1. Assess patients for risk of abuse before starting opioid therapy and manage accordingly

2. Watch for and treat comorbid mental disease if present

3. Conventional conversion tables can cause harm and should be used cautiously when rotating (switching) from one opioid to another

4. Avoid combining benzodiazepines with opioids, especially during sleep hours

5. Start methadone at a very low dose and titrate slowly regardless of whether your patient is opioid tolerant or not

6. Assess for sleep apnea in patients on high daily doses of methadone or other opioids and in patients with a predisposition

7. Tell patients on long-term opioid therapy to reduce opioid dose during upper respiratory infections or asthmatic episodes

8. Avoid using long-acting opioid formulations for acute, post-operative, or trauma-related pain