

Dr. Andie Bains: Finding the sweet spot in a patient's taper



I inherited a patient who was on a complicated cocktail of meds.

She'd been on really high doses of hydromorphone for her whole life, about 30 years. She's been involved in lots of chronic pain clinics, has seen lots of specialists, has had lots of surgeries for musculoskeletal system problems (the source of her pain).

When all the information about overuse of opioids started coming out a few years ago, her previous family doctor started to taper her. She'd been stable for about 30 years at extremely high doses, but was functioning extremely well.

With the taper, she was getting lots of increased pain symptoms, and felt like she had no quality of life, as she could no longer do anything. She stayed in bed all day.

When her previous family doctor retired, she came to me on a complicated cocktail of long-acting hydromorphone, short-acting hydromorphone, short-acting tramadol, and Percocet. I think the goal was to switch her to tramadol as opposed to hydromorphone, but it wasn't going well.

We did continue to taper, and got her down to one-tenth of what she'd grown accustomed to taking. We also cleaned up her medication profile and decided the tramadol

transition wasn't benefiting her, so we converted all the opioids she was on back to long-acting hydromorphone, and it simplified things a lot.

We decided for the time being that we're not going to continue to taper - we're happy with the huge decrease we've made in her opioid intake.

In fact, since the all-time low dosage, we've increased her hydromorphone a bit, because she said the taper down to 90% really impacted her ability to function.

Now she's in a place where she can do things, she can live her life. She still has pain, but she's a lot more functional.

We have been able to talk about Suboxone now, as she feels safe and comfortable knowing she isn't going to be cut off. She isn't ready for this step but isn't afraid to think about it.