

Clinical Pearls

wardmm
institute
medication management training

Clinical Pearl 07/01/20

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Opioids Part 3 – Opioid Rotation

Catherine van den Berg – Clinical Pharmacist

In Part 1 and 2 on Opioids, we discussed the principles of opioid management and the complications of opioid use. When a patient has been taking an opioid for an extended length of time and develops complications, then Opioid Rotation may be an option.

Opioid Rotation:

- Most opioids produce renal metabolites which can accumulate. Therefore, when proposing an opioid rotation, extreme care must be taken to ensure a 25-50% oMEDD reduction due to the risk of overdose.
- To switch a patient to a different opioid, it is important to wean them down to 80-100mg of equivalent morphine first.
- A reduction of 25-50% of a high dose of opioids has a greater variation than a reduction of 25-50% of 100mg morphine.
- Huge reductions during an opioid rotation gives a greater dose variability and hence a greater risk of withdrawal symptoms or overdosage.
- A rule of thumb is to taper down their dose by 10% every 1-2 weeks. This reduces the onset of severe withdrawal symptoms. When 80-100mg of equivalent morphine is reached, it is recommended to switch to 50-75% of its value.

Clinical Pearls

wardmm
institute
medication management training

Here is an example:

John Citizen is no longer finding his opioids effective for his pain and is worried about further increasing the doses.

Opioids include oxycodone/naloxone (Targin®) 15/7.5mg bd (45mg/day morphine) and oxycodone 5mg qid (30mg/day morphine)

Total morphine per day = 75mg

A 25-50% reduction = 37.5-56.25mg morphine per day.

Switching to tapentadol = 93.75-140mg tapentadol per day

Recommended dose of tapentadol – 50mg mane and 50mg nocte.

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au