PRIMARY CARE 10 TOP TIPS

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Avoiding pitfalls in pain management

1 Always talk to patients about strong opiates and explore their concerns before prescribing them. Patients are much more likely to take their medication if they are not frightened of it.

2 Anticipate and prescribe for common side effects of strong opioids, such as transient nausea and on-going constipation.

3 Do not co-prescribe weak opioids (e.g. codeine) with strong opioids.

4 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.

5 Always check your conversions when changing opiates – preferably with another person and/or using a standard conversion chart. It is easy to get a decimal point in the wrong place.

6 Fentanyl patches deliver a strong opioid and 25 microgram patches deliver the equivalent of 90mg oral morphine over 24 hours – this can be a dangerous dose in an opioid-naïve patient.

7 Do not alternate between matrix and reservoir patches for Fentanyl as absorption can vary significantly depending on preparation leading to over/under dosing. Branded prescribing is therefore recommended.

8 Only prescribe Fentanyl patches once pain is stable and remember to consider reducing laxatives when converting from Morphine as Fentanyl is less constipating.

9 Oxycodone is approximately twice as potent as Morphine and no more effective in neuropathic pain.

10 A Diamorphine injection is more soluble and more potent than a Morphine injection in a ratio of 3:2.

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