MANAGEMENT OF BREAKTHROUGH PAIN (BTP)

Breakthrough Pain (“BTP”) is “a transitory exacerbation of pain that occurs on a background of otherwise stable pain in a patient receiving regular opioid therapy. It impacts on quality of life, ability to function and is often the reason for inpatient admission.” Studies on breakthrough pain have shown a rapid onset of occurrence, moderate to severe intensity and a generally short duration of action (20-30 minutes). Many patients experience 1-4 episodes per day.

THE PAIN RELIEF GAP:

The graph demonstrated that pain has a rapid onset and short duration, whereas most breakthrough analgesia takes 30 minutes plus to achieve peak action with the effects being long lasting, so the patient may experience medication side effects.
CURRENT TREATMENT OPTIONS FOR BREAKTHROUGH PAIN INCLUDE:

- Oral immediate release morphine (Ordine or Sevredol)
- Oral immediate release oxycodone (Endone or Oxynorm)
- Oral immediate release hydromorphone (Dilaudid tablet or liquid)
- Injection of morphine, fentanyl or hydromorphone

All these have a significant delay in speed of onset of action. For example, oral morphine takes approximately 40 minutes to reach peak plasma levels, but some patients may get pain relief earlier than this.

FENTANYL CITRATE LOZENGES (ACTIQ®) FOR BREAKTHROUGH PAIN RELIEF

Fentanyl citrate lozenges reach a peak of action quickly and have a shorter duration of action leading to less opioid accumulation. They have been shown to provide pain relief for some patients within 5 minutes and reaches maximal effect by 15 minutes.

**Side effects**

Same as for other opioids eg nausea, sedation, hypotension.

**Dose**

200mcg, 400mcg, 600mcg, 800mcg, and 1200 mcg lozenges.

Start at the lowest dose and titrate until an effective dose is found.

**Instructions for patient use**

1. If your pain is more severe than usual, use a fentanyl lozenge.
2. Move the lozenge over the cheek surface while it dissolves. To completely dissolve, will take 15 minutes. If the pain has completely disappeared before the whole lozenge has dissolved, stop using it and safely dispose of the remainder. (Hold it under a hot running tap).
3. If your pain does not go away a 2nd lozenge can be used.
4. It is good to keep a record of the date/time each lozenge is used and how effective you find it (recording a pain score 0 to 10 may help).

CALCULATING BREAKTHROUGH DOSES OF OPIOID

**KEY POINTS**

1. Use a short acting drug, oral or SC
2. Use 1/6 of total daily dose of morphine (some books state 1/10 or 1/12 if using morphine immediate release for breakthrough analgesia)
3. The breakthrough dose needs to be in proportion to the total daily dose

**EXAMPLES**

<table>
<thead>
<tr>
<th>Regular Dose</th>
<th>Breakthrough</th>
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<tbody>
<tr>
<td>MS Contin 130mg bd</td>
<td>Morphine elixir or 40mg tab Immediate Release (IR)</td>
</tr>
<tr>
<td>Oxycodone 40mg bd</td>
<td>Oxycodone (Endone or Oxynorm) 10mg IR</td>
</tr>
<tr>
<td>Fentanyl 25mcg patch</td>
<td>Morphine elixir 10 to -15mg or Oxycodone 10 to 15mg IR</td>
</tr>
<tr>
<td>Fentanyl 150mcg patch</td>
<td>Morphine elixir 60 to 80mg or Oxycodone 60 to 80mg IR</td>
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