# Medications to Treat Opioid Withdrawal Symptoms

Sometimes medications can be used to help mitigate the symptoms of opioid withdrawal. These medications should be used sparingly and with caution. Ideally if the taper is slow enough, patients are experiencing minimal and tolerable opioid withdrawal and don’t need adjunctive medication. Be wary of using addictive medications, like benzodiazepines and/or cannabis to help patients get off of opioids. This can lead to patients becoming dependent on and addicted to another set of medications.

<table>
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<th>INDICATION</th>
<th>TREATMENT OPTIONS</th>
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| Autonomic symptoms (sweating, tachycardia, myoclonus) | **FIRST LINE**  
- **Clonidine** 0.1 to 0.2 mg oral every 6 to 8 hours; hold dose if blood pressure <90/60 mmHg (0.1 to 0.2 mg 2 to 4 times daily is commonly used in the outpatient setting)  
  - Recommend test dose (0.1 mg oral) with blood pressure check 1 hour post dose; obtain daily blood pressure checks; increasing dose requires additional blood pressure checks  
  - Re-evaluate in 3 to 7 days; taper to stop; average duration 15 days  
- **Clonidine** 0.1 to 0.2 mg 2 to 4 times daily is commonly used in the outpatient setting  
- **Baclofen** 5 mg 3 times daily may increase to 40 mg total daily dose  
  - Re-evaluate in 3 to 7 days; average duration 15 days  
  - May continue after acute withdrawal to help decrease cravings  
  - Should be tapered when it is discontinued  
- **Gabapentin** start at 100 to 300 mg and titrate to 1800 to 2100 mg divided in 2 to 3 daily doses*  
  - Can help reduce withdrawal symptoms and help with pain, anxiety, and sleep  
- **Tizanidine** 4 mg three times daily, can increase to 8 mg three times daily |
| Anxiety, dysphoria, lacrimation, rhinorrhea |  
- **Hydroxyzine** 25 to 50 mg three times a day as needed  
- **Diphenhydramine** 25 mg every 6 hours as needed** |
| Myalgias |  
- **NSAIDs** (e.g., naproxen 375 to 500 mg twice daily or ibuprofen 400 to 600 mg four times daily)***  
- **Acetaminophen** 650 mg every 6 hours as needed  
- **Topical medications** like menthol/methylsalicylate cream, lidocaine cream/ointment |
| Sleep disturbance |  
- **Trazodone** 25 to 300 mg orally at bedtime |
| Nausea |  
- **Prochlorperazine** 5 to 10 mg every 4 hours as needed  
- **Promethazine** 25 mg orally or rectally every 6 hours as needed  
- **Ondansetron** 4 mg every 6 hours as needed |
| Abdominal cramping |  
- **Dicyclomine** 20 mg every 6 to 8 hours as needed |
| Diarrhea |  
- **Loperamide** 4 mg orally initially, then 2 mg with each loose stool, not to exceed 16 mg daily  
- **Bismuth subsalicylate** 524 mg every 0.5 to 1 hour orally, not to exceed 4192 mg/day |

*Adjust dose if renal impairment; **avoid in patients > 65 years old; ***caution in patients with risk GI bleed, renal compromise, cardiac disease