SUPPORTIVE CARE PEARLS

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Short Acting (Breakthrough) Opioid Dosing

Opioids are among the most commonly prescribed medications for patients in Hospice or Palliative Care programs. Appropriately dosed short acting opioids can help control symptoms without excessive sedation or other side effects.

Dosage intervals that are too long can lead to uncontrolled pain, leading to demands for escalating dosages, and the risk of "pseudo-addiction", which is patient behavior that is misinterpreted as drug seeking, when, in fact, the patient is not getting adequate symptom control.

It should be noted that we are discussing only short acting medications here. Many, if not most, patients with chronic progressive disease will require long acting pain medications, which should be titrated according to the patient's response. Short acting opioids are used in this setting for "breakthrough" pain, on an "as needed" basis. There is never a reason to use a long acting or sustained release opioid "p.r.n."

Opioids are excreted by the kidneys, and in the setting of normal renal function, peak affect after oral dosing occurs in 60-90 minutes. Dosing every two hours makes clinical sense, even though recommendations in the literature vary.

Most combination products (Lortab, Vicodin, Percocet, others) contain both an opioid and acetaminophen. The total dose per day of acetaminophen should not exceed 4 g; this amount can easily be exceeded. These products are generally dosed at 4 hours intervals, and this frequency should not be exceeded. If pain is not well controlled, switching the breakthrough medication to a single agent such as morphine can be helpful.

Patients in hospitals and skilled nursing facilities depend on nursing staff for their breakthrough doses. Despite the recent emphasis on treating pain aggressively, patients still experience excessive wait times for their medications. In the home, patients may be dependant on family for their medication, and the family may have unfounded concerns about addiction. Education of the patient, family and staff about these issues is critical.

Tolerance frequently develops to opioids, and dosage escalation is necessary when this occurs, or when the disease is progressing and the need for pain medication increases. If

pain is severe, it is not unreasonable to increase the dose of the opioid by 50-100%. For more moderate pain, an increase of 25-50% is indicated. Elderly patients or those with compromised renal status need more gentle adjustments.

Opioids, like any medication, should not be adjusted more often than indicated by their half life. For short acting opioids, the dose may be adjusted several times in a day in order to achieve relief.