

Opioid Withdrawal Syndrome in Older Adults

Background

Opioid withdrawal syndrome (OWS) can occur when prescribed opioids are abruptly discontinued, missed, delayed, or the dose is reduced (tapered) too quickly. OWS results from physical dependence, an expected physiologic response to ongoing opioid therapy, and is distinct from opioid use disorder (OUD).

Although generally not life-threatening, OWS can cause significant discomfort, worsen pain, impair function, and increase the risk of dehydration and falls in older adults. Early recognition and management are essential for resident safety and quality of care.

Signs and Symptoms

Category	Associated Symptoms
Autonomic	Sweating, chills, teary eyes, goosebumps, runny nose, tachycardia
Gastrointestinal (GI)	Abdominal cramps, nausea, vomiting, diarrhea
Musculoskeletal	Bone/joint pain, muscle cramps
Psychological	Anxiety, agitation, irritability, restlessness, insomnia, dysphoria, cravings
Other	Yawning, sneezing, tremor

Onset and Duration

Opioid withdrawal symptoms generally begin several half-lives after the last dose. Onset and duration vary based on opioid formulation, duration of use, dose, metabolism, and resident-specific factors.

Opioid Type	Typical Onset	Typical Duration
Short-Acting	6-12 hours	3-10 days
Long-Acting	1-3 days	> 10 days

Considerations in Older Adults

Withdrawal symptoms in older adults may be mistaken for delirium, infection, anxiety, medication-related adverse effects, or progression of cognitive impairment. Consider opioid withdrawal when residents experience unexplained GI symptoms, confusion, behavioral changes, falls, reduced oral intake, or functional decline following opioid therapy interruptions or dose reductions.

Assessment

- **Review Opioid History:** Formulation, dose, duration, time last dose, and recent dose changes
- **Assess Withdrawal Severity:** History and physical examination; consider a validated tool such as the [Clinical Opioid Withdrawal Scale \(COWS\)](#)
- **Evaluate Comorbidities and Concomitant Medications:** Medical and psychiatric conditions, renal and hepatic function, fall risk, and potential drug interactions
- **Rule Out Alternative Causes:** Infection, delirium, dehydration, medication adverse effects, uncontrolled pain, psychiatric conditions, or disease progression
- **Assess for Opioid Use Disorder (When Appropriate):** Review DSM-5 criteria, prior treatment history, and available psychosocial support

Management

Opioid Tapering and Dose Adjustment

Avoid abrupt opioid discontinuation. Taper plans should be individualized based on duration of opioid therapy, dose, treatment goals, functional status, and resident preferences.

If withdrawal symptoms emerge during a taper, consider:

- Pausing the taper
- Slowing dose reductions
- Returning to the last tolerated dose

Supportive Care

Symptom-directed treatments may improve comfort but do not address the underlying withdrawal process. The following treatment options for symptomatic therapy should be used with caution in older adults because of risks for sedation, falls, and drug interactions.

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Symptom	Possible Treatment Options
Nausea/Vomiting	Ondansetron
Diarrhea	Loperamide, bismuth subsalicylate
Aches/Pain	Acetaminophen, NSAIDs when clinically appropriate
Autonomic	Clonidine, lofexidine
Insomnia	Melatonin; consider risks before sedating agents
Dehydration	Fluids, electrolyte replacement

Medication Management of Opioid Withdrawal

Withdrawal management alone is associated with high rates of return to use, overdose, and mortality, whereas transitions to medications for opioid use disorder (MOUD) are associated with improved outcomes. For residents with moderate-to-severe opioid withdrawal, buprenorphine and methadone are first-line treatments and are more effective than non-opioid therapies for reducing withdrawal symptoms and improving treatment retention and completion. Treatment decisions should consider clinical situation, comorbidities, treatment goals, care setting, and available monitoring resources.

Follow-up and Monitoring

Effective transitions of care following opioid withdrawal are critical to reducing opioid use recurrence, overdose, and mortality. During transitions, ensure receiving care teams are well informed of the resident's opioid treatment plan.

During transition of care, monitor for:

- Improvement or worsening of withdrawal symptoms
- Need for taper modifications
- Medication adverse effects
- Pain control and functional status
- Need for escalation of care

Did You Know?

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References

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