ALTERNATIVE OPIOIDS TO MORPHINE

Keywords: Palliative pain management, opioid palliative care

AIM

• To provide information to health care professionals on alternative to opioids in the management of pain in palliative care patients.

KEY POINTS

1. If there are any concerns or uncertainty about the following medications, seek specialist advice.
2. See Clinical Guideline  Opioid Conversions to understand the relative potencies of different opioid medications.

OXYCODONE

• Commonly used in place of morphine.
• Useful if intolerable side effects from morphine.
• Considered more potent than morphine but the efficacy is similar.
• Renal excretion of the parent drug, therefore use with extreme caution in renal failure.
• Versatile:
  - Short acting preparation: Oxycodone Immediate release (Oxynorm®)
  - Long acting preparation: Oxycodone Controlled release (Oxycontin®) every 12 hours
  - Rectal
  - Parenteral: Seek specialist advice.
• Oxycodone Controlled release (Oxycontin®) has a biphasic release with the onset of analgesia in 1 hour. It is not necessary to give the first dose of Oxycodone CR (Oxycontin®) with a short acting preparation.

FENTANYL

• Is available as a transdermal patch, lozenge or parenteral injections
• Is commonly used in advanced cancer for women whose pain responds to an opioid, especially for
  - Intolerable adverse effects from other opioids
  - Impaired gastrointestinal function
  - Impaired oral absorption
  - Impaired renal function
  - Poor compliance with oral medications
• Should be reserved for stable pain states or when other difficulties are present such as difficult to control nausea, constipation or impaired gastrointestinal function.
• When commencing the patches
  - Apply the patch to dry hairless skin on the upper arm or body.
  - Continue the previous opioid for 12 hours, then encourage the use of breakthrough analgesia until stable.
  - Cease the previous opioid 12 hours later and encourage the use of breakthrough analgesia until stable.
  - Heat increase the absorption of fentanyl so care must be taken when using heat sources e.g. hot packs and therapeutic mattresses.
• Fentanyl lozenges are an oromucosal preparation for breakthrough cancer pain for women who are on a regular opioid.
  ➢ There is a rapid onset within minutes after the lozenge is moved along the inside lining of the cheek.
  ➢ The lozenge must not be chewed or sucked.
  ➢ There is no dose equivalent between fentanyl lozenges and other opioid formulations.
  ➢ All women should be commenced on the 200mcg lozenge and the dose titrated according to each individual’s response.
  ➢ Lozenge doses range up to 1600mcg, but most patients will benefit from lozenge doses of 200mcg or 400mcg.

HYDROMORPHONE
• A strong opioid that is commonly used for opioid rotation when
  ➢ The woman is intolerant of morphine.
  ➢ The woman is experiencing adverse effects from morphine.
• May also be useful as breakthrough analgesia for women on fentanyl, and women who are intolerant of other opioids.
• It is more potent than morphine and care must be exercised when changing from other opioids to hydromorphone.
• A variety of formulations are available:
  ➢ Short acting PO Dilaudid tablets and liquid.
  ➢ Longacting preparation: Jurnista tablets once every 24 hours. Note: Jurnista tablets must be swallowed whole and must never be chewed or crushed. Intact tablet shells may be passed in the faeces, but is of no consequence.
  ➢ Parenteral- seek specialist advice.
  ➢ In renal impairment, metabolites may accumulate, increasing adverse effects.

BUPRENORPHINE
Seek specialist advice

METHADONE
Seek specialist advice

KETAMINE
Seek specialist advice.

REFERENCES / STANDARDS
Greater Metropolitan Clinical Taskforce. 2008. Gynaecological Cancer Palliative Care.NSW Department of Health. Australia

National Standards – 1- Care provided by the clinical workforce is guided by current best practice
  4- Medication Safety
Legislation - Poisons Act 1964
Related Policies - Nil
Other related documents – KEMH Clinical Guidelines Palliative Care

RESPONSIBILITY
OGCCU / Palliative Care Team
Policy Sponsor Nursing & Midwifery Director OGCCU
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