Tramadol 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 taking strong opioids and/or gabapentinoids.

Tramadol is an opioid licenced in the UK for moderate to severe pain. Its maximum licenced adult dose is 400mg in 24 hours.[1] As with all opioids, the dose used should be the lowest possible for benefit for the shortest possible time. The aim is to avoid longer term adverse effects. When reducing, withdrawal effects can be similar to other opioids. As well as acting on μ (pain) receptors, tramadol is a weak serotonin and noradrenaline (SNRI) reuptake inhibitor. Tramadol leads to an increased risk of serotonin syndrome when taken with SSRIs or SNRIs.[2] Therefore, it should not be used in combination with any SSRI or SNRI. Concomitant use of tramadol with MAO inhibitors, tricyclic antidepressants or mirtazapine may cause serotonin toxicity.[3]

100mg oral tramadol is equivalent to approximately 10mg of oral morphine.[4]

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 takes weeks or months.

Dose changes should be individualised to the person. There are no fixed recommendations as to the speed of reduction. It is suggested changes should not be more frequently than weekly. Typically, one change per week is recommended

A suggested regime for a patient who is already taking tramadol 100mg 4 times daily is shown on page 2. If the patient is taking a lower dose than 100mg QDS then start the process further down the table and follow the suggested tapering guidance.

This suggested regime is for immediate release tramadol formulations. If the patients takes a modified release (SR twice daily or XL once daily) formulation of tramadol, convert them a to short acting immediate release preparation.

Before starting:

- Where possible, ensure any reduction is discussed and agreed with the patient.
- Agree the speed of dose reduction with the patient. Many will want to reduce quickly with a view to stopping over one month, but this may be too fast for some patients. Some 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.

- If it is agreed to reduce to stop over one month, a dose reduction is made twice a week, e.g., Mondays and Thursdays.

Agreed dose reduction interval: weekly/ fortnightly				
Change	***Morning Tramadol dose***	***Midday Tramadol dose***	***Afternoon Tramadol dose***	***Evening Tramadol dose***
1	100mg	50mg	100mg	100mg
2	100mg	50mg	50mg	100mg
3	50mg	50mg	50mg	100mg
4	50mg	50mg	50mg	50mg
5	50mg	0mg	50mg	50mg
6	50mg	0mg	0mg	50mg
7	0mg	0mg	0mg	50mg
8	0mg	0mg	0mg	0mg

Notes

- The Faculty of Pain Medicine recommends reducing opioids by no more than 10% every 1-2 weeks.[5]
- In the UK there are no readily available tramadol preparations to allow this approach.
- 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. TRAMADOL HYDROCHLORIDE | Drug | BNF content published by NICE
2. The Mechanism for Tramadol (Ultram) Induced Risk of Serotonin Syndrome in Patients Taking SSRI Antidepressants (ebmconsult.com)
3. https://www.medicines.org.uk/emc - search each individual medicine for summary product characteristics
4. Dose equivalents and changing opioids | Faculty of Pain Medicine (fpm.ac.uk)
5. Tapering and stopping | Faculty of Pain Medicine (fpm.ac.uk)