Opioid Withdrawal Support/Comfort Medications

Patient Counseling

* These medications are meant to be short term while getting started on buprenorphine/Suboxone or preparing to transition to IM naltrexone/Vivitrol. Many are safe for a short duration but have negative long term side effects with chronic use.
* Start withdrawal comfort/support medications prior to stopping your primary opioid. If needed, can continue them for the first 1-2 weeks on buprenorphine or Vivitrol.

Agents

Autonomic sx (sweating, tachycardia)

* Clonidine 0.1-0.2mg q6-8 hours. Taper to stop. Hold if BP<90/60
* Alternatives
  + Baclofen 5mg TID. Can continue after acute withdrawal possibly to help cravings, then taper.
  + Gabapentin 300mg TID (or lower), can increase to max 2100mg divided BId or TID. Also helps with anxiety, pain.
  + Tizanidine 4mg TID, can increase to 8mg TID
* Notes do not give tizanidine and clonidine together

Anxiety, dysphoria, lacrimation, rhinorrhea

* Hydroxyzine 25-50mg TID prn
* Diphenhydramine 25mg QID prn
* Notes long term use has negative impacts on cognition

Myalgias

* Naproxen 375-500mg BID or ibuprofen 600mg QID prn
* Acetaminophen 650mg q6 hours prn
* Topical menthol, capsaicin, lidocaine

Sleep disturbance

* Trazodone 25mg-300mg qHS
* Alternative
  + Mirtazapine (especially if depression, meth use)

Nausea - most prominent in people who have been opioid naive for period of time

* Ondansetron 4mg q8 hours
* Prochlorperazine 5-10mg q4 hours
* Promethazine 25mg q6 hours

Abdominal cramping

* Dicyclomine 20mg q8 hours

Diarrhea

* Loperamide 4mg initially, then 2mg with each loose stool. Max 16mg total daily.
* Bismuth subsalicylate 524mg q hour, max 4192mg total daily