

Detection and Management of Acute Opioid Withdrawal in Non-Pregnant Patients Prescribed Opioids for Chronic Pain

Context

Withdrawal occurs in patients taking opioids regularly when:

- the dose is reduced, missed or stopped
- the patient is given a partial agonist or antagonist that precipitates withdrawal
- opioids are switched or tapered
- the patient voluntarily stops opioids.

In patients with chronic pain, withdrawal may also occur between doses of opioid medications, often manifest as irritability and/or generalized pain prior to the next dose. This is particularly evident in the morning.

Note:

- Withdrawal does not necessarily indicate that the person is addicted. However, withdrawal does indicate physical dependence.
- It is sometimes difficult to discern who is misusing prescription opioids. Health care providers need to pay attention to all patients.

Signs/Symptoms

Description of Opioid Withdrawal:

Upregulated mu-opioid receptors that are not occupied by opioid agonists lead to autonomic hyperactivity, bowel hyper-motility, temperature instability, pain and a sense of impending doom.

Withdrawal is generally not associated with seizures in adults but is characterized by extreme agitation, aggression and irritability.

Signs:

Opioid withdrawal involves a constellation of symptoms. Typically withdrawal presents concurrently as several of the following:

- psychological symptoms (e.g., cravings, insomnia, fatigue)
- flu-like physical symptoms (e.g., myalgias, chills, nausea, diarrhea).

Objective signs of withdrawal are usually not present except on sudden cessation of high doses of opioids such as oral oxycodone formulations, heroin or parenteral hydromorphone. Objective signs include:

- agitation, restlessness
- tearing, yawning, runny nose
- vomiting
- sweating, piloerection (goose bumps)
- tachycardia, hypertension.

Physical symptoms begin from six to 24 hours after last use, peak in two to three days and largely resolve in five to 10 days.

Cravings, insomnia and dysphoria can last for weeks or months.



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Signs/Symptoms (cont'd)

Diagnosis of Opioid Withdrawal:

When considering a diagnosis of withdrawal in patients with chronic pain, be alert to the following:

- taking medication earlier than prescribed. This may be due to withdrawal.
- experiencing pain on waking up that is immediately relieved by opioids. This may be a symptom of withdrawal.
- experiencing withdrawal if doses of opioids are reduced due to administrative reasons (e.g., double doctoring, poor adherence).

Scales to rate the severity of withdrawal: [The Clinical Opiate Withdrawal Scale COWS](#).

The Subjective Opioid Withdrawal Scale can be filled out by patients.

Note: These scales only rate the symptoms and severity but do not guide the dose of medication.

Management/Treatment

Abrupt Cessation of Opioids (“Cold Turkey”)

People dependent on opioids may choose to abruptly stop using (“cold turkey”). While abrupt cessation is usually not medically dangerous, it may be very difficult to complete this process without support (medical or psychosocial). Relapse rates are high.

Note: Women who are pregnant should be advised to not quit abruptly due to the risk of miscarriage (see [Management of Opioid Dependence in Pregnancy and of Neonatal Abstinence Syndrome \(NAS\)](#)).

Opioid Tapering

Patients may be tapered over weeks to months as per the [Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain protocol](#).

Withdrawal management alone is often not sufficient to help people stay off opioids. They need active psychosocial and behavioural care and after tapering care to maintain abstinence and to address any ongoing pain problem.

Medical management of opioid withdrawal:

- NSAIDs for myalgias, headache and fever
- dimenhydrinate (Gravol) for nausea and vomiting
- loperamide (Imodium) for diarrhea and abdominal cramps
- benzodiazepines for acute anxiety
- trazodone for sleep disturbances
- fluids for maintaining hydration
- clonidine for managing the autonomic symptoms of opioid withdrawal. If taking clonidine, patients should be instructed not to lay in a hot bath due to the risk of fainting.

For detailed dosing protocols see CAMH’s [FAQ on Opioid Withdrawal](#).

All medications used to manage withdrawal are given orally. Patients should be monitored for side-effects.



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Key issues for consideration

- Withdrawal is extremely uncomfortable and not associated with severe complications except in neonates (see [Management of Opioid Dependence in Pregnancy and of Neonatal Abstinence Syndrome \(NAS\)](#)).
- Physicians should advise the patient of the risk of overdose and the signs and symptoms of intoxication from opioids should they relapse.
- Consider this an opportunity to refer to addiction treatment for opioid dependence if necessary.

Advice to family members and caregivers

- The patient should take medications as prescribed
- No unauthorized increases to the dose
- **Watch for sedation, slurred speech, slowed breathing. If they appear drowsy, don't let them fall asleep and get them to an ER by calling 911.**
- If the individual is already asleep and is making an unusual or loud snoring sound, this may be a sign of overdose. **Attempt to wake them and get them to an ER by calling 911.**

Note: Patients can be aggressive when in withdrawal. Maintain safety and request external help if necessary.



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Resources and links

Important Contact Information:

- [Ontario Poison Control Centre](#): (416) 813-5900 (local) or 1-800-268-9017
- [Addiction Clinical Consultation Service \(CAMH\)](#) 1-888-720-2227
- [Connex Ontario](#): 1-800-565-8603

Opioid Guidelines:

- [National Opioid Use Guideline Group \(NOUGG\) recommendations](#) (National Pain Centre@McMaster University)
- [Canadian Guideline Practice Toolkit for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain](#) (National Pain Centre@McMaster University)

Opioid Conversion:

- [Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, R13 Recommendation Statement: Opioid tapering and switching](#)
- [OPA and OMA Message to Pharmacists re Opioid Conversion, 2012-02-23](#)

Addiction Treatment and Protocols:

- [Primary Care Addiction Toolkit \(CAMH\)](#)
- [Overview of Methadone Maintenance Treatment \(CAMH KnowledgeX\)](#)
- [RNAO Best Practice Guideline: Supporting Clients on Methadone Maintenance Treatment](#) (available in English and French)
- [Suboxone withdrawal management protocol \(St. Joseph's Health Centre\)](#)
- [The Institute for Safe Medication Practices Canada \(ISMP\) Safety Bulletin on Drug Interaction Incident with HIV Post-exposure Prophylaxis, 2008-05-19](#)

Other:

- See the Ministry of Health and Long-Term Care's [Ontario's Narcotics Strategy homepage](#) for a list of resources and references.

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