

MEDICAL PHARMACIES DRUG NEWS

Drug Information and News for Health Care Providers

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Safe Use of Opioids for Chronic Pain

Opioids are often used in residents with severe chronic pain that impairs their daily functioning. In light of their increased risk of adverse effects in the elderly, the following recommendations should be considered:^{1,2}

- **Taper and stop** benzodiazepines.³ When used with opioids they can increase the risk of falls, confusion, and respiratory depression.
- **Start with weak opioids**, e.g., tramadol. Avoid codeine due to its high incidence of side effects (e.g., confusion, constipation, CNS and respiratory depression).
- **If moving to stronger opioids**, oxycodone and hydromorphone are preferred over morphine as they are less likely to cause constipation and sedation.
- **Do not start fentanyl** (e.g., Duragesic[®] patch) in opioid-naïve populations (residents who have not taken other opioids).

Opioid Dosing:

- Dose according to morphine equivalent dose/day (MED/D, 1 mg morphine = 1 MED). For example:

15 mg = 10 mg = 3 mg
morphine oxycodone hydromorphone

- Start with the lowest dose immediate-release opioid (e.g., 5 mg oxycodone, 1 mg hydromorphone) and do not exceed 20 MED/D.
- Titrate slowly by 10-20% of the starting dose.
- Most people need no more than 50 mg MED/D (e.g., 30 mg oxycodone, 10 mg hydromorphone per day) to manage chronic non-cancer pain. High doses (greater than 90 mg MED/D) are not safe and usually not necessary.

OPIOID MEDICATION	MED*	EXAMPLES OF BRAND NAMES
Tramadol	0.1	Durela [®] , Ralivia [®] , Tramacet [®] , Ultram [®] , Zytram XL [®]
Codeine	0.15	Atasol products, Codeine Contin [®] , Tylenol [®] with codeine products (Tylenol [®] No. 1, 2, 3, 4)
Morphine	1	Kadian [®] , M-Eslon [®] , MS.IR [®]
Oxycodone	1.5	Oxy.IR [®] , OxyNEO [®] , Targin [®] , oxycodone/acetaminophen products (e.g., Oxycocet)
Hydromorphone	5	Dilaudid [®] , Hydromorph Contin [®] , Journista [®]
Fentanyl	7.2 (patch form)	Duragesic [®] , various generics

From reference 4. *MED = morphine equivalent dose

References:

1. Busse J. The 2017 Canadian guideline for opioids for chronic non-cancer pain. McMaster University, Michael DeGroote National Pain Centre. 2017.
2. Institute for Safe Medication Practices Canada, Women's College Hospital. Essential clinical skills for opioid prescribers. 2017. <https://www.ismp-canada.org/download/OpioidStewardship/Opioid-Prescribing-Skills.pdf>. Accessed Nov. 21, 2017.
3. Pottie K, Thompson W, Davies S, et al. Evidence-based clinical practice guideline for deprescribing benzodiazepine receptor agonists. 2016. <http://www.open-pharmacy-research.ca/wordpress/wp-content/uploads/deprescribing-algorithm-benzodiazepines.pdf>. Accessed November 13, 2017.
4. Opioid Conversion Table and Morphine Equivalent Dose Table (Geriatric Lexi-Drugs). Accessed November 18, 2017.