PRIMARY CARE 10 TOP TIPS

Opioids in Palliative Care

This edition: August 2018
Next planned review: August 2020

1. Strong opioid painkillers are the foundation of most analgesic regimes in palliative care. It is important to be aware that their use in non-palliative chronic pain is restricted **(see 2017 "Opioids aware" guidelines from Faculty of Pain Medicine/Royal College of Anaesthetists).**

2. Aim to talk to patients about strong opioids and explore their concerns before prescribing them. Patients are much more likely to take their medication if they are not frightened of it. You may need to discuss DVLA rules on driving with your patient.

3. Most opioid regimes are a combination of modified release (or patch) background and immediate release breakthrough medication. When the background dose of opiate is increased, remember to increase the breakthrough dose so that it remains at 1/6 of the daily background dose.

4. Avoid co-prescribing weak opioids (e.g. codeine) and strong opioids, or combining different modified release (background) opioids.

5. Anticipate and prescribe for common side effects of strong opioids, such as nausea (usually transient within 2–3 weeks) and constipation (ongoing).

6. For many patients, oral morphine is the first line option. Oxycodone is often second-line. It is twice as potent as oral morphine (halve the dose) and significantly more expensive. It is no more effective than morphine in treating neuropathic pain.

7. Patches are much harder to titrate than oral medication. Only prescribe Fentanyl patches once pain is stable. Consider reducing laxatives when converting from morphine as fentanyl is less constipating.

8. Fentanyl patches are very potent: A 25 microgram patch delivers the equivalent of 90mg oral morphine over 24 hours – this can be a dangerous dose in an opioid naïve patient. Do not alternate between matrix and reservoir patches for Fentanyl as absorption can vary significantly leading to over/under dosing. Branded prescribing is recommended. Be aware that exposing the patch to direct heat can cause accidental overdose.

9. For subcutaneous (SC) injection, morphine is now first line in most settings. The dose is half that of the oral equivalent. SC oxycodone is the best alternative. The dose is 2/3 of SC morphine. Diamorphine is equipotent to SC oxycodone. It is currently reserved for specialist use because of manufacturing complications.

10. Always check your conversions where switching opioids – preferably with another person and/or using a standard conversion chart or app. It is easy to get a decimal point in the wrong place.

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