

Tapering Medications

Q: What are examples of medications that need to be tapered?

- Methylprednisolone, Prednisone, Lorazepam, Opiates, some Antidepressants, and Anticonvulsants

Q: How do I know which medications have to be tapered down?

- Labeling (Methylprednisolone Dose Pack)
- Prescribing information and other medical literature
- Ask the prescriber, medical consultant, or consultant pharmacist

Q: What are the reasons to decrease doses by way of tapering?

- Prevent withdrawal
- Arrive at the lowest effective dose to minimize potential adverse medication events
- Adverse physiologic or pharmacologic effects
- Concern with worsening the condition being treated
- The medication has become ineffective and need to change to another medication

Q: How long does it take to complete tapering?

- It depends on the medication involved
- Methylprednisolone and Prednisone can be tapered in a matter of days
- Antidepressants, lorazepam, and anticonvulsants may take weeks
- Opiates may take months

Q: What factors need to be considered before tapering?

- How long the medication has been prescribed
- The medical and psychological status of the resident
- The therapeutic goals we want to achieve to either decrease the current dose, change, or discontinue the current medication

Q: What could be used as tapering schedules?

Methylprednisolone: Usually done with a decreasing dose regimen established at the initiation of therapy

Prednisone: Short-term use similar to Methylprednisolone; longer therapy will require decreases in 5mg increments (if taking 40mg or less daily). Once 20 mg daily is reached, decrease dose in 2.5 mg increments; then once 10 mg is achieved, decrease dose in 1 mg increments. Dose decreases would be done weekly until medication is discontinued

Tapering Medications, cont'd.

Benzodiazepines: This process may take weeks or months depending on the current dose being taken and the amount of time the medication has been used. General recommendations are a dose decrease by 10% to 25% each week. The use of benzodiazepines along with opiates will seriously complicate the tapering schedule as pain related behaviors may become problematic.

Antidepressants: Similar to benzodiazepine taper, this may take weeks or months depending upon how long the medication was used and the current dose. Most tapers can be accomplished in time increments of two to six weeks between reductions with dose reductions of 10% to 25% of the current doses.

Opiates: These are the most difficult medications to taper and can be complicated by other medications, prescribed and otherwise. One of the main issues with opiates is that these medications will require increases in doses to achieve the same effect (tolerance) and the tendency of the patient to exhibit behaviors designed to obtain more medication. Usually these medications, if taken for less than two weeks, can be simply stopped; longer term use will require a plan that can take weeks or months to complete and may require medical, psychological, and family support.

Q: What is withdrawal?

With benzodiazepines and opiates, either if used alone or used in combination, withdrawal will be a possibility of a tapering schedule.

Signs and symptoms of withdrawal include:

- Runny nose, watery eyes, and yawning
- Restlessness or anxiety
- Irritability or mood disturbances
- Increased pain
- Goose bumps on the skin, chills, or sweating
- Stomach cramps
- Nausea, vomiting, or diarrhea
- Muscle cramping or aches and joint pain
- Tremors or muscle twitching
- Rapid heart rate
- Blood pressure changes
- Trouble sleeping
- Thoughts of suicide

