THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

ANALGESICS

Deprescribing in older people: A clinical practice guideline

dRx™

ANALGESICS

Opioids:

Alfentanil, buprenorphine*, codeine, aspirin with codeine, ibuprofen with codeine, paracetamol with codeine*, fentanyl, hydromorphone, methadone, morphine, oxycodone*, oxycodone with naloxone*, pethidine, remifentanil, tapentadol*, tramadol*, tramadol with paracetamol

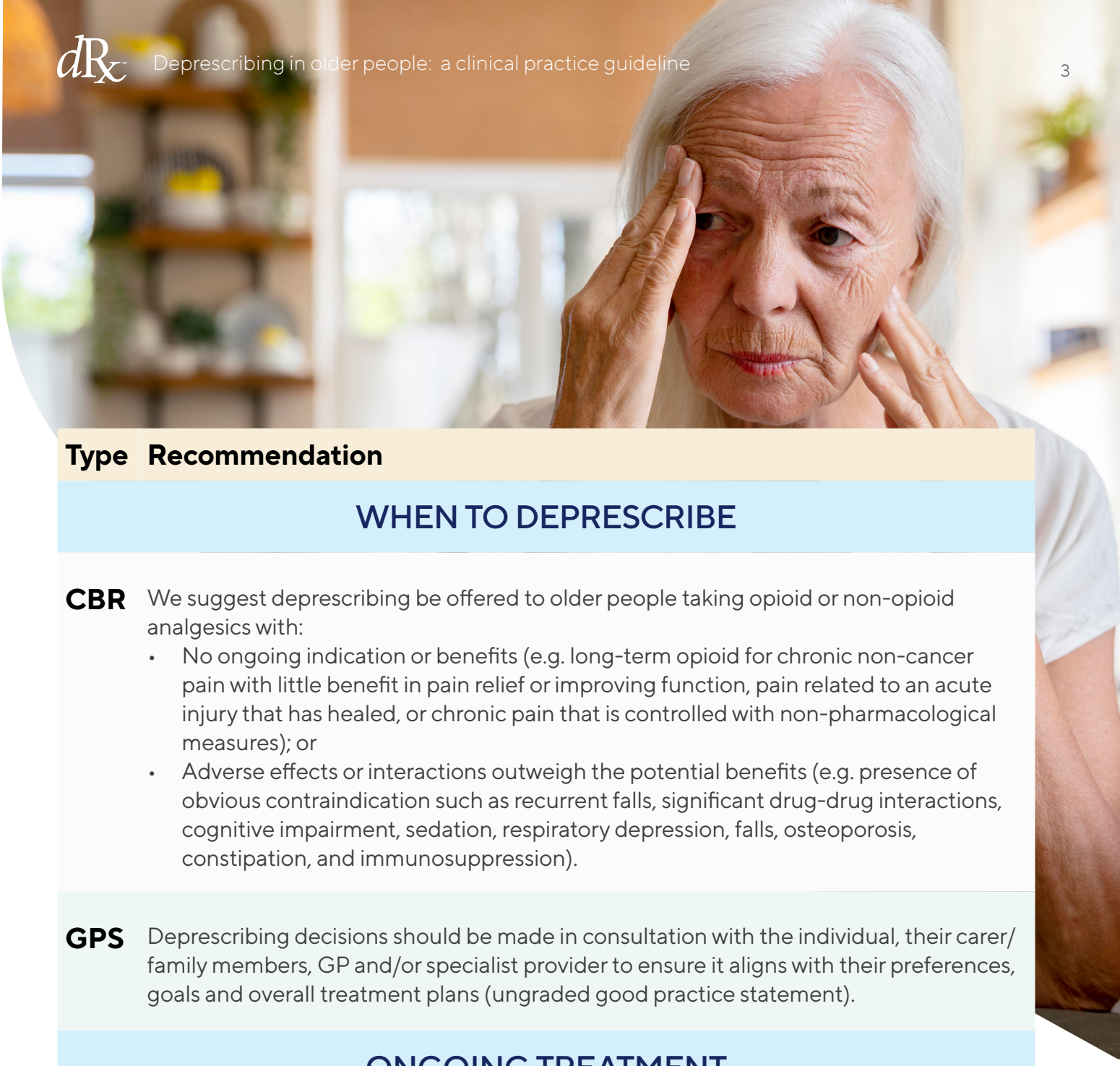
Other analgesics and antipyretics:

Aspirin, paracetamol*, paracetamol with ibuprofen, cannabinoid

Gabapentinoids:

Pregabalin*, gabapentin

*Common Pharmaceutical Benefits Scheme medicines



Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing be offered to older people taking opioid or non-opioid analgesics with: • No ongoing indication or benefits (e.g. long-term opioid for chronic non-cancer pain with little benefit in pain relief or improving function, pain related to an acute injury that has healed, or chronic pain that is controlled with non-pharmacological measures); or • Adverse effects or interactions outweigh the potential benefits (e.g. presence of obvious contraindication such as recurrent falls, significant drug-drug interactions, cognitive impairment, sedation, respiratory depression, falls, osteoporosis, constipation, and immunosuppression).
GPS	Deprescribing decisions should be made in consultation with the individual, their carer/family members, GP and/or specialist provider to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	If deprescribing is unsuccessful despite multiple attempts, we suggest maintaining the lowest effective dose, but we suggest reassessing the need for long-term therapy at least annually. We suggest appropriate non-pharmacological therapies and/or safer alternatives be considered and offered.
GPS	For older people using opioid analgesics to manage cancer-related pain in the palliative stage, healthcare providers should consider seeking input from palliative care providers (ungraded good practice statement).

CBR, consensus-based recommendation; GPS, good practice statement

HOW TO DEPRESCRIBE

CBR

Non-opioids (excluding paracetamol)
We suggest individualising the tapering schedule and adjusting it according to the individual's response to establish the lowest effective dose if therapy continuation becomes necessary. In general, we suggest reducing the non-opioid analgesic dose gradually every 2-4 weeks.

Non-opioid (paracetamol)
We suggest tapering may not be needed for paracetamol. However, tapering may be required to establish the lowest effective dose if therapy continuation becomes necessary.

GPS

Opioids (ungraded good practice statements)
For people taking opioids for < 12 months, healthcare providers should consider gradually reducing by 5-10% of the morphine equivalent dose or 10-25% of the opioid dose every **week**. If symptoms recur, return to the previously tolerated dose until symptoms resolve and plan for a more gradual taper.

For people taking opioids for 12 months or more, healthcare providers should consider gradually reducing by 5-10% of the morphine equivalent dose or 10-25% of the opioid dose every **month**. If symptoms recur, return to the previously tolerated dose until symptoms resolve and plan for a more gradual taper.

Healthcare providers should consider advising people of the increased susceptibility to opioid overdose or opioid poisoning during dose tapering due to a change in opioid tolerance, and that extra caution is required, especially if returning to doses prior to deprescribing.

GPS

Healthcare providers should consider offering non-pharmacological interventions (e.g. pain management services, walking programs), referrals to relevant allied health professionals, and psychological support as part of the management plan as appropriate. If pharmacological treatment is clinically indicated, a stepwise approach to pain management should be adopted with consideration given to on-demand or intermittent dosing of simple analgesics when appropriate (ungraded good practice statement).

CBR, consensus-based recommendation; GPS, good practice statement

MONITORING

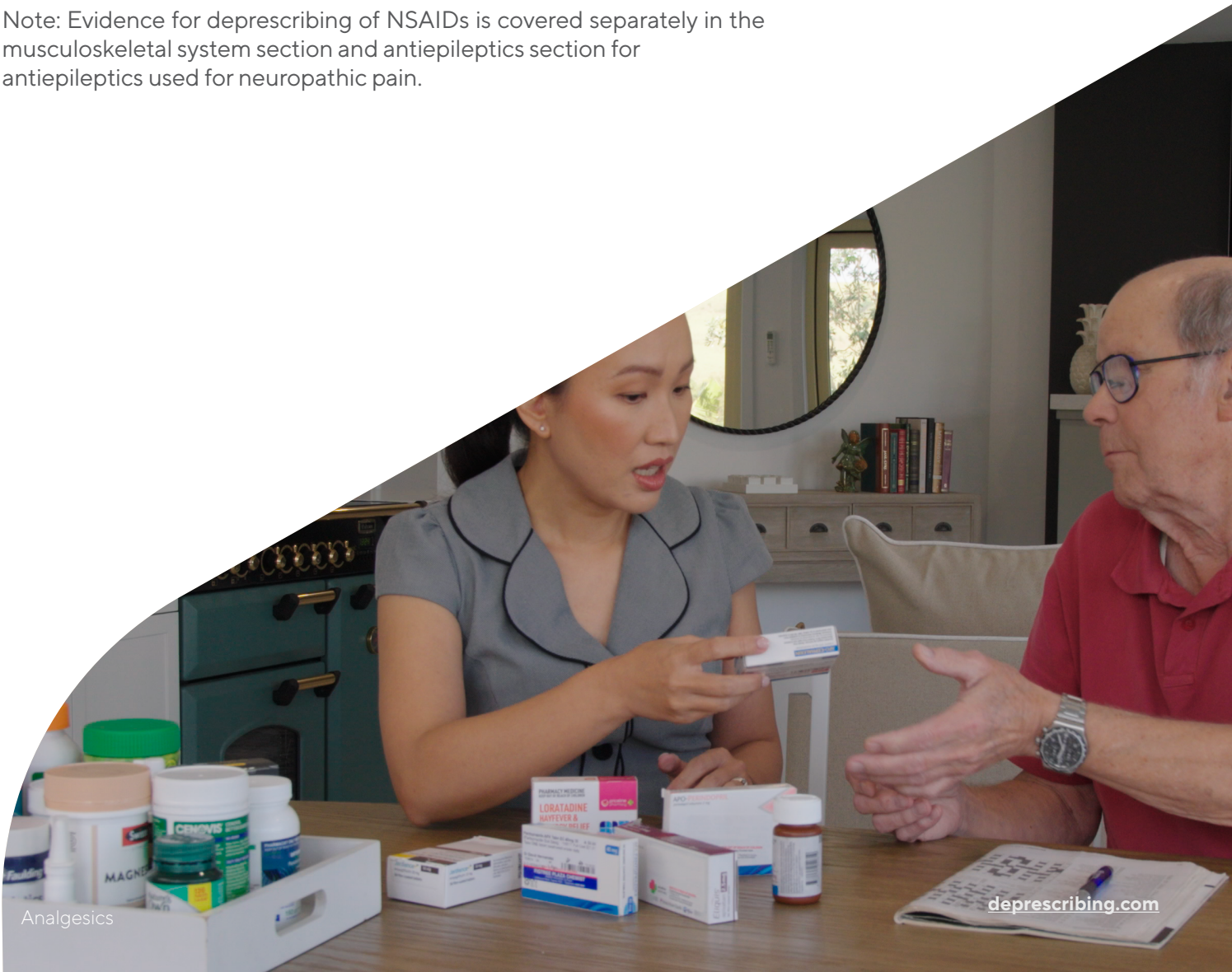
CBR We suggest closely monitoring for pain, functional status, and quality of life every two weeks until at least four weeks after the medicine is fully ceased if practical. After this initial period, we suggest monthly monitoring for at least three months, followed by monitoring every six months thereafter to maintain therapeutic relationships with the individuals. This should be tailored based on individual factors such as their preferences, responses and tolerance to deprescribing.

If in-person visits are impractical, we suggest advising people to report symptoms as needed.

GPS Healthcare providers should use validated assessment tools to evaluate changes in pain severity, functional status, and quality of life (ungraded good practice statement).

CBR, consensus-based recommendation; GPS, good practice statement

Note: Evidence for deprescribing of NSAIDs is covered separately in the musculoskeletal system section and antiepileptics section for antiepileptics used for neuropathic pain.



Analgesics

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

Suggested citation: Quek HW, Reus X, Lee K, Etherton-Beer C, Page A on behalf of the Guideline Development Group. Deprescribing in older people: A clinical practice guideline. Perth: The University of Western Australia; 2025.