Choose Help...

John Lee

HOW TO QUIT TRAMADOL

TAPERING ADVICE AND WITHDRAWAL SYMPTOMS MANAGEMENT

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CHAPTER 1

INTRO

If you want to quit tramadol, this guide is for you. Here's the current situation – no authoritative health source offers comprehensive guidelines on withdrawing from tramadol and most of what's available from such sources is simply a derivative or reproduction of the manufacturer's package insert.

It's hard to find satisfactory answers to even very basic tramadol tapering questions. The manufacturers recommend tapering over sudden stoppage, but unhelpfully *provide no guidance whatsoever on how to do it* (should you taper the same way as for an opioid or as for an antidepressant?) So if you're tramadol-dependent, you and your doctor are left to fend for yourselves when it comes time for discontinuation.

This guide will provide the valuable information you need to overcome your dependence. It's designed to be a practical how-to manual on safely withdrawing from tramadol while minimizing your withdrawal symptoms; it also provides advice on coping with the withdrawals you may still experience, even with a sensible tapering regimen.

I compiled the information in this book from a mixture of anecdotal (internet forums) and authoritative sources (peer-reviewed journals and government agencies). Use this information as a basis for informed discussions with your

doctor on how to get off tramadol as safely and comfortably as possible. Read this book to learn:

- How tramadol works
- What to expect during withdrawal and how to taper to minimize your withdrawal symptoms
- Coping strategies to handle withdrawal symptoms, including detailed sections on tramadol-induced restless legs and the hated brain zaps
- How to deal with chronic pain during tapering and withdrawal
- Cold-turkey options - medical detox and ultra rapid detox (are these really a good idea?)
- How to diagnose the severity of your addiction
- Professional detox and treatment options
- Alternative treatment options
- And much more

This manual is the most comprehensive and user-level manual on tramadol withdrawal in existence today. However, what we know isn't yet half of what we need to know, so this book will grow as a living document, to be changed and updated as the knowledge base expands over time. Much of what we know about tramadol withdrawal comes from everyday users and their experiences, so if you have helpful information, or can disprove anything in this book, please contact me at *john@choosehelp.com*, so I can revise this manual as needed.

Sincerely,
John Lee
Editor at *ChooseHelp.com*

DISCLAIMER

Please do not make health decisions based solely on the information from this book. Do not take the contents of this text as medical advice. This guide should serve as an educational reference only. Tramadol use, abuse and withdrawal can cause some very serious medical issues. A layperson (not a doctor or medical professional) compiled this information. You have a unique history, physiology and general health status and you need to make health decisions based on the judgment and expertise of a medical professional who has considered your unique situation. Read this, get educated - and then use your knowledge as the basis for an informed discussion about your options with your doctor.

CHAPTER 2

HOW TRAMADOL WORKS AND THE RISKS OF USE

IN THIS CHAPTER

How harmful is tramadol abuse – what's it really doing in your body and are you going to suffer long-term physical health consequences from your habit? If you're a chronic user, you've probably wondered about the dangers, so read on to learn more about what tramadol does in your brain and body and about the health risks associated with acute and chronic use, specifically:

- How tramadol works in the brain
- Tramadol's addiction potential and how it compares to drugs like oxycodone
- Seizure risks and what exacerbates these risks
- Overdose signs and treatments
- Serotonin syndrome signs and treatments
- Tramadol and neonatal abstinence syndrome
- Tramadol's effects on sleep, its negligible cancer profile and the potential for organ damage

HOW DOES TRAMADOL WORK IN THE BRAIN?

Reading the complex neuroscience behind tramadol can be tough-going, but it's a good idea to gain at least a basic idea of what it's doing in your brain. Here's a very brief overview of the medication's two primary modes of action.

Disconcertingly, scientists don't have a total understanding of how tramadol works. Consider this quote from the medication insert, "Tramadol hydrochloride is a centrally acting synthetic opioid analgesic. Although its mode of action is not completely understood."[1]

BUT HERE'S WHAT IS KNOWN:

Tramadol influences two primary brain systems:

1. The opioid system - by binding with u-opioid receptors
2. The monoamine system - by inhibiting the reuptake of serotonin and norepinephrine

Tramadol is partially metabolized in the liver by the enzymes CYP2D6 and CYP3A4. The tramadol metabolized by CYP2D6 becomes a substance called O-Desmethyltramadol. Both the original tramadol compound and O-Desmethyltramadol stimulate u-opioid receptors in the brain, though the O-Desmethyltramadol has 6 times the affinity for these receptors than the original compound.

For analgesia (and intoxication) both the opioid and serotonin/ norepinephrine systems are important. We know this because blocking opioid receptor activation with naloxone does not completely eliminate analgesia or abuse potential.

THE ACUTE AND CHRONIC RISKS OF TRAMADOL ABUSE

Though tramadol isn't as risky or harmful as full-agonist opioids, with short or long-term abuse you are at risk of some serious health consequences.

ADDICTION

If you take tramadol chronically you will develop a physical dependence and will experience withdrawal symptoms should you stop taking the drug too suddenly.

You are also at risk of addiction, which is distinct from physical dependence - especially if you ever take more tramadol than prescribed for pain management or if you ever take tramadol just to feel good.

SYMPTOMS OF TRAMADOL ADDICTION INCLUDE:

- A loss of control over your tramadol use (for example, being unable to manage your supply of medication to last between prescriptions).
- Compulsive use
- Using tramadol for non-medical reasons (to get high)
- Continuing to use tramadol despite being aware that it does you harm or risks you harm (examples could include excessive financial harms, risks of overdose, a failure to meet responsibilities, legal problems, etc.)
- Craving tramadol[2]

Tramadol was originally touted as a drug with significantly less abuse and addiction potential than comparable full-agonist opioids. While it's still considered less addictive than full-opioids the FDA now acknowledges tramadol's abuse risk and advises against prescribing this drug to people considered addiction prone or those who abuse alcohol.

If you think you're addicted, Self-Test Your Addiction Severity and learn about why you might benefit from addiction treatment.

STUDY: COMPARING TRAMADOL'S ABUSE RISK TO OXYCODONE'S

In a study of abuse potential, researchers at the University of Kentucky College of Medicine compared tramadol, codeine, oxycodone and a placebo to see how much drug abusers liked each substance (they didn't know what they were taking) and to see how hard they would work for further doses.

FOR THE STUDY:

- All subjects were non opioid-dependent recreational opiate abusers.
- To test the three different drugs, all subjects came in seven times for two day experimental procedures. On each first day, researchers gave each subject one of the four substances; the subjects then rated this drug for recreational likeability and learned they'd be working the next day to earn doses of this substance.
- On each second day, subjects came back in and worked (through button clicking exercises) to earn small doses of the same drug.

THE RESULTS:

- Subjects did not like the placebo and would not work for it.
- On a scale to 100, when rating how much they liked the pleasurable high, subjects gave 40 mg of oxycodone a score of a little more than 62, 200 mg of codeine a score of 49 and 400 mg of tramadol a score of 47.
- Though subjects reported liking the oxycodone high more than the tramadol high, subjects were willing to work harder to get more tramadol than they were to get more oxycodone or codeine.[3]

THE SIGNIFICANT RISKS OF SEIZURE

High dose tramadol abuse is associated with a significant risk of seizure. Consider the following studies which illustrate the dangers.

THE BELGRADE STUDY

Researchers at Belgrade University Medical School followed a group of 57 tramadol abusers/addicts over a three year period.

- Over that three year period, 31 subjects (54%) had at least one serious seizure – 17 of them had multiple seizures over that period and 14 had a single seizure.
- Doses prompting seizures ranged from 250 mg to 2500 mg and the vast majority of seizures occurred within 24 hours of acute intoxication.
- Factors that increased the risk of seizure included: a longer history of tramadol abuse, younger age and the concurrent use of alcohol.[4]

THE BAGHDAD STUDY

Out of 41 patients referred to the addiction unit of the Ibn-Rushed Mental Teaching Hospital, 20% had experienced at least one tramadol related seizure.[5]

THE IRAN STUDY

In a review of cases from Baharloo Hospital Poison Center in Iran, of 401 patients admitted for tramadol overdose, 30.2% reported a history of seizures.[6]

WHO IS MOST AT RISK OF SEIZURE?

People who take more than the recommended daily dose of tramadol are at greater risk of seizures (though seizures can occur within the recommended dosing range). You are also at higher risk of tramadol-induced seizures if you are/have:

- Epilepsy
- A history of seizures
- Undergoing alcohol or drug withdrawal
- A history of head trauma
- CNS infection or metabolic disorders[7]

MANAGING TRAMADOL SEIZURES

Tramadol seizures can be managed with diazepam (Valium).

OVERDOSE: SYMPTOMS AND TREATMENTS

Tramadol can be lethal in very high doses. For adults, the estimated lethal dose ranges from between 3 and 5 grams.[8] The lethal dose is lowered when taking tramadol concurrently with other CNS depressants, like alcohol or other sedatives, and overdose deaths have occurred from combinations of CNS depressants and tramadol.[9]

Most of the toxicity associated with tramadol overdose stems from excessive serotonin, and norepinephrine reuptake inhibition...*too much tramadol results in too much serotonin and norepinephrine in the brain.*

TRAMADOL OVERDOSE SYMPTOMS INCLUDE:

- CNS depression - lethargy and coma

- Seizures
- Serotonin syndrome - tremor, muscle rigidity, agitation, hyperthermia, etc.
- Tachycardia and hypertension
- Respiratory depression (less common)
- Nausea and vomiting
- Anxiety and agitation

OVERDOSE TREATMENT

Since tramadol overdose is potentially lethal, it's obviously a medical emergency that demands immediate hospital attention. Some possible tramadol overdose treatments include:

- Activated charcoal (but only after recent tramadol ingestions)[10]
- Benzodiazepines - for seizures
- Naloxone for respiratory depression or coma - Though this is tricky, since naloxone increases seizure risk
- Assisted breathing
- The symptomatic treatment of serotonin syndrome symptoms, such as cooling the body, maintaining hydration, sedating muscles and mind, etc.

SEROTONIN SYNDROME

Tramadol is a mild serotonin reuptake inhibitor, so taking tramadol causes an upswing in neural serotonin levels.

If you take tramadol together with another drug that also increases serotonin levels, like SSRI/SNRIs, MAOIs, dextromethorphan (a cough syrup ingredient), Demerol and others - or with illicit drugs like MDMA or LSD, you risk bumping your serotonin to dangerous levels and experiencing a possibly lethal condition known as serotonin syndrome.

Symptoms of serotonin syndrome include:

- Agitation
- Nausea and vomiting
- Rapid heartbeat, high blood pressure and rapid changes in blood pressure
- An elevated body temperature
- Heavy sweating
- Overactive reflexes
- A loss of coordination and twitching muscles
- Hallucinations
- Confusion
- Headache
- Shivering
- Diarrhea[11]

Symptoms of severe serotonin syndrome include:

- Seizures
- Unconsciousness
- Irregular heartbeat
- High fever[12]

Symptoms generally appear within minutes to hours after taking one or more serotonin raising medications.

SEROTONIN SYNDROME TREATMENT

Serotonin syndrome is a possibly lethal condition that demands immediate medical attention. With appropriate treatment, symptoms will usually dissipate within 24 hours.

Typical treatments include:

- Benzodiazepines
- Serotonin blocking drugs
- I.V. fluids
- Temporary induced muscle paralysis and assisted ventilation (in severe cases)

TRAMADOL'S INFLUENCE ON SLEEP

Tramadol significantly disrupts sleep quality in non-dependent or tolerant subjects.

- In a sleep study, healthy volunteers given 100 mg of tramadol experienced increased light stage 2 sleep and significantly decreased slow-wave sleep (stage 4) and REM sleep (stage 5).[13]

Chronically reduced deep and REM sleep could impair health and well-being:

- During slow wave sleep, blood flows away from the brain and into muscle tissue, the body builds muscle and bone, the immune system is strengthened and the body repairs damaged tissues, such as those damaged by ultraviolet rays.
- Areas of the brain which control emotion, decision making and social functioning go dormant. Sleep scientists think this decreased activation while sleeping helps us maintain maximal social attention and functioning while awake.
- Deep sleep may also play a role in learning and memory encoding.[14]

Of course, everything depends on your individual situation. For example, if tramadol provides analgesia that increases sleep likelihood, it may have a net-positive impact on sleep quality and quantity.

CANCER AND ORGAN DAMAGE

There is no evidence from animal-model studies that chronic tramadol use increases human cancer risk.

Because tramadol is not associated with an increased cancer risk, or with gastrointestinal, renal or cardiovascular complications, it is considered an appropriate (safe) medication for chronic pain treatment.[15]

It is not, however, totally benign. Researchers who compared the long term use of tramadol to morphine in an animal-model study concluded that though tramadol was far less toxic to the liver and kidneys than morphine, it still did some damage over time.[16]

USE DURING PREGNANCY/NURSING

Tramadol may slightly increase birth defect risks if used during the first 2 months of pregnancy. If used during pregnancy, especially chronically or in high doses close to the expected date of delivery, the baby may be born with neonatal abstinence syndrome (NAS).[17]

Tramadol is passed through breast milk to your infant. Talk to your doctor before using tramadol while nursing.[18]

MEDICATION OVERUSE HEADACHE

The daily use of tramadol can cause medication overuse headaches.[19]

Read more: *Tramadol Addiction – The Health Risks of Chronic Use and Abuse*

CHAPTER 3

TRAMADOL WITHDRAWAL OVERVIEW AND TAPERING GUIDELINES

IN THIS CHAPTER:

Some people have little difficulty with tramadol withdrawal symptoms, some people find them excruciating - but no matter who you are, you can ease the discomfort greatly with a sensible tapering schedule.

- Tramadol affects the brain's opioid *and* serotonin/norepinephrine systems. Sudden stoppage can induce opioid withdrawal symptoms and antidepressant-like withdrawal symptoms – *at the same time.*
- You are more likely to experience severe withdrawal symptoms when discontinuing from lengthy use at a high daily dose.
- By tapering sensibly you can minimize your withdrawal symptoms.

Read on through this chapter for information on:

- Typical tramadol withdrawal symptoms and duration
- Does tramadol withdrawal cause seizures?
- Tapering guidelines

- 5 Tapering Schedule Examples
- How to handle small-dose-reductions during a taper
- Buying tramadol in suspension
- Making tramadol in suspension
- Doing a tramadol water taper

TRAMADOL WITHDRAWAL: BASIC INFO

WHY ARE THE WITHDRAWALS SO TOUGH?

Since tramadol isn't as strong an opioid agonist as true opioids you'd think that tramadol withdrawal would be milder than withdrawal from these stronger drugs (heroin, OxyContin, Vicodin, etc.).

However, tramadol works as an opioid and as an antidepressant-like drug, so when you stop too suddenly after chronic use, you experience opioid and antidepressant withdrawal symptoms together - which can make for a synergistically very difficult few weeks.

There are two classes of withdrawal symptoms associated with tramadol withdrawal:

1. Opioid-like withdrawal symptoms associated with under-activation of opioid receptors
2. Atypical withdrawal symptoms associated with under-activation of serotonin and norepinephrine receptors

Typical opioid based withdrawal symptoms include:

- Insomnia
- Anxiety
- Pain (muscle aches)

- Nausea
- Tremors
- Diarrhea
- Cold or flu-like upper respiratory symptoms
- Sweating
- Piloerection (hair on skin standing on end)
- Restless leg syndrome
- Agitation
- Abdominal cramping
- Yawning[1]

Atypical withdrawal symptoms include:
Atypical symptoms = symptoms associated with the discontinuation of serotonin and norepinephrine reuptake inhibitor drugs.

- Paranoia
- Hallucinations
- Anxiety
- Panic
- Confusion
- Numbness and tingling in extremities
- Psychosis[2]
- Dysphoric mood
- Irritability and agitation
- Dizziness
- Sensory disturbances (such as brain zaps)
- Headache
- Lethargy
- Emotional instability

- Insomnia
- Hypomania
- Tinnitus[3]

COLD-TURKEY TRAMADOL WITHDRAWAL DURATION

People coming off a high daily dose are more likely to experience atypical withdrawal symptoms. Widely quoted research from 10 years ago suggests that one person in eight experiences atypical withdrawal symptoms during tramadol withdrawal, though logically, since there's some overlap between the symptoms, you have to wonder how people tapering at home - except in extreme situations - could differentiate between the atypical and opioid based symptoms.[4]

Tramadol withdrawal symptoms last longer than withdrawal symptoms from true-opioid medications. Acute withdrawal symptoms will persist for about a week after stoppage but secondary and atypical withdrawal symptoms can persist for much longer.[5]

Your expectations and state of mind can also play a significant role. Studies show that people feeling very anxious about opioid withdrawal symptoms tend to experience more difficult withdrawals than people who feel less worried about the period.[6]

CAN COLD-TURKEY WITHDRAWAL CAUSE SEIZURES?

This is a tough question to answer with certainty.

- No authoritative source (that I could find) lists seizures as one of the possible withdrawal symptoms (authoritative sources such as Medline, medication package inserts, etc.)
- *However,* the Wikipedia page currently lists seizures as a possible tramadol withdrawal syndrome (but provides no citation for this fact!)
- And if you spend much time browsing through internet forums

discussing tramadol withdrawal, you will read that cold-turkey withdrawal can provoke seizures - and you'll see this often enough to give you pause for concern.

- If you stop tramadol suddenly while also withdrawing from another drug or alcohol, this assuredly does raise the seizure risk.[7]

TAKE-HOME MESSAGE:

So this remains a disconcerting gray area. In any case, hopefully you'll have the time and inclination for a tapered withdrawal - which is probably safer and certainly more humane. *(If any reader can answer this question with certainty, please contact me so I can amend this section.)*

TRAMADOL TAPERING GUIDELINES

Pharmaceutical companies that sell tramadol caution against an abrupt stoppage after chronic use and recommend tapering as the best way to avoid or minimize withdrawal symptoms.

Unfortunately, they offer no guidance whatsoever on the optimum taper rate.

To start with then, let's break tramadol down into its two basic parts and look at tapering recommendations for these individual components. Tramadol is composed of two primary component halves – both of which can induce a syndrome of withdrawal, even in isolation:

1. An opioid-like half (which stimulates mu opioid receptors)
2. An antidepressant-like half (which increases serotonin and norepinephrine levels through reuptake inhibition – similar to SSRIs and SNRIs)

So with tramadol you have to taper off an opioid and an antidepressant, at the same time.

In the following sections we will:

1. Examine opioid tapering and then antidepressant tapering guidelines.
2. Combine these two sets of guidelines into a series of example tramadol tapering schedules.

OPIOID TAPERING GUIDELINES

Let's look at how to taper off opioids. According to the Canadian Guidelines for the Safe and Effective Use of Opioids, when tapering off an opioid:

- You can drop by as much as 10% daily or reduce by as slowly as 5% every two weeks.
- People anxious about withdrawals or dealing with addiction issues should choose a slower rate of taper.
- Slow the taper rate by half once you reach a third of your starting dose.
- If experiencing severe withdrawal symptoms, hold on a dose until they subside.[8]

For straight opioids and non-addicted patients seeking to discontinue use, common practice is a two to four week taper of 25% to 50% of the total starting dose per week.[9]

This may be too fast for anyone who is addicted and doing an outpatient self-directed taper (since faster tapers are associated with a higher risk of non-completion).[10]
Faster tramadol tapers are further complicated by the medication's antidepressant-like components (see below).

ANTIDEPRESSANT TAPERING GUIDELINES

According to the Royal College of Psychiatrists (UK) for SSRI/SNRI antidepressant tapering:

- Go slow
- If you've been using for less than eight weeks, taper down over one to two weeks.
- If you've been using for up to six months or so, taper down over a six to eight week period.
- If you've been using chronically, don't reduce your total dose by more than 25% every four to six weeks[11]

***Note** – these guidelines are targeted at people treating depression and taking straight SSRI/SNRI medications – not for tramadol.*

5 TAPERING SCHEDULE EXAMPLES

Your tapering needs will vary dramatically depending on your age, history, genetics, physical health, addiction status, mental health and other factors – and so you should develop your own tapering schedule in conjunction with your doctor.

***Note** - It's easier to taper by percentages, rather than by set amounts. While it might seem logical to taper by 10 mg per week this is hard on your body. If you started at 400 mg a day, a 10 mg reduction would be a 2.5% reduction in the first week and by the time you got down to 20 mg and went to 10 mg, you'd be dropping by 50%; your brain can definitely tell the difference!*

These tapering schedules assume a multi-year history of use and a daily starting dose of 800 mg per day (twice the maximum daily recommended intake). Adjust accordingly based on your own situation and starting dosage point.

EXAMPLE 1 - A 35 WEEK PROGRAM OF REDUCING BY 10% PER WEEK

WEEK 1	720 mg per day
WEEK 2	648 mg per day
WEEK 3	583 mg per day
WEEK 4	524 mg per day
WEEK 5	472 mg per day
WEEK 6	425 mg per day
WEEK 7	382 mg per day
WEEK 8	344 mg per day
WEEK 9	309 mg per day
WEEK 10	278 mg per day
WEEK 11	250 mg per day
WEEK 12	225 mg per day
WEEK 13	202 mg per day
WEEK 14	182 mg per day
WEEK 15	164 mg per day
WEEK 16	147 mg per day
WEEK 17	132 mg per day
WEEK 18	119 mg per day
WEEK 19	107 mg per day
WEEK 20	97 mg per day
WEEK 21	87 mg per day
WEEK 22	78 mg per day
WEEK 23	70 mg per day
WEEK 24	64 mg per day
WEEK 25	57 mg per day
WEEK 26	51 mg per day
WEEK 27	46 mg per day
WEEK 28	42 mg per day
WEEK 29	38 mg per day
WEEK 30	34 mg per day
WEEK 31	30 mg per day
WEEK 32	27 mg per day
WEEK 33	24 mg per day
WEEK 34	22 mg per day
WEEK 35	JUMP OFF

EXAMPLE 2 - A 28 WEEK PROGRAM OF REDUCING BY 20% PER WEEK

WEEK 1	640 mg per day	WEEK 15	91 mg per day
WEEK 2	512 mg per day	WEEK 16	82 mg per day
WEEK 3	410 mg per day	WEEK 17	74 mg per day
WEEK 4	328 mg per day	WEEK 18	67 mg per day
WEEK 5	262 mg per day	WEEK 19	60 mg per day
WEEK 6	236 mg per day	WEEK 20	54 mg per day
WEEK 7	212 mg per day	WEEK 21	49 mg per day
WEEK 8	191 mg per day	WEEK 22	44 mg per day
WEEK 9	171 mg per day	WEEK 23	39 mg per day
WEEK 10	155 mg per day	WEEK 24	35 mg per day
WEEK 11	139 mg per day	WEEK 25	32 mg per day
WEEK 12	125 mg per day	WEEK 26	29 mg per day
WEEK 13	113 mg per day	WEEK 27	26 mg per day
WEEK 14	102 mg per day	WEEK 28	23 mg per day

Reducing by 20% per week and cutting down to a 10% reduction per week once at a third of your original dose.

EXAMPLE 3 - A 12 WEEK PROGRAM OF REDUCING BY 20% EVERY THREE DAYS

DAY 1	640 mg per day	DAY 43	91 mg per day
DAY 4	512 mg per day	DAY 46	82 mg per day
DAY 7	410 mg per day	DAY 49	74 mg per day
DAY 10	328 mg per day	DAY 52	67 mg per day
DAY 13	262 mg per day	DAY 55	60 mg per day
DAY 16	236 mg per day	DAY 58	54 mg per day
DAY 19	212 mg per day	DAY 61	49 mg per day
DAY 22	191 mg per day	DAY 64	44 mg per day
DAY 25	171 mg per day	DAY 67	39 mg per day
DAY 28	155 mg per day	DAY 70	35 mg per day
DAY 31	139 mg per day	DAY 73	32 mg per day
DAY 34	125 mg per day	DAY 76	29 mg per day
DAY 37	113 mg per day	DAY 79	26 mg per day
DAY 40	102 mg per day	DAY 82	23 mg per day

Reducing your daily dose by 20% every three days and then slowing to a 10% reduction every three days once at a third of your starting dose.

EXAMPLE 4 - A 7.5 WEEK PROGRAM OF REDUCING BY 30% EVERY THREE DAYS

DAY 1	640 mg per day
DAY 4	512 mg per day
DAY 7	410 mg per day
DAY 10	328 mg per day
DAY 13	262 mg per day
DAY 16	236 mg per day
DAY 19	189 mg per day
DAY 22	151 mg per day
DAY 25	171 mg per day
DAY 28	155 mg per day
DAY 31	121 mg per day
DAY 34	97 mg per day
DAY 37	77 mg per day
DAY 40	62 mg per day
DAY 43	49 mg per day
DAY 46	40 mg per day
DAY 49	25 mg per day
DAY 52	20 mg per day

EXAMPLE 5 - A 5 WEEK PROGRAM OF REDUCING BY 10% EVERY DAY

DAY 1	640 mg per day	DAY 18	67 mg per day
DAY 2	512 mg per day	DAY 19	60 mg per day
DAY 3	410 mg per day	DAY 20	54 mg per day
DAY 4	328 mg per day	DAY 21	49 mg per day
DAY 5	262 mg per day	DAY 22	44 mg per day
DAY 6	236 mg per day	DAY 23	39 mg per day
DAY 7	212 mg per day	DAY 24	35 mg per day
DAY 8	191 mg per day	DAY 25	32 mg per day
DAY 9	171 mg per day	DAY 26	29 mg per day
DAY 10	155 mg per day	DAY 27	26 mg per day
DAY 11	139 mg per day	DAY 28	23 mg per day
DAY 12	125 mg per day	DAY 29	39 mg per day
DAY 13	113 mg per day	DAY 30	35 mg per day
DAY 14	102 mg per day	DAY 31	32 mg per day
DAY 15	91 mg per day	DAY 32	29 mg per day
DAY 16	82 mg per day	DAY 33	26 mg per day
DAY 17	74 mg per day	DAY 34	23 mg per day

A program like this might be something to consider if detoxing off a relatively short period of use, such as under 6 months of use.

Please note - these are example tapering schedules to illustrate how you might set up your own reduction schedule. These are not based on any medical advice, though they are based on common practices and they are fairly conservative.

INCREASING YOUR ODDS OF TAPERING SUCCESS

Modify your plan as needed. You won't know how you'll feel on any given tapering plan until you get into it, so just pick a plan that makes sense to you, get your doctor's OK and try it out, and if it isn't working for you, then slow or accelerate the reductions accordingly.

It's OK to go slow. You are better off taking things slowly and getting to zero successfully than rushing through and giving up when you feel overwhelmed. If withdrawal symptoms are bothering you, give yourself an extra few days or a week on any given dose - time to acclimatize - before continuing with your reduction plan.

Try to space out your daily doses in a way that keeps your blood plasma levels relatively stable. This facilitates brain recovery and it also helps you curb your addiction to the high. So for example, instead of taking two in the morning, two at lunch and four in the evening (to get a little high) and a couple more before bed, you'd be better off taking doses of two pills, every four hours or so.

If you have trouble resisting the temptation to take just a little bit more or a little bit early, put a loved-one in charge of handing out your medications on a set schedule. You provide a written schedule in advance, they know not to deviate from your instructions and you don't have any pills lying around to temp you.

PRACTICAL MATTERS – TAPERING IN SMALL INCREMENTS

If you're tapering in increments of 25, 12.5 or 6.25 mg per reduction, you can probably get by with a pill splitter and a steady hand – splitting pills into two, four or eight segments. (Though pills segments exposed to open air may oxidize and lose potency, which may be a concern if splitting pills into very small segments for use over many days.)

But if you decide to do a long and slow tapering schedule, how are you supposed to reduce your doses by very minute amounts?

Well, when little kids need very small medication doses, what do they get *...syrups with meds in suspension* – so when you need very small and easy to measure doses of diluted medications, this is a practical way to do it.

You can either buy tramadol already sold in suspension, or if you can't get that, you may want to consider making your own suspension (though get medical advice before you do this).

TRAMADOL IN SUSPENSION - SYNAPRYN

Ask your doctor about a possible prescription for tramadol in suspension (sold under the name Synapryn).[12]

This comes in either a five or 10 mg tramadol per ml oral suspension. If you get the less potent dose (the five mg per ml dose) and you use an accurate small-dose oral medication syringe for medication (easily found in well stocked pharmacies) you can measure a dose out fairly easily to the exact mg.

Note - If you can't find an oral medication syringe that's precise enough in your local pharmacy, these can be ordered online fairly easily; even Amazon carries a selection.

MAKE YOUR OWN SUSPENSION

If you can't buy Synapryn or if you'd prefer to make a less potent suspension, you can always talk to your doctor or pharmacist about how to make your own suspension.

WARNING!

Please remember that this isn't medical advice nor are we qualified to provide medical advice. Always talk to your doctor before making any changes to your medication regimen. There's nothing very complicated about making a simple medication in suspension, but if you do this in your own kitchen you have to be confident in your ability to follow directions and do basic math. This is something you do at your own risk and if you make a serious mistake you put yourself at risk of overdose. If you're not sure about your ability to do this, don't try it, or better yet, ask a pharmacist to prepare a suspension for you.

Here are directions for making a 5mg/ml tramadol oral suspension from Nationwide Children's Hospital in Columbus Ohio.[13]

INGREDIENTS

1. Six 50 mg tramadol tablets (not extended release)
2. 60 ml of Ora-Blend SF*

*This is a suspension vehicle that keeps the active ingredient (in this case tramadol) evenly distributed throughout the suspension. It also prevents the degradation of the active ingredient through oxidization, for a longer shelf life. You can buy Ora suspension products either as a neutral flavor or as a sweetened flavoring on Amazon or at well stocked pharmacies.[14]

DIRECTIONS

1. Use a medicine mortar and triturate to grind the pills to a fine powder. (If you don't have a mortar and triturate you could probably use a bowl and the back of a spoon to good effect – or you could pick up a medical set for only a few dollars at a well stocked medical supply store.)
2. Once you have a fine powder, add in a small amount of the suspension liquid and then stir that around until you get a completely smooth paste.
3. Continue adding the suspension liquid in small increments, stirring well after each addition, until you've added the whole 60 ml amount.
4. Transfer to a storage container with a tight fitting lid. Refrigerate for up to 90 days.

PRECAUTION

You have enough medication in this mixture to seriously harm a small child. Label well and secure out of the reach of little-ones.

To use this suspension:

- 1 teaspoon or 5 ml = 25 mg tramadol
- 1/5 teaspoon or 1 ml = 5 mg tramadol
- 0.2 ml = 1 mg tramadol

With a good oral medicine syringe you should be able to use this suspension for dose reductions to as small 1 mg.

WATER TAPER (LIQUID TAPER)

There is no information (that I could find) endorsing the validity of a water taper for tramadol, but it should logically work. Please consult with

your doctor before making any changes to your medication regimen and specifically before trying the water taper method. This is a hypothetical tapering method.

On internet forums and layperson websites, water titration is commonly recommended for benzodiazepine tapering (given the difficulty inherent in making minute dose reductions you have to dilute the medication to make tapered reductions at all possible.)[15]

Tramadol is soluble in water, so you should be able to make a solution of water and tramadol for easier dose reductions (instant release forms of tramadol only).

1MG/ML TRAMADOL SOLUTION EXAMPLE

INGREDIENTS

1. Two 50 mg tramadol tablets (not extended release)
2. 100 ml water

METHODS

1. Crush the two 50 mg tramadol tablets in a mortar into a fine paste
2. Add a small amount of water to make a paste and then continue to add water slowly while stirring.
3. Transfer to a lidded container and shake vigorously for a few moments, or until the tramadol is completely dissolved into the water.
4. Measure out an appropriate dose. 1 ml of the solution equals 1 mg of tramadol.

CAUTIONS

- Since this would not look like medicine you have to be very careful to keep your finished mixture well labeled and out of reach of children.
- The shelf life for such a mixture is unknown.
- Please remember this is lay-information, not medical source information. Talk to your doctor about the safety and practicality of a liquid taper and get educated before you start. This method is commonly used for Suboxone, so if you Google 'Suboxone liquid taper' you'll find more info that might help.

Read more: *Tramadol Detox – Withdrawal and Tapering Guidelines*

CHAPTER 4

COPING WITH TRAMADOL WITHDRAWAL SYMPTOMS

IN THIS CHAPTER

In the previous chapter you learned about the two components of tramadol withdrawal (opioid-based and antidepressant-like), what to expect from withdrawal and how to set up a tapering program to minimize your discomfort. In this chapter you'll learn effective coping strategies for managing withdrawal symptoms.

Read on to learn about:

1. Medication and home-remedy options for coping with opioid withdrawal symptoms
2. Medication and home-remedy options for coping with atypical (antidepressant-like) withdrawal symptoms
3. How to handle opioid-withdrawal restless legs
4. Coping with the brain zaps
5. How relaxation techniques can ease withdrawal symptoms

MEDICATIONS FOR OPIOID WITHDRAWAL SYMPTOMS

If you taper slowly enough you may not experience any severe symptoms.

If you taper rapidly or stop abruptly, you'll likely experience opioid-like withdrawal symptoms (and possibly atypical withdrawal symptoms). You can relieve some of the discomfort of these opioid-type withdrawal symptoms with common OTC and prescription medications. Talk to your doctor about which OTC or prescription medications might help you.

According to an Australian Drug and Clinical Advisory Service (DACAS) withdrawal management publication as of 2009, medications endorsed to reduce the severity of opioid withdrawal symptoms include:

- For nausea and vomiting - metocloperimide, prochlorperazine or if very severe, ondansetron
- For diarrhea - loperimide (Immodium)
- For abdominal cramps - antispasmodics like Buscopan
- For muscle and joint pains - NSAIDs like ibuprofen and common acetaminophen
- For anxiety, sweating and other physical symptoms associated with an overactive sympathetic nervous system - clonidine
- For anxiety and insomnia - diazepam (Valium)
- For restless legs – diazepam[1]

METHADONE OR SUBOXONE FOR TRAMADOL ADDICTION?

Some people would call you crazy for switching from the partial opioid agonist tramadol to stronger Suboxone or the full opiate agonist methadone. However, in certain situations, such as when addiction and compulsive use make controlled reductions impossible and when cold-turkey stoppage is inappropriate or unacceptable, opioid substitution medications could reduce risks and improve quality of life.

THE BASIC FACTS

1. Methadone and Suboxone are substitution medications. They switch for an abused opioid in the brain by activating opioid receptors at a dose that eliminates withdrawal symptoms but doesn't induce intoxication.

2. However, since tramadol changes the opioid system *and* the serotonin/norepinephrine systems, any medication that only activates the opioid system addresses only half the situation, and even after titrating onto methadone or Suboxone, you'd still be potentially facing atypical withdrawal symptoms.

So methadone and Suboxone could help, but they only offer partial respite and are dependence inducing drugs. These drugs could possibly serve as one component of a treatment program for a person with very compulsive tramadol use, such as a person who couldn't manage a taper, but these are serious medications that shouldn't be considered until you have a full understanding of their benefits and risks.

AN EXAMPLE:

According to Suboxone expert Dr. Jeffrey T. Junig of Suboxone Talk Zone, you could switch (under close medical supervision) off tramadol and onto Suboxone and possibly then add an SSRI. Before switching onto an SSRI you'd have to stop tramadol and possibly even leave a time gap to allow excess serotonin to clear from your brain (to avoid the serotonin-syndrome-inducing combo of tramadol and SSRIs). Then, once stabilized, taper off the SSRI while deciding whether or not to stay on Suboxone indefinitely. Whether this makes sense for you is something to decide for yourself after discussing your options with your doctor.[2]

HOME-REMEDY COPING IDEAS FOR OPIATE WITHDRAWALS

Beyond medications, here are 20 no-risk ideas and activities that may help take the edge off your opioid based tramadol withdrawal symptoms.

Whether you're coping with mild withdrawal symptoms during a taper or the full-on experience of a sudden cold-turkey stoppage, there's no denying the discomfort of opioid withdrawals.

OTC and prescription drugs can help, but beyond medications, you can also alleviate some of the discomfort through home-remedy style coping strategies. Here's a list of 20 ideas to get you started.

20 HOME-REMEDY OPIATE WITHDRAWAL STRATEGIES

The following coping strategies may help minimize your discomfort or at least pass the time.

Try any or all of the following.

1. Stock up on light action/comedy movies and television shows to space out on.
2. Try to get as much exercise as you can – even a walk around the block can help.
3. Take lots of hot baths or hot baths with Epson salts
4. Participate in online support forums.
5. Stay hydrated, especially when dealing with diarrhea. Water, fruit juice, weak tea or Gatorade are good choices.
6. Stock up on easy to prepare and digest snacks. You may not feel up to heavy meals for a while, but foods like crackers, pretzels, toast, popsicles, noodles and Jello are easy on your stomach and will help you keep your energy up. Avoid heavy or greasy foods, heavily spiced or aromatic foods and alcohol and caffeine.

7. Eat foods cold or at room temperature to reduce nausea-provoking smells.
8. Have someone else cook for you – so you don't have to face food-preparation smells.
9. Eat in a well ventilated room (stuffy rooms can add to feelings of nausea.)
10. Eat slowly, avoid drinking liquids with your meal and avoid lying down for a while after you finish eating.[3]
11. Go outside and get some fresh air (sometimes you have to force yourself off the couch but you'll rarely feel worse for taking a shower and walking around a bit...and you may feel a lot better).
12. To ease achy pains or restless legs, have a loved-one give you a massage.
13. Take a daily multivitamin (skip this one if you find vitamins increase your nausea).
14. Try deep breathing exercises, meditation, progressive muscle relaxation or yoga to combat stress and anxiety.
15. Do stretching exercises to relieve muscle pain.
16. Use a hot pad.
17. Have an orgasm.
18. Change your sheets (this can help with insomnia, especially if you've been sweating excessively).
19. Clear your calendar from responsibilities and lean on your friends and family for help and support. If you can get a week free, that's a great start.
20. Play video games or other games that keep you mentally absorbed (to keep your mind off your discomfort).

COPING WITH ATYPICAL WITHDRAWAL SYMPTOMS

Atypical withdrawal symptoms are probably caused by serotonin imbalances in the brain. Your brain will revert to pre-tramadol functioning in time, but until it does, insufficient serotonin and norepinephrine in the brain can leave you feeling pretty miserable.

When facing atypical withdrawal symptoms, you have two basic options:

1. Slow the taper, or to return back to a dose that was manageable and then taper more slowly from that point.
2. Continue with the taper as scheduled, and try to treat the symptoms.

MANAGING ATYPICAL WITHDRAWALS WITH MEDICATIONS

You often see people on internet forums recommending drugs like dextromethorphan cough syrups or even SSRI antidepressants as a way to minimize atypical tramadol withdrawals. *Is this a good idea?*

Well, it might work, but it's also an **extremely dangerous** practice, so in virtually all situations, it's not something you want to try on your own.

THE DANGERS OF SEROTONIN SYNDROME

Since you experience atypical withdraw symptoms from too little serotonin, you can reduce the severity of atypical withdrawal symptoms with medications that increase serotonin or serotonin and norepinephrine levels in the brain.

However, taking any serotonin-increasing medication at the same time as serotonin-increasing tramadol puts you at risk of serotonin syndrome – this is definitely not something to consider without your doctor's full endorsement.

Serotonin syndrome = A life-threatening condition of too much serotonin in

the brain that occurs most usually after taking a combination of drugs that raise serotonin levels.

Note - *Even if considering medications to raise your serotonin levels after complete tramadol stoppage (abstinence) you still need to make sure that you leave enough of a gap between your last tramadol tablet and your first tablet of your new serotonin-increasing medication – Best to discuss this with your doctor.*

Some (not all) examples of medications that raise serotonin levels include:

- SSRISs or SNRIs
- Dextromethorphan (DXM – a cough syrup ingredient) the herbal supplement
- St. John's Wort
- Triptan migraine medications
- 5-HTP supplements
- Many others

THE TAKE-HOME MESSAGE

Though you see people recommending the use of serotonin-bumping medications on tramadol forums, this isn't something to take lightly. Remember:

- Combining serotonin-raising medications puts you at serious risk of serotonin syndrome
- If you decide to consider combining serotonin-increasing medications, make sure to only do so under a doctor's observation and guidance.
- Consider whether a very gradual straight tramadol taper may achieve the same results with less risk.

As a side note, illicit drugs that bump serotonin levels, like MDMA or LSD – are also a dangerous idea when mixed with tramadol, and substances that alter the metabolism of tramadol, such as CYP2D6 and CYP3A4 inhibitors, can also increase the risks of serotonin syndrome. Grapefruit juice is one example of a seemingly innocuous substance that actually works as a major CYP3A4 inhibitor and thus drug potentiator.

MANAGING ATYPICAL SYMPTOMS

Even though serotonin-elevating medications aren't safe when combined with tramadol, you can still take steps to improve your situation. Here are a few ideas.

COMPENSATE – WORK TO MAKE YOURSELF FEEL BETTER

When tapering or in withdrawal, you not only lose that happy-sociable tramadol energy that made feeling good so easy – you may also feel rebound depression, irritability and anxiety.

So though you won't feel like it, if you can force yourself into feel-better activities like exercise or social outings, you can usually lift your mood - at least a little bit.

GET ONLINE SUPPORT

It feels better to know that others are having similar experiences – and that full recovery is possible.

Find an online community of others withdrawing from tramadol. Tell your story and get support. Read about other people's journeys and help with advice when you can – and maybe learn new ideas when you can't.[4]

WORK WITH YOUR DOCTOR

Stay in regular contact with your doctor as you taper off, and if certain symptoms get too severe to manage, your doctor may prescribe an anti-anxiety, analgesic or sleeping aid medication to help you get through the toughest times.[5]

RAISING SEROTONIN NATURALLY

Insufficient serotonin in the brain during tramadol tapering/abrupt cessation causes unpleasant withdrawal symptoms. Taking other drugs or herbal substances that raise serotonin levels puts you at risk of serotonin syndrome, but fortunately, you can safely increase your serotonin levels through lifestyle and dietary changes and exercise.

Try and or all of the following ideas:

GET SOME SUN (OR INDOOR BRIGHT LIGHT)

Serotonin levels fall with insufficient sun exposure, so spend some time in the sun or exposed to very bright indoor lights each day (seasonal affective disorder lamps hold 300 watt bulbs and can boost serotonin levels after just three, 20 minute sessions per day.)[6]

EAT CARBOHYDRATES

Serotonin's precurser (trytophan) comes from protein-rich foods like meat and nuts, it's carbohydrate-rich meals that really raise neural serotonin levels. This is because carbohydrate-rich meals cause an insulin bump that pulls competing amino acids out of the bloodstream and into the muscles - leaving tryptophan free to pass into the brain without amino acid competition.[7]

Try whole grains, legumes and other complex carbs for lasting benefits.

EXERCISE

One of the easiest ways to decrease the severity of serotonin-linked tramadol withdrawal symptoms is to lace up your running shoes and go for a jog (or a brisk walk - or whatever other aerobic activity you enjoy.)

Vigorous exercise increases serotonin release in the brain.[8]

And as an added benefit, exercise can help to alleviate anxiety, stress and insomnia - and if nothing it else, it can provide a brief distraction from your focus on the negatives of withdrawals.

MASSAGE

Researchers at the University of Miami School of Medicine say that massage therapy increases serotonin and dopamine levels while decreasing levels of the stress hormone cortisol. In a review of studies for a wide range of conditions (in which serotonin markers in urine were measured after a massage intervention) the researchers found that on average, massage therapy increased serotonin markers by a whopping 28%.[9]

Read more: *Tramadol Withdrawal – Advice on Coping with Discontinuation Symptoms*

TIPS FOR COPING WITH OPIOID WITHDRAWAL INDUCED RESTLESS LEGS SYNDROME

Restless legs syndrome (RLS) is hard to describe, *but you know it if you get it.*

Some people describe insomnia-provoking RLS as the most unbearable of the opioid withdrawal symptoms. Your legs will calm naturally as your dopamine system recovers with abstinence, but in the meantime, here are a few ideas for minimizing the discomfort of this miserable symptom.

Read on to learn more about:

- Basic RLS **facts**
- **Medication** options for opioid withdrawal induced RLS
- **Coping Techniques** that can reduce your symptoms
- Avoiding other environmental **triggers** which can worsen your symptoms

WHAT IS RLS?

RLS is a neurological condition that causes overwhelming urges to move the legs. It is a serious cause of chronic insomnia and it affects more than 7 million Americans – and it's also frequently a symptom of opioid withdrawal.

Symptoms and Features of RLS include:

- Irresistible urges to move the legs. Legs feel creepy-crawly.
- Symptoms typically get worse as you lay at rest and worsen as your rest deepens and lengthens.
- Symptoms go away when you move your legs – but only for so long as you continue to move.
- Symptoms cause significant sleep disruption and affect energy levels and mood.[1]

There are two kinds of RLS:

1. Idiopathic – primary condition without a known cause.
2. Secondary – caused by another medication or condition (such as when caused by opioid discontinuation)[2]

MEDICATION OPTIONS FOR OPIOID WITHDRAWAL RLS

Because opiate withdrawal RLS tends to dissipate within a period of days or weeks, your doctor may be reluctant to prescribe the serious medications typically recommended for RLS, such as dopamine agonist Parkinson's medications.
However, some medications that are commonly prescribed to treat other opiate withdrawal symptoms can also help to reduce the severity of RLS.

Ask your doctor about:

- **Clonidine:** Some people find that clonidine reduces RLS severity.[3] Clonidine is a hypertension medication that's very commonly prescribed to reduce the anxiety, agitation, muscle aches, sweating, runny nose, and cramping of opioid withdrawal.[4]
- **Benzodiazepines:** Benzos like clonazepam or valium can help you fall and stay asleep and are a recommended (though not first-line) treatment for RLS. These medications can also reduce the anxiety and agitation of opioid withdrawal. Because of the high dependence risk, it's not advisable to take benzodiazepines for more than 5 days or so when treating opioid withdrawal.
- **Baclofen**: This drug is sometimes recommended as a temporary treatment for opiate withdrawal induced RLS. It may relieve the severity, though not the frequency of symptoms. (Note - the RLS foundation does not recommend baclofen due to insufficient evidence of efficacy and due to concerns over side effects.)[5]
- **Marijuana:** There is anecdotal evidence (internet forum reports) that marijuana may help to reduce RLS symptoms. Apparently, only very small doses are needed for good results. [6]

COPING STRATEGIES AND HOME-REMEDIES

Sometimes a little relief is as close at hand as a pair of tight socks or a long hot bath.

Try any or all of the following:

- **Try a temperature treatment** – Soak in a hot bath or alternatively, try a cold shower. Use hot pads or ice packs on your legs - experiment to see what helps.
- **Massage** – Get a leg massage just before bedtime. (Some people find this beneficial, though others find it worsens symptoms.) You might also want to try a handheld massager or leg massager machine that you can use on yourself in the middle of the night.
- **Get regular moderate exercise** – Moderate exercise during the day decreases restlessness at night, but avoid vigorous exercise within a couple of hours of sleep, since this can exacerbate sleep problems. Ideally, choose exercises that engage the leg muscles.[7]
- **Wrapping** – Try a tension bandage wrapped around the legs (be careful not to wrap so tight as to impair circulation.)
- **Pantyhose or compression stockings** – Some people prefer compression stockings by day and pantyhose or long socks for a more comfortable night's sleep.
- **Creams and lotions** – such as Icy-Hot, Tiger-Balm, etc.
- **Stretch or do yoga** – Stretching may help alleviate symptoms temporarily, but some people find that deep stretches provide hours of symptoms relief.
- **Weight** – try weighting down the blankets over your legs to 'smother' them.
- *Mindfulness*
- **Sex to orgasm –** Most people need the release of orgasm to get symptoms relief.

- **Lying on your stomach on the floor** for half an hour[8]
- **Soap under the blankets** – this is an odd remedy but many people swear by it – place a bar of regular soap under your blankets by your feet – (not dove or dial brands, for some reason.)[9]
- **Choose chairs that allow movement** – if restless legs bother you while you relax in the evening, such as while watching television, try sitting in chairs that allow for natural movement, such as a rocking chair or on a yoga ball.[10]

AVOIDING COMMON RLS TRIGGERS

Although clearly your opiate withdrawal is causing the problem, to play it safe, you may also want to **avoid** these other common RLS triggers:

- Caffeine
- Alcohol
- Nicotine
- Vigorous exercise (though moderate exercises is beneficial)
- Excessive stress
- Excessive refined sugar intake
- Antihistamines, such as Actifed, Sudafed and Benadryl. Though these first generation antihistamines are commonly recommended as OTC sleep aids, they can worsen RLS symptoms.[11]

SLEEP HABITS

You probably don't need to worry about your sleep habits if experiencing RLS during the acute phase of a cold-turkey withdrawal – but if you get regular or even occasional RLS during a prorogued opioid taper, then you may want to pay more attention to good sleep hygiene.

For the best odds of a restful night's sleep:

- **Keep your bedroom cool and dark**. Take special care to limit screen glow.
- **Limit outside noise**.
- Make your bed an inviting place with **clean sheets and blankets**.
- Keep an **even sleep schedule**. Go to sleep and get up at a similar time each day.
- Try to give yourself enough sleeping time to **get fully rested**.
- Get enough **daily exercise** (but don't exercise too close to bedtime.)[12]

Read more: *Tips for Coping with Opiate Withdrawal Induced Restless Legs Syndrome*

DEALING WITH THE BRAIN ZAPS DURING TRAMADOL (OR SSRI/SNRI) WITHDRAWAL

"Every morning I jump out of bed and step on a landmine. The landmine is me. After the explosion, I spent the rest of the day putting the pieces together." - **Ray Bradbury**[1]

The brain zaps: hard to describe, impossible to ignore and very poorly understood. Read on to learn:

- More about how other people describe their brain zap symptoms
- What likely causes the brain shivers
- What worsens symptoms
- What might improve your situation

BRAIN ZAP SYMPTOMS

People describe the sensations of a brain zap as like:

- Sudden extreme dizziness
- The feeling of an electric shock in your brain or a brain shiver
- Feeling like your brain is shaking inside your head[2]
- Feeling like a flashbulb is going off in your head[3]
- Feeling like there's a strobe-light flashing in your head
- A feeling of falling or vertigo
- Feeling lightheaded for a few seconds after the occurrence of the brain shiver, or experiencing nausea or a ringing in the ears for a few seconds after the zap.
- Feeling like you hit your funny-bone...in your brain

WHY DO THEY HAPPEN?

No one knows for sure why they happen or what's going on in the brain when they happen. Since they occur during withdrawal from medications that increase serotonin, it is logical to assume that a temporary serotonin deficiency causes the symptoms during neural re-regulation.[4]

ARE THEY DANGEROUS?

No. Although they are quite disconcerting, brain shivers aren't considered harmful.

WHAT WORSENS THE BRAIN ZAPS?

Since brain zaps are a symptom of SSRI/SNRI or tramadol withdrawal, you can probably minimize your brain zaps with a slower taper rate.

Anecdotal reports indicate the following may also exacerbate your brain zaps:

- Making sudden movements, especially sudden head turns
- Moving your eyes from side to side quickly

- Bending down
- Being very tired
- Having a cold or fever

IS BRAIN SHIVERS OR BRAIN ZAPS A MEDICAL TERM?

Not really. For lack of a better term doctors sometimes code brain shivers under the term paraesthesia.

Paresthesia is defined by the National Institute of Neurological Disorders and Stroke as a burning or prickling sensation that is usually felt in the hands, arms, legs, or feet, but can also occur in other parts of the body. The sensation, which happens without warning, is usually painless and described as tingling or numbness, skin crawling, or itching.[5]

TREATMENTS

There is no known treatment to alleviate brain zaps.[2]

As always, talk to your doctor before making any medication discontinuation decision. Some suggestions your doctor might make include:

1. If tapering and symptoms are bearable, just wait them out, as they'll probably dissipate within a few days.
2. If tapering and brain zaps are unbearable, try slowing the rate of taper or returning to a dose that's manageable and then restarting your taper at a slower rate.
3. If tapering off an antidepressant with a quick half life, switch to an antidepressant with a long half life.[6]

ALTERNATIVE REMEDIES?

Anecdotal reports indicate the following supplements may help.

- Omega 3 fish oil supplements are frequently recommended in forums as a treatment to reduce brain zaps.
- A multi-vitamin and/or vitamin B-12

Note – these recommendations come from laypersons without medical training. Do not take these endorsements as expert advice.

SHARE YOUR EXPERIENCES

This symptom is a poorly understood creation of modern medicine. Hopefully we will someday update this page with research-backed treatments that work, but until that time, people enduring the brain zaps aren't left with much to go on.

Given this situation, if you live with the brain zaps and you find a treatment, supplement or home-remedy that seems to help, please leave a comment below to share what you know, because what works for you might also work for someone else.

Read more: *SSRI/Tramadol Withdrawal: Coping with the Brain Zaps*

RELAXATION TECHNIQUES FOR COPING WITH TRAMADOL WITHDRAWAL ANXIETY

There isn't much that stress and anxiety doesn't worsen - including how you perceive tramadol withdrawal symptoms:

- When feeling anxious, irritable and on edge, a headache can seem unbearable
- When feeling calm and relaxed, that same headache is far more manageable

Here's some information on a very simple technique that will work consistently to reduce your stress and anxiety levels.

HOW TO DO IT - ACHIEVING THE RELAXATION RESPONSE

Here's how to do it, as taught at the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital.

BEFORE YOU START

1. Think of a phrase, prayer, word, sound or even a muscle movement that you'll repeat over and over for 10 to 20 minutes. If you can tie this into your belief system so much the better – so if you're Christian you might use a line from the Lord's Prayer, for example.
2. Understand that you are going to try to clear your head from any extraneous thoughts while you do your practice. That being said, thoughts are always going to drift into your mind no matter how you try to stop them, so when this happens, you just try to let them float away as you refocus your attention on your repetitive mantra.

GETTING STARTED

- Sit comfortably and close your eyes
- Begin progressively relaxing your muscles. Start with your feet and focus on relaxing them as much as you can, then move to your calves and then thighs and buttocks, to the abdomen and all the up to the shoulders and neck.
- Try to breathe slowly and calmly and start silently repeating your chosen word or phrase on every exhale.
- Don't worry about how well you're doing or whether you're doing it right and when thoughts intrude, just let them flow past and refocus your attention on your word or phrase.

- After 10 to 20 minutes, stop repeating your word or phrase, but continue to sit with your eyes closed for another minute or so as you allow your thoughts to return slowly to your conscious awareness.
- Open your eyes but sit for another minute before getting up
- Do this once or twice a day[7]

TAKE SOME TIME FOR YOURSELF

You probably won't find getting into a relaxation response very difficult, and if you can find the time to do it regularly then you'll experience some great health and wellness rewards, but if you try this method and find that it's not for you, you can achieve the same types of results through other activities that pull you into a similar state of mindfulness.
Other activities that can induce a similar relaxation response include:

- Mindfulness meditation
- Relaxation with imagery techniques
- Repetitive praying
- Progressive muscle relaxation

Read more: *Reverse the Health Consequences of Chronic Stress with 'The Relaxation Response'*

CHAPTER 5

MEDICAL AND ULTRA RAPID DETOX OPTIONS

IN THIS CHAPTER:

In the previous chapter you learned about medication options and coping strategies to manage symptoms during a home-tapering procedure. Though you'll experience a safer and more comfortable withdrawal with gradual reductions, some people still want to come off very rapidly/cold-turkey style and some people may not feel able to manage tapering without significant - or even around the clock - medical supervision. Here then, is a basic introduction to some of your medical detoxification program options.

In this chapter you'll find information on:

- Where you can find medical detoxification assistance/programs
- How to get low-cost care (if needed)
- The three primary stages of any detox

- The five different detox program levels to choose from and how to know what level you need
- Warning signs of seizure and other signs that indicate a need for immediate medical attention
- Information on ultra rapid opioid detox (UROD) for tramadol withdrawal - and info on why UROD probably isn't a good choice for tramadol withdrawal.

TRAMADOL FAST TAPER/COLD TURKEY DETOX - IS RESIDENTIAL TREATMENT REQUIRED?

Should you taper/detox at home, or do you need to check into a hospital, detox clinic or rehab to safely accomplish your goal?

Well, there are no absolutes. Everyone's situation is different and everyone requires a personalized assessment - but in general, if you can control your use (you don't use compulsively) and you're willing to do a slow and steady taper, a home detox is almost always a doable option.

If you decide to taper very rapidly or stop suddenly then you may benefit from more intensive medical assistance. *Due to unresolved questions about the seizure risk, never jump off high dose tramadol very suddenly without consulting with your doctor first and getting a medical-OK to do so.*

Here is some basic information on the medical detox process. This information is not tramadol-specific, it is general information about your options and about how medical detoxification works.

WHERE CAN YOU GET DETOXED?

Once you decide you want to detox you have a number of options. You can detox with/at

- Your family doctor (your family doctor can provide ambulatory [outpatient] detoxification services, and if she can't, she can refer you to an appropriate level of care)
- A hospital emergency room (especially when withdrawal symptoms can be life-threatening, such when detoxing from alcohol or sedative hypnotics...simply show up and tell them what you need to do)[1]
- A freestanding detox clinic
- A freestanding substance abuse treatment facility
- Intensive outpatient and partial hospitalization programs
- An acute care or psychiatric hospital[2]

To find facilities in your area that provide detoxification services, visit the Substance Abuse and Mental Health Agency's (SAMHSA) *Treatment Locator Tool.*

With this tool you can search for substance abuse treatment within a radius around your home address or zip code. With the advanced search, you can select to search for facilities that provide detox.

Once you have a list on your computer screen, a couple of hours on the phone calling local facilities is all that's needed to get started!

FINDING SERVICES

Demand for services often exceeds supply, especially demand for free or more affordable services. It is possible that, at this very moment, there are no detox facilities in your area willing to admit another client. However, you cannot claim an inability to find a detox slot until you have actually done some leg-work and searched for it.

If you're serious about getting detoxed, no matter what your financial situation, do not give up until you have:

- Spoken to someone at your county health/mental health or

substance abuse office to ask for treatment and, if necessary, to get put on a waiting list for care

- Spoken to your family doctor (if you have one) about your options and to ask for a referral
- Done a search for detox clinics on the SAMHSA Treatment Locator website, and then called each one in your area (If you need low cost services, ask each facility if they can accept payment on a sliding scale based on your income)
- Traveled to local hospital emergency rooms to request services

THE TWO BASIC MODELS OF DETOX

Drug and alcohol detox centers operate on either a medical detox or social detox model of care.

MEDICAL DETOX

In a medical detox, doctors and nurses supervise your withdrawal and doctors will prescribe medications, as necessary, to improve safety and increase comfort.

SOCIAL DETOX

In a social model detox, staff are not necessarily medically trained (they usually are not). Social model detoxes tend to be cheaper and based in less clinical environments. Staff help clients through the withdrawal process with group and individual counseling, coordination of care and by providing a supportive, comfortable and drug and alcohol free environment.

Because of their non medical nature, social detox clinics are not equipped to handle clients with severe physical dependencies to alcohol or sedative hypnotics, like benzodiazepines or Z drugs.[3]

THE THREE ESSENTIAL STEPS OF THE DETOX PROCESS

No matter what type of detox facility you choose and no matter what substance or substances you must withdraw from, all people going through the withdrawal process must complete the same three essential steps.

1. Evaluation
2. Stabilization
3. Preparation for Continuing Treatment

1. THE EVALUATION

You must get evaluated. The assessment professional will evaluate your current state of intoxication/withdrawal, assess for current physical or mental illness and gather information on your social and psychological situation and functioning.

2. STABILIZATION

Stabilization is the process of transitioning from intoxication - through withdrawal - to a clean and sober state of stability.

3. PREPARATION FOR FUTURE ADDICTION TREATMENT

Although many people choose to exit care after detox, detox alone does not teach you how to avoid relapse or build a better life of sobriety. For this reason, detox staff will emphasize the benefits of continuing treatment and prepare you to transition into an appropriate level of care.

THE 5 LEVELS OF DETOX

Not everyone needs the same types of interventions. Some people can withdrawal quite safely at home, with only minimal outpatient support, while on the other end of the spectrum, some people need around-the-clock hospital supervision.

But how can you know what you need?

Well, you probably can't, but don't worry, it's not your job to self-diagnose. Once you initiate the detox process, such as by checking in at a detox clinic or by going to a local hospital, you will receive a professional intake evaluation. The intake professional will then recommend a level of care, based on the results of this intake examination. According to the American Society of Addiction Medicine (ASAM) the 5 levels of detox care are:

LEVEL 1 - AMBULATORY DETOXIFICATION WITHOUT EXTENDED ONSITE MONITORING

This is the least intensive level of detox. At this level you detox at home, but check-in with your doctor or with an outpatient detox program at scheduled intervals (such as by daily check-up appointments).

LEVEL 2 - AMBULATORY DETOXIFICATION WITH EXTENDED ONSITE MONITORING

In level 2, you still sleep at home each night, but you spend a significant period of each day under nursing observation at a centralized detox site.

LEVEL 3 - CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION

A level 3 withdrawal is a 24 hour a day social detox that occurs in a residential facility. Staff members in a level 3 detox have no medical training.

LEVEL 4 - MEDICALLY MONITORED INPATIENT DETOXIFICATION

People in a level 4 detox require 24 hour a day medical monitoring, such as in a medical detox clinic.

LEVEL 5 - MEDICALLY MANAGED INTENSIVE INPATIENT

The most intensive level of detox, people in a level 5 detox require significant medical monitoring. A level 5 detox occurs in an acute care hospital setting.

DETERMINING AN APPROPRIATE LEVEL OF CARE

To build a level of care determination, as assessment professional will evaluate your situation across a number of domains, and then make a subjective decision based on your needs, resources and abilities.

Intake workers typically assess your situation across 6 variables. These 6 variables are:

1. CURRENT INTOXICATION AND PREDICTED WITHDRAWAL SEVERITY

Someone who has a history of complicated withdrawals and who enters the detox process with a blood alcohol level of 0.35 likely needs a higher level of care than someone who is detoxing for the first time and who walks in relatively sober.

2. HEALTH PROBLEMS AND MEDICAL COMPLICATIONS

A person with uncontrolled high blood pressure, for example, might require augmented medical monitoring during sedative withdrawal.

3. THE CO-PRESENCE OF AN EMOTIONAL, BEHAVIORAL OR COGNITIVE COMPLICATION

Psychiatric problems and thinking abilities can affect a person's ability to stick with detox. For example, while a cocaine user might normally try detoxing on an outpatient basis, a person with uncontrolled ADD might require the additional structure of a social model residential program.

4. READINESS TO CHANGE

People who really want to change may not require as much assistance as those who display less motivation.

5. RELAPSE HISTORY AND ABILITY TO MAINTAIN ABSTINENCE

People who can't maintain even short periods of abstinence won't do well in an ambulatory detoxification protocol.

6. LIVING SITUATION

Someone who is homeless, for example, or living in a very unstable home, might require the structure and safety of a residential facility.

COMPLICATING FACTORS

And if things weren't complex enough - in addition to the 6 dimensions outlined above, additional variables can sometimes further complicate a treatment recommendation, such as:

- Needing to take care of dependent children
- Being unable to travel to and from an outpatient center each day
- Lacking financial resources
- Being unable to sign or understand informed consent
- Displaying psychosis or violent or aggressive behaviors
- Having suicidal thoughts
- Language or cultural barriers
- Physical or sensory disabilities
- Legal issues

MEDICAL DETOX COSTS

In Feb 2011, Open Minds Consulting surveyed 15 private medical detox facilities on pricing information. They found that as of 2011, the average

price for 24 hours of inpatient medical detox was $1707.00 per day.[3]

Note: costs will vary, insurance can offset much or all of the expense and many facilities will offer services on a sliding scale based on your income and ability to pay.

WHEN TO GET IMMEDIATE MEDICAL ATTENTION

Note: withdrawing from alcohol or sedative hypnotics without medical supervision is dangerous. To be blunt - you could die. Withdrawal symptoms can go from moderate to life-threatening very quickly and it is difficult to predict in advance who will experience severe withdrawals. Do not do this on your own.

However, if for any reason you find yourself going through the withdrawal process without medical assistance, be on the look-out for the following signs and symptoms that may indicate a serious problem. Experiencing any of the following warning signs during the acute withdrawal stage indicates a need for immediate medical attention:

- Abdominal pains
- Hallucinations or increasing anxiety
- Psychosis
- Running a fever of more than 100.4 f
- Large changes in resting heart rate (up or down) or large changes in blood pressure
- Upper or Lower GI bleeding (blood in stool or in vomit)
- Neurological warning signs, such as a change in the responsiveness of your pupils to light
- Signs of seizure (read on below)

WARNING SIGNS OF SEIZURE

When detoxing from alcohol or sedative hypnotics, you need to be especially concerned about seizures. Two physical signs that warn of an increased risk of seizure are ankle clonus and heightened deep tendon reflex (when detoxing from alcohol, you are at greatest risk of seizure between six and 48 hours after abstinence or decreased consumption.)[4]

ANKLE CLONUS

Ankle clonus is an occurrence of multiple rhythmic contractions and relaxations of the ankle.

To test for ankle clonus, flex your foot upward as far as you can and then release it. Normally, your foot will return to a normal position. If you have ankle clonus, your foot will continue to jerk up and down through a serious of uncontrolled muscular contractions and relaxations.[5]

The presence of ankle clonus (sustained for more than two beats) indicates worsening central nervous system functioning and impairment of upper motor neurons - and this is often associated with the commencement of generalized seizure activity.[6]

HEIGHTENED DEEP TENDON REFLEX

When you tap on a tendon it contracts and causes a muscle movement - such as when you get tapped on the tendon of the kneecap when sitting, which causes your lower leg to kick out.[7]

Heightened or exaggerated deep tendon reflex is a warning sign of possible seizure.

Do not play around with the possibility of seizure, especially when they are easily prevented by the short term use of small doses of benzodiazepines. If

you experience any warning signs of seizure - go to the ER.

TAKE-HOME MESSAGE

- A detox program helps you stay safe and comfortable and preserves your dignity
- Detox should never end treatment. Consider it something that allows you to begin treatment
- You can find detox services in a range of settings, such as in your doctor's office, through an outpatient program or residential rehab, in a specialized detox clinic or in a hospital
- There are five basic levels of detox, and it's important to get matched to an appropriate level of care. You get matched to an appropriate level of care based on the results of your intake assessment
- Withdrawal can be dangerous. If you find yourself going through unsupported withdrawal symptoms, pay very close attention to warning signs of serious medical problems

Read more: *Before Drug Rehab: Learn Your Detox Options*

TRAMADOL WITHDRAWAL – THINK TWICE BEFORE CONSIDERING AN ULTRA RAPID DETOX

A few hours under anesthesia followed by a few days of light recovery – the discontinuation promised by clinics selling ultra rapid opiate detox (UROD) packages sounds a lot more inviting than a lengthy and difficult home tapering regimen...but is ultra rapid detox for tramadol really a good idea?

Well, when it sounds too good to be true, maybe it is. For a few reasons, UROD for tramadol probably doesn't make sense. Read on to learn:

- Why the American Society for Addiction Medicine and other experts

don't endorse the procedure – even for single mode full opiates.

- Why tramadol's dual mechanism of action - opiate-like and antidepressant-like – complicates recovery.
- How drugs used in the procedure may be uniquely dangerous for tramadol withdrawal.
- Though UROD clinics advertise their services to the tramadol-dependent, due to tramadol's dual mode of action and antidepressant-like qualities, ultra rapid detox isn't likely a good choice.

IS UROD EVER A GOOD IDEA?

How does UROD work?

1. In an ultra rapid detox, doctors induce anesthesia and then inject an opioid antagonist – usually naloxone – to flush out all opioids from opioid receptors in the brain, thus inducing an immediate state of full opioid withdrawal.
2. This would be agonizing for a conscious person, but not for a person held under anesthesia, and after a few hours under anesthesia, you wake up already past the worst of the detox discomforts.

Sounds good, right – so what's the drawback?

- The procedure, while legal, is controversial, even for normal – single mode of action opioids.
- It is more expensive and dangerous than a conventional opioid detoxification.
- Some patients report still significant discomfort with the UROD procedure.

WHAT DO THE EXPERTS SAY?

- The American Society for Addiction Medicine doesn't currently support UROD, citing insufficient evidence that the benefits of the procedure outweigh the risks.[1]
- A Cochrane review study from 2010 reported that heavy sedation during withdrawal confers no additional benefits but increases the risks of life-threatening adverse events. The study authors recommend against pursuing this treatment, due to its high cost, lack of benefits and additional dangers.[2]
- An UptoDate review from this year found that anesthesia-assisted detoxification was not superior to conventional detoxification and that given the high costs and risk of serious adverse consequences, UROD could not be considered a medically sound therapy.[3]

IS UROD APPROPRIATE FOR TRAMADOL?

Well, if you search online you can find UROD clinics advertising their services to tramadol-addicted patients. There is scant research evidence in favor or against UROD for tramadol, however, tramadol doesn't seem a logical fit for this procedure, since:

1. The UROD procedure focuses exclusively on the opioid systems of the brain – accelerating neural adaption to a state of opioid abstinence.
2. The procedure does not target the serotonin or norepinephrine systems or other systems targeted by the atypical opioid tramadol.
3. Switching suddenly from high dose daily use to full abstinence would likely cause intense typical and atypical withdrawal symptoms. Even if an ultra rapid opioid detox reduced opioid withdrawal symptoms severity, the person would still face sudden intense atypical withdrawal symptoms, such as depression, anxiety, paranoia, panic, tingling, etc.

If considering UROD for tramadol withdrawal, make sure you ask and feel satisfied with your doctor's plans for managing the atypical withdrawal symptoms you'd face after UROD. Your doctor might, for example, suggest managing these symptoms with a short course of an SSRI after the UROD procedure.

POTENTIAL TRAMADOL-SPECIFIC RISKS

Tramadol has a dangerous propensity for inducing seizures – and the drug normally used in the UROD procedure – naloxone – increases this seizure risk.

- Since UROD protocols use naloxone to precipitate withdrawals, the naloxone-tramadol seizure association is worrisome.[4]
- If experts do not endorse UROD for conventional opiates without a naloxone-seizure risk, should you consider this procedure for tramadol detox, given its increased risks?

Make sure to ask your doctor about the potential risks of seizure when combining these two medications.

TAPERING – SAFER AND GENTLER

Given the high risks and high costs, in most cases, there is little to gain with UROD over a slow and steady program of tapered reductions.

Read more: *Tramadol Withdrawal – Think Twice before Considering an Ultra Rapid Detox*

CHAPTER 6

DEALING WITH PAIN DURING TRAMADOL TAPERING

IN THIS CHAPTER

Tapering is hard - tapering while in pain is harder! But if tramadol isn't working or if it does more harm than good then you need to move on to different pain-control interventions and you need to get past your dependency – or dependency and addiction.
Read on to learn about:

- How to manage chronic pain while tapering so that your discomfort doesn't distract you from your goal of getting off tramadol.

SHOULD YOU CONSIDER A PAIN CLINIC?

You have better odds of tapering successfully if you control your pain, so it makes sense to seek out specialists that can help minimize your discomfort.

A good pain clinic offers a multidisciplinary team of experts and a wide range of non-opioid based therapies. The types of professionals you might find in a pain clinic include:

- **Pain specialist doctors** – To diagnose pain, assess general health, order physical tests, prescribe medications, help you with a tapering plan, etc.
- **Pain specialist nurses** – To provide information and advice and to provide specific therapies, such as acupuncture and others
- **Psychologists and other therapists** – To help you manage your mental health and emotional reaction to pain. To offer techniques and suggestions to improve quality of life.
- **Physiotherapists** – To provide manual movement therapies and advice on fitness, stretching, posture and general activities.
- **Occupational therapists** – To offer advice on how to perform everyday activities despite pain and to minimize aggravating pain
- **Alternative practitioners** – Chiropractors or osteopaths, for example[1]

Non-opioid pain-control interventions these specialists might recommend include:

- Non-opioid medications - OTC pain relievers like aspirin or acetaminophen, anti inflammatory drugs of the NSAID family (ibuprofen, for example), topical pain relievers, corticosteroids, some antidepressants and some anti-epileptic drugs.
- Exercise – Specific exercises to build muscles and movement around localized pain or general exercises to increase overall health, flexibility, energy, mental outlook and pain perception.
- Massage – For short-term muscle tension and pain relief.
- Physical mobilization and movement therapies – Working to improve joint range of movement to reduce pain. Working to improve flexibility.
- The use of orthotic devices
- Other physical or aquatic therapies
- Transcutaneous electrical nerve stimulation (TENS) – TENS machines send electrical signals to interfere with pain transmission.
- Acupuncture

- The use of cold (ice) or heat treatments
- Anesthetic injections – to block nerve groups or to reduce irritation, swelling and muscle spasms[2]
- Becoming more mindful of psychological factors that influence pain perception and changing routines to incorporate behaviors and practices that reduce pain and promote well-being.
- Stress reduction techniques – to reduce pain-provoking muscular and autonomic nervous system tension.

Comprehensive pain interventions do not fixate on pain as the *only* variable – it's improving quality of life that's ultimately most important. To that end, multi-modal pain treatments can include interventions to reduce pain, improve sleep, decrease pain-provoked anxiety and depression and increase your ability and willingness to participate in important social, recreational and career/education activities.

HOW TO KNOW IF YOU NEED SPECIALIST TREATMENT

You are more likely to need specialist pain or addiction treatment if:

1. You have complex pain, pain lacking physiological source clues or pain without a clear pattern.
2. You have a current non-controlled psychiatric disorder (or as a precaution, with well-controlled current psychiatric illness.)
3. You lack social support or you have only negative support (living with other drug or alcohol abusers, for example.)
4. You are addicted and or abuse other substances (you may consider specialized care even if you are in recovery.)
5. You lack a stable and satisfying work, educational or recreational life.[3]

If you regularly doctor-shop or abuse street opioids, tapering may not work

for you and a substitution program of methadone or Suboxone may be a better fit.

LIFESTYLE MODIFICATION

Lifestyle changes may not significantly affect pain severity, but small changes can help you cope more easily.

To cope with pain, try:

- **Pacing Yourself** – Pain may intensify as you get overtired or emotionally overwhelmed. Pay attention to your pain cycles and if you notice that fatigue worsens pain, take care to pace your day – taking breaks before you need them to minimize fatigue.
- **Organizing and Prioritizing** – Make a daily or weekly list of what you need and want to do, in order of importance. Accept that you can't accomplish everything and schedule your most important tasks first. This way you won't get blindsided by an essential task when overtired and struggling with pain.
- **Sleeping Regularly** – Because pain can worsen at night it's easy to develop altered sleep/wake schedules. However, you get the best chance of a restful sleep by maintaining a normal sleeping schedule: going to bed at the same time each night, waking at the same time each morning and avoiding daytime naps.
- **Staying Social** – You have to pace yourself and prioritize, but remember to stay social, even when you don't feel like it. A 30 minute visit with a good friend can do wonders for your mood.
- **Being Patient and Kind...*to Yourself*** – Don't expect as much from yourself during this temporary period of intensified pain. Though you won't be your optimum self for a short while, long-term gains will more than compensate for short-term deficits. Keep your eye on the prize!
- **Making Relaxing Activities a Priority** – Relaxing activities ease

muscle tension and soothe frayed nerves, so make daily relaxation periods an essential component of your regular routine. Try: reading, gardening, listening or playing music, cooking, etc.

- **Keeping a Pain Diary** – Take a couple of minutes each day to write down how you've been managing your pain - what's been working and what's been ineffective. Having a written record of your success can increase your self confidence.[4]

BEATING TRAMADOL ADDICTION CAN REDUCE PAIN

Here's a silver lining to the difficulties of the taper - some people find that pain dissipates as addictive behaviors get replaced by healthier daily activities. Some examples of how addiction influences pain include:

- Addiction and intoxication can diminish sleep quality which may increase perceived pain.
- Addiction can increase anxiety and/or depression, which can increase pain perception.
- Addiction can result in a failure to meet life responsibilities. This leads to stress (from relationship problems, job loss, etc.) and stress worsens perceived pain.
- Taking opioids to get high results in 'peak and valley' blood plasma concentrations and a regular intoxication/withdrawal cycle. This cycle results in rapid shifting between periods of psycho-motor relaxation (while high) and periods of stress, sympathetic arousal and muscle tension (while in withdrawal.) This rebounding back and forth may increase perceived pain.
- People addicted to opioids may not comply as well with non-drug treatment recommendations (stretching, exercise, etc.) and this can increase perceived pain.[5]

Read more: *Vicodin Addiction – Pain Management during Opiate Tapering*

CHAPTER 7

TRAMADOL ADDICTION: SELF TEST AND OVERVIEW

IN THIS CHAPTER

Addiction compromises your ability to taper and avoid relapse. If you are dependent and addicted, you may need to learn coping strategies such as those taught in an addiction treatment program to overcome your compulsive use. Read on in this chapter to:

- Take a quick self-test to diagnose the severity of your addiction
- Learn more about what addiction does to your brain (why it's called a brain disease)
- Learn how and why addiction treatment may help you

TEST YOUR ADDICTION SEVERITY

If you know you've got a problem but aren't yet sure what to do about it (AA/NA, outpatient treatment, drug rehab, etc.) it may be helpful to take this

quick addiction severity test that will provide you with a rating score which describes your level of dependence.

This test, called the *Severity of Dependence Scale*[1], is a reliable and valid test for a number of different types of substance addictions, such as opiates, marijuana, cocaine, benzodiazepines, amphetamines and alcohol.
So take a quick minute to answer the following five questions honestly and learn how your addiction ranks, and then use this information to make a smart decision about the best way forward:

THE SEVERITY OF DEPENDENCE SCALE

Over the previous 3 months:

1. DID YOU EVER FEEL THAT YOUR USE OF DRUGS OR ALCOHOL WAS OUT OF CONTROL?

- Never or almost never - 0 points
- Sometimes - 1 point
- Often - 2 points
- Always or nearly always - 3 points

2. DID THE IDEA OF NOT GETTING TO DRINK OR USE DRUGS EVER MAKE YOU FEEL VERY ANXIOUS OR NERVOUS?

- Never or almost never - 0 points
- Sometimes - 1 point
- Often - 2 points
- Always or nearly always - 3 points

3. DID YOU WORRY ABOUT YOUR USE OF ALCOHOL OR DRUGS?

- Never or almost never - 0 points
- Sometimes - 1 point
- Often - 2 points
- Always or nearly always - 3 points

4. DID YOU WISH YOU COULD STOP?

- Never or almost never - 0 points
- Sometimes - 1 point
- Often - 2 points
- Always or nearly always - 3 points

5. HOW DIFFICULT WOULD IT BE FOR YOU TO GO WITHOUT USING OR DRINKING?

- Not difficult - 0 points
- Quite difficult - 1 point
- Very difficult - 2 points
- Impossible - 3 points

SCORING

- 0-3 = Negligible dependence
- 4-6 = Mild dependence
- 7-9 = Moderate dependence
- 10-12 = Substantial dependence
- 13-15 = Severe dependence

The higher your score, the more likely you'd benefit from addiction treatment.

SO WHAT LEVEL OF CARE IS RIGHT FOR YOU?

Does your score on the Addiction Severity Test indicate a need for addiction treatment? And more importantly, are you ready to make a real change?

Once you decide that you're ready to get addiction treatment you then have to decide what level of care best meets your needs and circumstances.

Ideally, you enlist a qualified medical or mental health professional experienced in substance abuse assessments to help you pick a level of care, but you have final say over what you get and where you get it and it's helpful for you to understand some of the factors that might indicate a need for more intensive residential treatment.

RESIDENTIAL OR OUTPATIENT?[2]

In general, it's a good idea to try less intensive and intrusive treatment options before committing to residential treatment, but in some cases, residential care is the best option even on a first attempt at treatment. Residential treatment may be appropriate for you if you:

- have made previous attempts at sobriety with outpatient treatment without success
- have a co-occurring mental illness
- are physically dependent and require medical detoxification
- do not have a sober or stable home environment
- do not believe you can resist temptation while still in your home environment

Read more: *Do You Really Need Treatment? Take This Quick Addiction Severity Test and Find Out*

UNDERSTANDING ADDICTION - A BRAIN DISEASE

Addiction - whether to tramadol, heroin, cocaine or anything else, causes lasting changes in the brain. It is a disease of the brain – not a disease that has anything to do with will power or weakness.

While to an outside observer it may look like an addicted person makes planned choices to use drugs of alcohol and to engage in the behaviors necessary to frequently use drugs and alcohol – in actual fact, those 'choices' occur only after changes to multiple parts of the brain result in disordered thinking and memories and motivations.

Once addicted, what seems like free choice is actually far from it. After four years and the work of 80 specialist experts in the field of addiction medicine, the American Society of Addiction Medicine has released **a new definition and explanation of addiction**.[3]

Here are the facts...

- They say it's a disease of the brain and it has nothing to do with will power!
- People don't choose to become addicted but once they are the brain changes can last for a lifetime.
- Although negative behaviors often accompany addiction, they are secondary to physical changes in the mind that cause these altered behaviors.

THE BRAIN CHANGES OF ADDICTION

Addiction is a primary disease of the brain and it causes functional changes in the operation of the brain's reward, motivation and memory systems and in higher order thinking from the frontal cortex.

1. **Motivation and Reward System Changes** – Addiction causes physical and functional changes in brain structures involved with reward and motivation, such as the nucleus accumbens, the anterior cingulated cortex, the basal forebrain and the amygdala. These changes in reward structures lead to a skewing of motivation. While most people will prioritize behaviors that result in health and well being, people with addiction-hijacked reward systems inadvertently put a much higher priority on behaviors that stimulate the reward systems, which is why people addicted to certain drugs may behave in hard to understand ways, such as choosing to get high over food, shelter or family.
2. **Memory System Changes** – Addiction creates altered interactions between memory systems in the hippocampus, reward systems and higher order thinking in the frontal cortex. Once addicted, environmental cues which trigger memories of addictive behaviors result in a biological response and the experience of cravings. A person without addiction might remember a pleasurable experience such as using cocaine with fondness but experience no cravings to repeat it. A person with addiction would remember that same experience of using cocaine and feel a biological response and experience strong cravings to use again.
3. **Frontal Cortex Changes** – Addiction causes changes in the frontal cortex that can lead to consequences like a decreased ability to defer gratification or resist impulsive behaviors. Early exposure to substance use and abuse is known to dramatically increase a person's risk of developing an addiction. This may be because the frontal lobes of the brain are still in development during adolescence and engaging in substance use during this period is likely to result in brain changes that support the development of addiction.

The brain changes of addiction can be long lasting or permanent and because of this addiction is a chronic brain disease that is characterized by periods of remission and relapse and which often requires repeated bouts of treatment

over a lifetime for management.

HOW AND WHY PEOPLE BECOME ADDICTED

Addiction is a biological disease with a hereditary component. About 50% of your risk for ever developing an addiction is written in your genetic code. Other factors that are known to increase a person's susceptibility for addiction include:

- Having another condition that affects the brain's reward systems and which makes a person more likely to enjoy and seek out the rewarding (the highs) aspects of addictive behaviors.
- Changing your brain's structure and function through the repeated use of substances (or engagement in activities like gambling). Using substances to excess can lead to changes in the brain that make controlling future use more difficult.
- Having an emotional or cognitive condition which affects your ability to accurately perceive the world around you or deal with difficult emotions.
- Experiencing trauma or abuse – People who survive trauma sometimes use drugs or alcohol as a way to cope, and this can lead to addiction.
- Failing to learn resilience strategies during the developmental years (having ineffectual parents, for example) or losing important social support in adulthood (the sudden death of a spouse, for example).
- Having any type of mental illness and using drugs or alcohol.

SO WHAT ARE THE CONSEQUENCES OF THESE SIGNIFICANT BRAIN CHANGES AFTER ADDICTION?

So addiction results in changes in the brain – what's the big deal anyway?!

As a result of the way our brains change in functioning after addiction, we experience a wide array of negative changes in our lives. These changes are behavioral, cognitive and emotional in nature, and when you consider that addiction changes how we act, how we think and how we feel – you realize that there isn't much left that it doesn't negatively impact.

BEHAVIORAL CONSEQUENCES INCLUDE:

Losing control over how much or how often you use drugs or alcohol or engage in an addictive behavior (like gambling). Repeatedly trying and failing to control how you use, drink or otherwise engage in a harmful behavior.

- Experiencing significant consequences from your addictive behaviors, such as experiencing negative consequences on the job or in important social relationships.
- Spending a lot of time using, getting money to use or recovering from your use.
- Continuing to use drugs or alcohol or engage in another behavioral addiction despite knowing the harms it does to your physical or psychological health or well being
- Rarely taking part in social activities that aren't associated with your addiction of choice (If you like to drink and you can't drink with a certain group of people – you are unlikely to want to spend much time with them.)
- Knowing you have an addiction problem but being unable or unwilling to make any substantive changes.

COGNITIVE CHANGES INCLUDE

- Becoming obsessed with the focus of our addiction - Be it alcohol, drugs or gambling, once addicted we focus most of our attention in

any given day on making sure we get what we need.

- Losing the ability to accurately assess the costs and benefits of our addictive behaviors – Most actions have both rewarding and negative consequences. When using alcohol, examples of rewarding consequences include feelings of relaxation and pleasure and examples of negative consequences include health problems, hangovers, DUI's, poor performance at work, etc. Once we are addicted, our thinking becomes very focused on the positive consequences and we pay much less attention to the negative consequences. This is one reason why a person can continue to drink or use drugs or gamble, even as the costs of those actions become very obvious to concerned friends and family members.
- Believing that the problems faced in life are caused by factors other than addictive behaviors. For example, after being fired for poor performance, an alcoholic might blame her boss for unfairness and be unable to accurately assess how her drinking and daily hangovers contributed to her poor performance and job loss.

EMOTIONAL CHANGES INCLUDE:

- Experiencing greater feelings of anxiety, unhappiness and general emotional pain
- Becoming more sensitive to stressors – Once addicted your behaviors likely cause stressful situations (getting a DUI, owing money to a bookie, etc.) and you also experienced a reduced capacity to manage normal everyday life stress. As a result of your addiction, then, life becomes much more stressful than it was prior to addiction.
- Losing your ability to accurately gauge your feelings
- Experiencing persistent emotional lows that can only be reversed by engaging in your addictive behavior of choice (drinking, drugging, gambling etc.). Once addicted, you may develop a tolerance to the highs but you never develop a tolerance to the lows

that come after using. As a result, you spend a lot of energy trying and failing to get as high as you'd like to and experiencing ever greater rebound lows as you come down into states of withdrawal. Once addicted, people chase the high, but also use everyday just to get rid of the deep low... using just to feel emotionally normal.

ADDICTION TREATMENT – WHAT YOU NEED TO KNOW

WHEN CONSIDERING ADDICTION AND ADDICTION TREATMENT, THREE FACTS WORTH KEEPING IN MIND ARE:

1. Addiction is a chronic disease that typically features periods of remission (abstinence or non harmful use) and periods of relapse (addictive behaviors and harmful use).
2. Addiction treatment works well. Relapsing after remission is not inevitable and addiction treatment helps some people avoid relapse for good. Addiction treatment helps most people achieve longer periods of remission between relapses and also reduces the severity of relapses that do occur. Additionally, people in addiction treatment learn skills that improve functioning and well being during periods of remission.
3. When addiction is left untreated or insufficiently treated it can lead to disability or early death

Addiction treatment should not be evaluated as an all or nothing - success or failure - type of endeavor. Addiction treatment helps some people to abstain for a lifetime, but even those people who do go back to using at some point benefit from longer periods of remission and from learning to reduce the harms of use and the severity of relapses that do occur. Like many chronic disease (diabetes, heart disease, etc.) treatment is rarely a one-shot success but rather something for a lifetime and ideally something that evolves and changes as the needs and circumstances of the client change.

MORE TRUTHS ABOUT ADDICTION TREATMENT INCLUDE:

- Some types of addiction respond well to medication management (opiate addiction with methadone or Suboxone, for example). Medication management, when available, tends to improve treatment outcomes.
- The best results are achieved when appropriate medications are combined with evidence based psychosocial therapies (like group therapy, for example).
- Addiction treatment needs to be chronic and ongoing in nature
- Anyone can achieve recovery, even people who think they are beyond help
- Peer support, such as that found in groups like AA and others can be a beneficial part of the ongoing treatment process

Read more: *Understanding Addiction - What You Need to Know*

CHAPTER 8

ALTERNATIVE THERAPIES

IN THIS CHAPTER:

- Information on a common herbal supplement that's proven to reduce some of the psychological symptoms of opioid withdrawal.
- Information on using tramadol as an alternative antidepressant

PASSIONFLOWER TO TREAT OPIOID WITHDRAWAL SYMPTOMS

Looking for a non pharmaceutical treatment for opioid withdrawal symptoms?

Well, consider passionflower – an herbal medicine that's research-proven to ease the mental symptoms of opioid withdrawal.

WHAT IS PASSIONFLOWER?

Passionflower (Passiflora incarnata) is a perennial vine that's been used

medicinally for hundreds of years.

Passionflower works by increasing the activity of the GABA system in the brain, similarly to benzodiazepines, though unlike benzos – passionflower won't cause addiction.

In addition to helping with opiate withdrawal symptoms, people also use passionflower to treat anxiety, insomnia, asthma, symptoms related to menopause, ADHD, high blood pressure, pain, fibromyalgia, seizures, and other conditions.

PASSIONFLOWER FOR OPIOID WITHDRAWAL SYMPTOMS

RESEARCH SUPPORTING PASSIONFLOWER PLUS CLONIDINE

CLONIDINE IS COMMONLY PRESCRIBED FOR OPIOID WITHDRAWAL SYMPTOMS.

Researchers at Tehran University of Medical Sciences compared the use of clonidine alone to clonidine plus passionflower extract as a treatment to ease opioid withdrawal symptoms.

THE STUDY

65 opioid dependent study subjects were randomly assigned to one of two groups:

1. Subjects in the first group received a daily dose of up to 0.8 mg clonidine plus 60 drops of passionflower extract.
2. Subjects in the second group received the same daily dose of clonidine plus 60 drops of an inert placebo substance.

The researchers tracked the severity of opioid withdrawal symptoms for all subjects from the first day of abstinence to day 14 post-abstinence.

THE RESULTS

- Subjects given passionflower extract as well as clonidine had less severe mental withdrawal symptoms than subjects given clonidine alone. Subjects in the passionflower plus clonidine group experienced less agitation, irritability, insomnia and anxiety than subjects in the clonidine plus placebo group.[1]

RESEARCH SUPPORTING PASSIONFLOWER TO REVERSE OPIOID DEPENDENCE

The results of an experiment published in the journal Pharmaceutical Biology indicate that passionflower extract may at least partially reverse opioid dependence.

1. Opiate tolerant mice experience precipitated withdrawal after taking the opioid antagonist naloxone.
2. In this study, pretreatment with a single dose of passionflower decreased the withdrawal symptoms experienced after naloxone injection.[2]

SAFETY CONSIDERATIONS?

According to the National Institute of Health, (NIH) passionflower is:

1. Likely safe when taken orally in amounts normally found in food
2. Possibly safe when taken for less than one month as a medicine
3. Possibly unsafe when taken orally in large amounts
4. Not safe during pregnancy or while breastfeeding[3]

Side effects can include dizziness, confusion, altered states of consciousness and inflamed blood vessels.[4]

WORRISOME INTERACTIONS?

Passionflower may cause sleepiness and may increase the sedative effects of other sedative herbs and drugs, such as:

- Benzodiazepines
- Z drugs
- St John's Wort
- Valerian root
- And others

The herb may also affect blood thinning medications like Coumadin and older antidepressants like MAOs and MAOIs.

WHERE TO BUY PASSIONFLOWER?

Passionflower is not FDA regulated as a medication; you can buy passionflower extract and supplement pills at health stores or through Amazon or other online retailers.
The supplement is quite affordable, starting at roughly 10 cents per daily dose.

Read more: *Passionflower to Treat Opiate Withdrawal Symptoms*

WHAT ABOUT TRAMADOL AS AN ANTIDEPRESSANT?

Tramadol has a very similar chemical structure to the antidepressant drug venlafaxine (Effexor); both medications inhibit serotonin and norepinephrine reuptake, though tramadol also has a mild opioid receptor stimulation effect.

Though tramadol isn't marketed as an antidepressant there is evidence that it works as one.

Animal-model studies indicate that tramadol has mood improving activity and performs similarly to clinically effective antidepressants (such as desipramine, fluvoxamine and venlafaxine) on tests that predict antidepressant activity.* (Antidepressant-Like Effect of Tramadol and its Enantiomers in Reserpinized Mice: Comparative study with Desipramine, Fluvoxamine, Venlafaxine and Opiates *http://jop.sagepub.com/content/18/3/404.abstract*)

There is significant anecdotal evidence that it works well as an antidepressant and as an added benefit, tramadol works within minutes, rather than the weeks it takes for other antidepressants to take effect (Examining the Use of Tramadol Hydrochloride as an Antidepressant *http://psycnet.apa.org/journals/pha/19/2/123*).

If you can control your use (you don't use compulsively – can stick with a stable low-moderate daily dose) and you find tramadol has a positive effect on your mood, talk to your doctor about:

- Continuing to use tramadol as an antidepressant
- Switching to another antidepressant that has a similar mechanism of action (transition with care though, to avoid the risk of serotonin syndrome.)

CHAPTER 9

CONCLUDING REMARKS

Quitting tramadol is achievable; if you decide you want to stop, you can achieve your goal – the only question is: *are you going to do it the easy way or the hard way?*

Most people underestimate tramadol withdrawal and then experience the symptoms with terrible surprise.

But it doesn't have to be so traumatic! With education, preparation and a sensible approach, you can minimize your symptoms and cope with those you must face. Sudden drastic changes shock the body and mind. Why endure avoidable discomfort? Be kind to yourself and taper down at a pace that gets you to zero just the same, without the weeks of agony.

- With education you know what to expect and how to avoid the avoidable.
- By making your own plan and by retaining control you can make full use of your doctor's medical advice and assistance while still setting a taper pace that works for your body and that's changeable as needed.
- With preparation you're ready to cope-with or treat your withdrawal symptoms.

- With an understanding of addiction issues, you'll know that an inability to control your use or your taper indicates an addiction issue and that you'd benefit from learning coping strategies to get back in the driver's seat.

So if you want to discontinue tramadol, know that you can accomplish this goal. And since there's still so much we don't know about this medication, if you find anything that really helps, please get in touch with me at *john@choosehelp.com* so I can update this guide with the information that might make all the difference for that next person coming down the line.

Take care of yourself,
John Lee
Editor at *ChooseHelp.com*