

Opioid tapering may improve outcomes for chronic pain sufferers

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Dose reduction may improve pain, function, and quality of life for patients prescribed long-term opioid therapy for chronic pain. Results of a systematic evidence review are published in *Annals of Internal Medicine*.

Approximately 10 million U.S. adults are prescribed long-term opioid therapy for chronic pain. This dramatic increase in opioid prescribing has been accompanied by increases in [opioid overdose](#). Expert guidelines recommend reducing or discontinuing long-term opioid therapy when risks outweigh the benefits, but evidence on the effects of dose reduction on patient outcomes had not been systematically reviewed.

Researchers at the Veterans Health Administration conducted a systematic review of 67 published studies to determine the effectiveness of strategies to reduce or discontinue long-term opioid therapy prescribed for chronic pain and the effect of dose reduction or discontinuation on important [patient outcomes](#). While the overall quality of the evidence was very low, fair-quality studies showed that opioid dose reduction was associated with improvements for outcomes such as pain, function, and quality of life.

The authors noted that there was inadequate evidence to assess the risks of opioid dose reduction. They recommended that, when possible, opioid tapering should be accompanied by multidisciplinary pain programs that incorporate behavioral interventions, such as [cognitive behavioral therapy](#) or mindfulness meditation.

Editorialists from the Centers for Disease Control and Prevention (CDC) caution that decisions to discontinue or reduce long-term opioid therapy should be made together with the patient. Clinicians have a responsibility to carefully manage opioid therapy and not abandon patients in [chronic pain](#). The CDC offers several resources to help physicians in primary care practice navigate pain

management and tapering of opioid therapy.

More information: *Annals of Internal Medicine* (2017).

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