Opioid Conversions: 
A Palliative Perspective

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Objectives

- Explore recommendations for safe prescribing and appropriate use of opioids
- Review recommendations for safe, effective opioid rotations
- Identify methadone, transdermal fentanyl, opioid infusion, and opioid-sparing candidates
It’s not magic, I promise!
The CDC: Opioid Overdose Epidemic

Three Waves of the Rise in Opioid Overdose Deaths


www.cdc.gov
CDC: Opioid Calculation Recommendations

- Calculating Total Daily Dose of Opioids for Safer Dosage
  - Use caution when prescribing opioids at any dosage
  - Prescribe the lowest effective dose
  - Use extra precaution when increasing to ≥ 50 MME per day
    - Monitor and assess pain/function more frequently
    - Discuss reducing/tapering dose and discontinuing opioids if benefits do not outweigh harms
    - Consider offering naloxone
  - Avoid or carefully justify increasing dosage to ≥ 90 MME per day

www.cdc.gov
Opioid Rotation

- Change in Status
- Response
- Adverse Effects
Opioid Rotation

- Switching to a different opioid analgesic when inadequate response to one opioid or adverse effects become intolerable
  - Improved pain control
  - Decreased intensity of adverse effects

- Failure to respond to one opioid dose not mean a patient will not respond to other opioids

- Incomplete cross-tolerance
Equianalgesic Opioid Dosing

<table>
<thead>
<tr>
<th>Opioid Analgesic</th>
<th>Parenteral (mg)</th>
<th>Oral (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Codeine</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Hydrocodone</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Meperidine</td>
<td>100</td>
<td>300</td>
</tr>
<tr>
<td>Morphine</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>10 (not available in US)</td>
<td>20</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Tramadol</td>
<td>100</td>
<td>120</td>
</tr>
</tbody>
</table>

J Pain Symptom Manage. 2009.
Opioids: Short-Acting Agents

- Moderate to severe pain
- Gold standard: Morphine?
- Individualize dosing
  - Tolerance
  - Severity
- Adverse effects: gastrointestinal, autonomic, cutaneous, central nervous system, true opioid allergies
- Often dosed Q4H PRN

**Agents**
- Hydrocodone
- Hydromorphone
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol
Opioids: Long-Acting Agents

- Improved ability to adhere to the prescribed regimen
- Potentially fewer adverse effects
- Dosed every 8, 12 or 24 hours (product specific)
- Should generally NOT be crushed or chewed
  - Exception: Methadone
  - May flush certain time-released granules down feeding tube (Kadian®)
- Adjust doses after reaching steady state
  - Special considerations: Methadone
- Consider pain rating, adjuvant therapy and PRN doses used
Case: Patient A

- 67-year-old female being admitted to hospice
- Pancreatic cancer with liver metastasis
- Lower abdominal pain
  - Intensity Rating: 7/10 (average)
  - Patient describes as: stabbing, aching, and constant
- Current analgesics:
  - Morphine ER 200mg PO q8h
  - Morphine IR 90mg PO q2h prn BTP (using 3 doses/day)
  - Total daily Oral Morphine Equivalent (OME): 870mg
Case: Patient A

- Opioid analgesics: Infusions
  - Intravenous
  - Subcutaneous
Case: Patient B

- 60-year-old male being seen by palliative care team
- Prostate cancer
- Lower back and hip pain
  - Intensity Rating: 10/10 (with movement)
  - Patient describes as: stabbing and burning
- Current analgesics:
  - Morphine ER 60mg PO q8h
  - Morphine IR 20mg PO q2h prn BTP (using 5 doses/day)
  - Total daily Oral Morphine Equivalent (OME): 280mg
Case: Patient B

- Methadone
  - Synthetic opioid
  - Reputation
  - Duration of action
  - Efficacious
  - Cost-effective
  - Monitoring
Case: Patient C

- 49-year-old male admitted to hospice
- Prognosis of days to short weeks
- Cirrhosis of the liver
- Abdominal pain and distension
  - Intensity Rating: 7/10
  - Patient describes as: dull, aching and constant
- History: alcoholism, illicit drug use, 5'9" 160 lbs.
  - Potential for self-titration exists
  - Routine Home Care, Minimal caregiver support
- Current analgesics:
  - Morphine IR 15mg PO q4h prn pain (using 6 doses/day)
  - Total daily Oral Morphine Equivalent (OME): 90mg
Case: Patient C

- Transdermal Fentanyl
  - Synthetic opioid
  - Extra precautions
  - Prolonged half-life and duration of action
  - Patch strengths
Thank you

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References


References


