

2012  
 191  
 2017. M  
 255

A  
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A  
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- O
- R
- P
- HHS

This HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics provides advice to clinicians who are contemplating or initiating a reduction in opioid dosage or discontinuation of long-term opioid therapy for chronic pain. In each case the clinician should review the risks and benefits of the current therapy with the patient, and decide if tapering is appropriate based on individual circumstances.

C  
 2,3,4  
 M  
 CDC Guideline for Prescribing Opioids for Chronic Pain<sup>2</sup>  
 VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain<sup>3</sup>

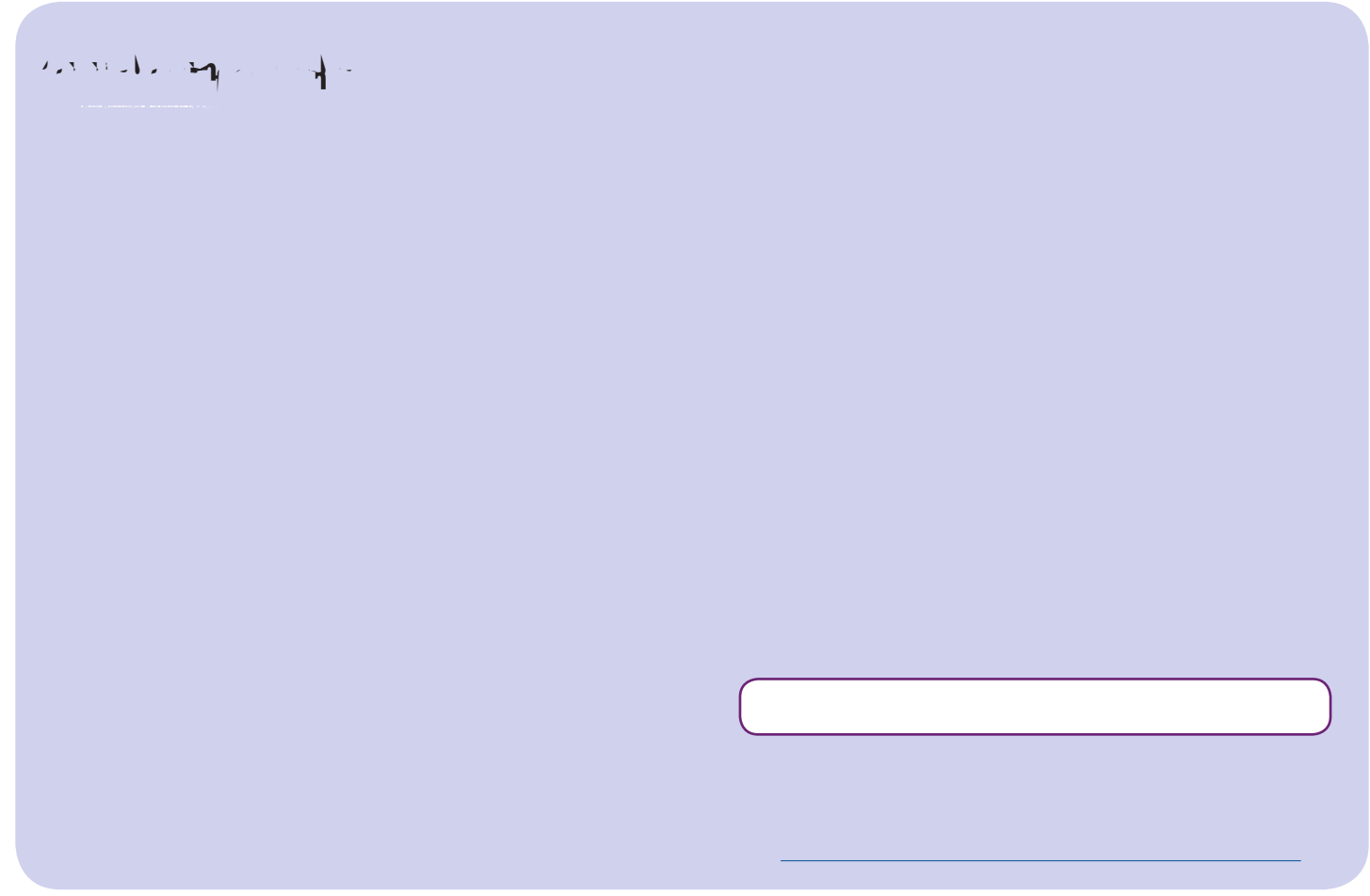




## Handwritten notes: Handwritten notes

- **Slower tapers** (e.g., 10% taper)
  - Tapering 5% to 20% over 4 weeks
  - Tapering 10% over 4 weeks
- **Faster tapers**
  - Tapering 10% to 30% over 10 days
  - Tapering 10% over 7 days

- **A** (e.g., 2P)
- **T** (e.g., 3,5)
- **O** (e.g., 2,5,7)
- **M** (e.g., 2-3, 16)
- **S** (e.g., 2,7)
- **should not be used.**<sup>2</sup>





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The U.S. Department of Health and Human Services Working Group on Patient-Centered  
Redesign of the Department of Labor's Occupational Safety and Health Agency, chartered by the  
Assistant Secretary for Health Administration, GAO, to develop the following:

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