Practical Tips for Using the Clinical Opiate Withdrawal Scale (COWS)

Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale used for rating the degree of opioid withdrawal. See our accompanying fact sheet that reproduces the entire scale for your use. While the COWS may appear straightforward, it can be confusing when using it to assess patients undergoing withdrawal in the real world. In this fact sheet, we offer some hard-won tips and pitfalls to avoid so that you can more accurately rate your patient's withdrawal symptoms.

Tips

1. *Familiarize yourself with the scale beforehand:* None of the symptoms are particularly difficult to evaluate on their own, but it is helpful to know how to rank each symptom before assessing a patient. Understanding the symptoms and their corresponding severity scores as listed on the COWS can help you make more accurate and consistent evaluations.

2. *Don't get vital signs right away:* Unlike the familiar Clinical Institute Withdrawal Assessment (CIWA) scale for alcohol withdrawal, COWS includes vital signs. We suggest measuring the vital signs toward the end of the assessment rather than at the beginning. This way, the patient will have been sitting for a few minutes (less than a minute of walking can elevate blood pressure and heart rate in some patients) and have had a chance for any potential anxiety to diminish.

3. *Establish a baseline:* Before treating withdrawal, obtain a baseline COWS score. This will allow you to track the patient's progress and response to treatment.

4. *Conduct assessments at regular intervals:* Use the COWS consistently at predetermined intervals (eg, every four to six hours) to monitor the patient's withdrawal symptoms. Regular measurements will help paint a picture of how the withdrawal syndrome is evolving so that you can make informed decisions about treatment and adjust on the fly if necessary.

5. *Combine with clinical judgment:* Although the COWS is a helpful tool, it does not take individual patient characteristics into account. For example, someone with an anxiety disorder might have an elevated heart rate regardless of their opioid withdrawal severity. Always integrate the results of the COWS with your clinical judgment, considering the patient's overall health and individual circumstances.

6. *Involve the patient:* Many of your patients will have gone through opioid withdrawal many times before. Their subjective report can be just as illuminating as the COWS. Encourage them to report any symptoms, and take these into consideration along with the COWS score when coming up with a treatment plan. If this is their first withdrawal, educate them about what to expect to facilitate open communication and collaboration.

Potential Pitfalls

1. *Overreliance on the scale:* Do not solely rely on the COWS for decision-making, as it is only one aspect of the patient's overall assessment. Always consider the patient's medical history, psychiatric history, concurrent medications, and comorbidities.

2. *Subjective scoring:* Some symptoms on the COWS might be challenging to assess objectively, such as anxiety or GI upset. Be cautious of potential biases when evaluating these symptoms and adhere to the descriptions on the scale as best you can.

3. *Inconsistent assessments:* Inaccurate results may occur if the COWS is not applied consistently or if different health care providers evaluate the patient without standardized criteria. Establish clear guidelines and promote inter-rater reliability. Again, adhering to the clinical descriptions on the scale itself can be helpful here.

4. *Misinterpretation of symptoms:* Some symptoms of opioid withdrawal may overlap with other medical conditions, such as anxiety disorders or GI issues. Carefully evaluate the patient's history and context to avoid misdiagnosis.

5. *Overlooking other medications and substances:* Prescription medications and non-opioid drugs can complicate the clinical picture. For instance, a beta-blocker can prevent rapid heart rate whereas a stimulant, prescribed or otherwise, might have the opposite effect. Be sure to get an accurate med list and substance use history and use this information when interpreting the COWS.