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The conundrum of opioid tapering in long-term opioid therapy for chronic pain: A commentary.

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Abstract

BACKGROUND: In response to the opioid epidemic and new guidelines, many patients on high-dose long-term opioid therapy (LTOT) for chronic pain are getting tapered off opioids. As a result, a unique clinical challenge is emerging: although many on LTOT have poor pain control, functional decline, psychiatric instability, aberrancies, and misuse, these issues may often worsen with opioid tapering. Currently, a clear explanation and practical guidance on how to manage this perplexing clinical scenario is lacking.

METHODS: The authors offer a commentary with their perspective on possible mechanisms involved in this clinical phenomenon and offer practical management guidance, supported by available evidence.

RESULTS: It is not well recognized that allostatic opponent process involved in development of opioid dependence can cause worsening pain, functional status, sleep, and psychiatric symptoms over time, and significant fluctuation of pain and other affective symptoms due to their bidirectional dynamic interaction with opioid dependence ("affective dynamism"). These elements of complex persistent dependence (CPD), the gray area between simple dependence and addiction, can lead to escalating and labile opioid need, often generating aberrant behaviors. Opioid tapering, a seemingly logical intervention in this situation, may lead to worsening of pain, function, and psychiatric symptoms due to development of protracted abstinence syndrome. The authors offer practicing clinicians management principles and practical guidance focused on management of CPD in addition to chronic pain in these difficult clinical scenarios.

CONCLUSION: Awareness of the science of the neuroplasticity effects of repeated use of opioids is necessary to better manage these patients with complex challenges.

KEYWORDS: Chronic pain; long term opioid therapy; management; opioid dependence; opioid taper

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