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OPIOID PRESCRIBING IN A COHORT OF DISCHARGED HOSPICE PATIENTS

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Background Morphine is recommended by NICE (2012) as the gold standard first line oral step 3 opioid for managing pain in palliative care patients. Alternative opioids are used e.g. if patient has renal failure or due to intolerable side-effects.

Aims Assess which strong opioids are prescribed for patients on discharge from a specialist palliative care inpatient unit

Look at the reasons why patients are discharged on alternative opioids

Observe which opioids are prescribed for patients with renal impairment

Method Retrospective review of the case notes and drug charts of 50 patients discharged from Overgate Hospice (October 2010 to November 2011).

Results 42/50 patients (82 %) were discharged on a strong opioid. 31/50 (62%) required a regular opioid. 15 patients were on regular morphine, 14 were on alternative opioids and 2 patients were on both regular morphine and an alternative opioid. 8 patients who were discharged on a strong regular opioid had an eGFR (estimated glomerular filtration rate) of less than 60, and 7 (88%) were prescribed an alternative opioid, most frequently oxycodone.

The most common reason for patients being discharged on alternative opioids was renal impairment 8/14 (57%). Other reasons included nausea and vomiting, inadequate analgesia and tablet burden.

Conclusions In a specialist palliative care population morphine continues to be effective as a first line treatment as recommended by NICE (2012). The most commonly cited reason for alternative opioid use was renal impairment. However further research would provide evidence for when to use alternative opioids first-line for patients with renal impairment.

REFERENCE

- 1 NICE (2012) Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults. guidance.nice.org.uk/cg140