

Codeine 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

Codeine is an opioid licenced in the UK for acute diarrhoea, dry or painful cough and mild to moderate pain.

Although often classified as a 'weak opioid', when taken at the maximum licenced adult dose of 240mg in 24 hours¹ this is equivalent to approximately 24mg of oral morphine¹ per day.

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.

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 codeine 60mg 4 times daily is included below. If the patient is taking a lower dose than 60mg QDS 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. Some patients may want to reduce quickly with a view to stopping over one month, but this is too fast for most patients.
- 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.
- Codeine phosphate tablets are available as 15mg, 30mg and 60mg tablets. It is suggested that the prescription is converted to the most appropriate tablet strength in the same total daily dose before tapering commences. The number of tablets can then be reduced in line with the doses suggested in the table.

| Agreed dose reduction interval: weekly / fortnightly | | | | |
|---|-----------------------------|----------------------------|-------------------------------|-----------------------------|
| Change | Morning Codeine dose | Midday Codeine dose | Afternoon Codeine dose | Evening Codeine dose |
| 1 | 60mg | 45mg | 60mg | 60mg |
| 2 | 60mg | 45mg | 45mg | 60mg |
| 3 | 45mg | 45mg | 45mg | 60mg |
| 4 | 45mg | 45mg | 45mg | 45mg |
| 5 | 45mg | 45mg | 30mg | 45mg |
| 6 | 45mg | 30mg | 30mg | 45mg |
| 7 | 30mg | 30mg | 30mg | 45mg |
| 8 | 30mg | 30mg | 30mg | 30mg |
| 9 | 30mg | 15mg | 30mg | 30mg |
| 10 | 30mg | 15mg | 15mg | 30mg |
| 11 | 15mg | 15mg | 15mg | 30mg |
| 12 | 15mg | 15mg | 15mg | 15mg |
| 13 | 15mg | 0mg | 15mg | 15mg |
| 14 | 15mg | 0mg | 0mg | 15mg |
| 15 | 0mg | 0mg | 0mg | 15mg |
| 16 | 0mg | 0mg | 0mg | 0mg |

Notes

- 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 codeine 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 \(fpm.ac.uk\)](https://www.fpm.ac.uk/dose-equivalents-and-changing-opioids/) accessed 19/3/2021
2. [Tapering and stopping | Faculty of Pain Medicine \(fpm.ac.uk\)](https://www.fpm.ac.uk/tapering-and-stopping/) accessed 15/3/21