

Tapentadol suggested tapering regime

This document is to be used in conjunction with the following guidance document:

[Analgesic Tapering Guidelines for adult patients with persistent pain patients taking strong opioids and/or gabapentinoids.](#)

Tapentadol is an opioid licenced in the UK for moderate to severe acute pain which can be managed only with opioid analgesics.

25mg of oral tapentadol is approximately equivalent to 10mg of oral morphine¹.

As with all opioids, the dose used should be the lowest possible for benefit, for the shortest possible time.

Long term use of opioids in non-malignant pain (longer than 3 months) carries an increased risk of dependence and addiction, so at the end of treatment the dosage should be tapered slowly to reduce the risk of withdrawal effects; tapering from a high dose may take weeks or months.

Only modified release formulations of tapentadol are licensed for chronic pain. Modified release formulations of tapentadol should be taken at 12hourly intervals. Palexia SR[®] modified release tablets are available in the following strengths; 50mg, 100mg, 150mg, 200mg and 250mg.

Dose changes should be individualised to the person. There are no recommendations as to the speed of reduction. A suggested regime for a patient who is already taking tapentadol MR 250mg twice daily is included on page 2. If the patient is taking a lower dose than tapentadol MR 250mg BD then start the process further down the table and follow the suggested tapering guidance.

Before starting:

- Where possible, ensure any reduction is discussed and agreed with the patient.
- Agree the speed of dose reduction with the patient.
- Typically, one change per week is recommended. Some patients will need space to acclimatise to the new dose so the dose changes may be every one to two weeks. Inform the patient that reduction can be slowed but not reversed.
- Dose changes should be individualised to the person, and made not more frequently than weekly.

Agreed dose reduction interval: weekly, fortnightly, monthly**Enter the table at the appropriate dose level**

Tapentadol (Palexia SR[®]) modified release tablets are available in the following strengths 50mg, 100mg, 150mg, 200mg and 250mg. Doses should be at 12hourly intervals.

Change (e.g. weekly / fortnightly / monthly)	Morning Tapentadol MR dose	Evening Tapentadol MR dose
1	200mg	250mg
2	200mg	200mg
3	150mg	200mg
4	150mg	150mg
5	100mg	150mg
6	100mg	100mg
7	50mg	100mg
8	50mg	50mg
9	STOP	50mg
10	STOP	STOP

Notes

- Tapentadol can be difficult to reduce, due to its dual action as an opioid and noradrenaline reuptake inhibitor (making its effects less predictable).
- It is suggested doses are “see-sawed” down, i.e. different morning and evening doses in the reduction regime.
- In the instance a someone finds reducing Tapentadol too difficult, they could be considered (if appropriate) for conversion to the oral morphine equivalent dose to enable more gradual tapering. If converting to morphine, consider referring to the “Consolidating Opioids” document.
- The Faculty of Pain Medicine recommends reducing opioids by no more than 10% every 1-2 weeks.²
- In the UK there are no readily available MR tapentadol preparations to allow this approach throughout the reducing regime.
- This leads to a larger reduction as the regime progresses.
- This may mean that some patients want to slow the speed of the reduction as the regime progresses

References

1. [Dose equivalents and changing opioids | Faculty of Pain Medicine \(fpm.ac.uk\)](#) accessed 19/3/21
2. [Tapering and stopping | Faculty of Pain Medicine \(fpm.ac.uk\)](#) accessed 19/3/21