres patch .1-.2mg q.Wk throughout.
- Clonidine .05-.1mg po q2h prn CINA>5.
- Additional adjunctive medications.