

## Opiod Withdrawal:

# The Importance of Self-Reported Symptoms

### Opiod Withdrawal Syndrome and Opiod Use Disorder (OUD)

- [Opiod withdrawal syndrome](#) is a collection of self-reported symptoms and observable physiological signs that develop during abstinence (e.g., mood changes, muscle and bone aches, craving, nausea, sweating).
- Severity of opiod withdrawal can reduce [time in treatment](#) making its management a crucial component of OUD treatment.

### Withdrawal Assessment Tools

The American Society of Addiction Medicine's [National Practice Guideline](#) identified three assessment tools for opiod withdrawal.

#### **Clinical Opiate Withdrawal Scale ([COWS](#)):** Observer-rated

- Developed by [Wesson and Ling](#) (2003); more common in clinical settings

#### **Objective Opiate Withdrawal Scale ([OOWS](#)):** Observer-rated

- Largely replaced by the COWS in routine clinical practice

#### **Subjective Opiate Withdrawal Scale ([SOWS](#)):** Patient-rated/Self-reported

- Developed by [Handelsman et al.](#) (1987); often used in research settings

## **Self-Reported Withdrawal Assessment is a More Sensitive and Predictive Tool**

A [randomized controlled trial](#) of 100 patients undergoing a residential 7-day study of opioid withdrawal management compared the clinical utility of the SOWS and COWS. The study found that self-reported symptoms (SOWS) were more predictive of outcomes than observer-rated (COWS).

- Self-reported symptoms were recorded about **4 – 10 hours earlier** than observed symptoms.
- Patients who self-reported earlier and had higher withdrawal severity were **more likely to drop out** of the buprenorphine taper intervention.
- Peak self-reported scores **better predicted taper completion** than peak observer-rated scores.
- These findings are confirmed by previous [research](#).

## **Take-Home Messages**

### **Self-reported withdrawal is a critical aspect of clinical care.**

- Captures early and nuanced symptoms better than observer-rated scales.
- Identifies patients at higher risk of dropping out of treatment.
- Provides opportunity to intervene early and prevent symptoms from escalating to observable levels
- Builds trust, engagement, and patient-centered care.
- Identifies discomfort that may not be evident in observer-rated assessments.

### **Combining patient-reported and observer-rated assessments delivers the best care.**