



Monday through Friday
8:00 A.M. to 8:00 P.M.

Saturdays & Holidays
9:00 A.M. to 1:00 P.M.

Sundays & Christmas
Noon to 4:00 P.M.

IT'S ABOUT PAIN

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How to Reduce Your Dose of Opioid Medication

As we read about overdoses and deaths, most of us—patients and providers alike—think about reducing the doses. Sure, each patient is different, and some absorb pills more slowly (especially those who have had bariatric surgery for obesity or metabolize them faster. Nonetheless, I think **it's worthwhile for every patient to try to reduce her/his his dose of opioids.**

But our zeal to reduce doses should be tempered by not only the individuality of patients but also the fact that abruptly stopping opioids may trigger potentially serious withdrawal reaction (anxiety, palpitations, chest pain, diarrhea, etc). Therefore, doses must be reduced in relatively small increments, **generally 10% or less, with at least a few days or weeks on each dose in the downward taper.**

Reducing the dosage often (but not always) results in an increase in the pain itself. Fortunately there are a number of things the patient can do to improve the pain in such circumstances:

- 1. Add anti-inflammatories or analgesics.** Research at Mayo Clinic in 1974 showed that combining narcotics with aspirin or acetaminophen (APAP or Tylenol) could enhance pain relief. Hence Tylenol-codeine #3, Vicodin (hydrocodone-APAP), Percocet (oxycodone-APAP) may reduce opioid needs.
- 2. Add sleep aids.** Many patients with severe or chronic pain, can't sleep well. And lack of sleep generally aggravates pain. So, sleep aids can reduce pain and the requirement for pain medication. The choices include traditional sedatives like temazepam, herbals like melatonin, antihistamines like Benedryl and newer agents like Belsomra and Lunesta. Most authorities discourage the use of Ambien (zolpidem).
- 3. Add muscle relaxers.** Certainly pain commonly causes muscles adjacent to the injured joint or other site of pain, to go into spasm. Reducing the spasm can reduce the doses opioids.
- 4. Add antidepressants.** Patients with pain are often depressed by many losses—work, relationships, hobbies, careers, positive personality. Further, anger and frustration caused by conflicts with automobile or industrial insurance, are depressing. An injured David cannot compete with Goliath-like institutions. So, counselling or antidepressants can make it easier to reduce one's doses of opioids.
- 5. Try neuroleptics.** Sometimes spectacular relief can be achieved by adding in gabapentin (Neurontin) or pregabalin (Lyrica) or other similar medications that “calm” nerve endings.
- 6. Add therapies.** Physical, massage, and chiropractic treatments may help, but are costly (about \$100 per session) and generally are poorly covered by insurances.
- 7. Consider procedures:** Surgeries, ablations, epidural blocks, spinal cord stimulators and morphine/hydromorphone pumps can all reduce the doses of pain medication or facilitate tapering.