Suboxone® Tapering Draws Increased Clinical Attention

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As medication-assisted treatment (MAT) continues to expand across Southwest Virginia, increased attention is being paid to how patients transition through different phases of care, including tapering protocols for buprenorphine-based medications. ReVIDA® Recovery, an outpatient opioid use disorder treatment provider serving Duffield and surrounding communities, recently published new educational guidance that discussed how Suboxone® tapering is approached in a clinical setting, and why taper schedules vary significantly from person to person.

?Buprenorphine (Suboxone®) is a medication used to treat opioid use disorder. Buprenorphine (Suboxone®) relieves withdrawal symptoms from opioid drugs while also reducing cravings for opioids,? the article explains. ?Buprenorphine (Suboxone®) is available in an oral film or tablet form.? The article notes that buprenorphine is typically introduced once opioid withdrawal symptoms have begun or when opioid use has stopped. According to the Indian Health Service, buprenorphine functions as a partial opioid agonist ? meaning it binds to opioid receptors, but that it activates them less strongly than full agonist opioids such as heroin, oxycodone, methadone, hydrocodone, morphine, or opium.

ReVIDA® Recovery explains that this distinction is why changes to buprenorphine dosing are typically approached gradually and within a clinically guided framework. This organization?s resource emphasizes that tapering schedules are designed to align with how the body adapts over time, rather than following a fixed timeline ? reinforcing the importance of individualized care when dosage reductions are being considered.

According to information from the University of Nevada, Reno School of Medicine, tapering off buprenorphine (Suboxone®) is generally approached by reducing doses gradually ? allowing the body time to adapt after each stage. Many clinicians consider dose decreases of approximately 25% (spaced at least 10 days apart) to be a manageable framework for many patients. Keeping in mind the recommendation to consult with a healthcare prescriber before making any medication changes, the article outlines an example taper framework for an individual beginning at 16 mg/day:

Day 1: immediate 25% reduction to 12 mg/day

Day 6: reduced to 8 mg/day

Day 11: reduced to 4 mg/day

Day 16: reduced to 2 mg/day

Day 24: reduced to 1.5 mg/day

Day 31: reduced to 1 mg/day

Day 39: reduced to 0.75 mg/day

Day 45: reduced to 0.5 mg/day

The article also references a few of the more commonly discussed clinical considerations; such as timing doses earlier in the day and preparing measured portions in advance, as a way to maintain consistency during a medically guided taper.

Healthcare providers across the region are continuing to emphasize that tapering decisions should be influenced by a wide range of variables ; including the individual?s treatment history, physical response, and overall stability. As opioid use disorder treatments continue to evolve, access to information about medication transitions has become increasingly important. ReVIDA® Recovery notes that a clearer public understanding of tapering principles may help reduce misinformation and reinforce the role of structured outpatient care in long-term medication assisted treatment engagement.

About ReVIDA® Recovery

ReVIDA® Recovery is an outpatient medication-assisted treatment provider specializing exclusively in opioid use disorder. With locations across East Tennessee and Western Virginia, including Duffield, ReVIDA® Recovery offers MAT services using Suboxone® and Sublocade®, combined with required outpatient therapy and practical support services. The organization focuses on improving access to evidence-based care while supporting patients in maintaining daily responsibilities.

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For more information about ReVIDA® Recovery Duffield, contact the company here:ReVIDA® Recovery DuffieldTonya Shelton276-690-7161duffield3@revidarecovery.com198 Ross Carter Blvd,Duffield, VA, 24244

ReVIDA® Recovery Duffield

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Website: https://www.revidarecovery.com/locations/duffield/

Email: duffield3@revidarecovery.com

Phone: 276-690-7161