

PALLIATIVE MEDS INFO NEWSLETTER

Volume (2) Issue (3) June 2015.

The Palliative Meds Info Service is a medicines information service which provides advice by telephone and email on all aspects of medicines use in palliative care. Contact us at Our Lady's Hospice and Care Services on 01 4912578 or email palliativemedinfo@olh.ie We also provide

medicines information on our webpages which are available from the OLH&CS website www.olh.ie.

The highlight of this newsletter is the launch of the 'Changing Routes of Administration Chart'. Other updates to documents that are currently available on the Palliative Meds Info webpages are highlighted below. Enjoy!



Palliative Care Medicines
Information Service



tel: 01 4912578 Harold's Cross
palliativemedinfo@olh.ie & Blackrock

Can denosumab be used for the treatment of hypercalcaemia?

Traditionally, treatment options for hypercalcaemia associated with malignancy have been limited to bisphosphonates and calcitonin. Over the last few years the use of denosumab to treat bisphosphonate resistant hypercalcaemia of malignancy has been growing. Denosumab is suggested as a treatment option for patients with hypercalcaemia that is refractory to zoledronic acid or in whom bisphosphonates are contraindicated due to severe renal impairment. However, there is still only limited evidence to guide practice. Research in this area is on-going. Please see details here: [What is the evidence to support the use of denosumab to treatment hypercalcaemia associated with malignancy?](#)

What is the maximum dose of Targin®?

Targin® preparations contain Oxycodone and naloxone at a ratio of 2:1. Naloxone (an opioid antagonist) is added to counteract opioid-induced constipation by blocking the action of oxycodone at opioid receptors locally in the gut. The maximum daily licensed dose of Targin® is 80 mg oxycodone hydrochloride and 40 mg naloxone hydrochloride. However, Targin® 120mg/60mg has been used in a randomised controlled study and one case report outlines the use of prolonged release oxycodone/naloxone 240mg/120mg per day. The authors suggest that at high doses oral naloxone may produce a central effect, and conclude that further studies should be conducted in patients requiring high doses of prolonged release oxycodone/naloxone. Please see details here: [What is the maximum dose of Targin® prolonged release tables that can be administered daily?](#)

What is the opioid conversion ratio between tramadol and morphine?

Tramadol is not generally used to treat cancer pain. As with any opioid conversion, it is prudent to convert using a conservative potency ratio and consider the clinical condition of the patient when converting a patient from tramadol to morphine. A potency ratio of oral morphine to oral tramadol has been reported to be between 1:5 and 1:10. Therefore, a total daily dose of 400mg of oral tramadol is equivalent to 40mg-80mg of oral morphine. The potency ratio of parenteral morphine to parenteral tramadol is generally regarded to be 1:10. Therefore, a dose of 100mg of parenteral tramadol is equivalent to 10mg of parenteral morphine. Please see details here: [What is the opioid conversion ratio between tramadol and morphine?](#)

Patient Information Leaflet - Oramorph® for Breathlessness

We have developed a patient information leaflet to aid healthcare professionals counselling patients taking Oramorph® to treat breathlessness. The leaflet is designed to complement verbal counselling to deliver the relevant information in a patient friendly format. We hope that you find this leaflet useful. The leaflet is available on our website [Oramorph® for Breathlessness](#)

Changing Routes of Conversion Chart

Opioid conversions can be challenging, particularly when also changing the route of administration. We have developed a 'Changing Routes of Administration' chart to help guide these types of changes. The clinical condition of the patient should be taken into careful consideration when applying the recommendations in the chart. Clinicians may decide to adjust the recommendations where appropriate for individual patients. Click on the chart for link.

Converting To →	Oral - sustained-release opioid	Fentanyl/Buprenorphine transdermal patch	Opioid CR/CII
Converting From ↓	Oral - sustained-release opioid	Once the last dose of the sustained-release opioid is given, apply the transdermal fentanyl/buprenorphine patch at the same time.	The CR/CII should be started about 4 hours before the oral dose is due in order to maintain analgesia.
Fentanyl/Buprenorphine transdermal patch	The clinical condition of the patient should be taken into consideration when carrying out the type of switch over. Remove the transdermal fentanyl patch and administer the sustained-release opioid after 8-12 hours.		Option 1: Leave the fentanyl transdermal patch in place and stop the oral opioid should be given through the CR/CII. Option 2: Remove the fentanyl transdermal patch and commence the CR/CII 12 hours later. Monitor for worsening of pain for up to 24 hours.
Opioid CR/CII	Stop the CR/CII as soon as the sustained-release oral opioid is administered.	The CR/CII should be stopped 12 hours after the transdermal fentanyl patch has been applied. The CR/CII should be stopped 12 hours after the transdermal buprenorphine patch has been applied.	

Updates

[How do you convert methadone from a subcutaneous dose to an equivalent oral dose?](#)

[How do you convert methadone from an oral dose to an equivalent subcutaneous dose?](#)

The evidence has been reviewed and updated. There has been no significant changes made to recommendations outlined in these documents.

[Transdermal Opioid Patches: Quick Reference Guide](#)

There are increasing numbers of generic fentanyl transdermal patches available on the Irish market. All of the newer generic versions have NOT been included in this document. Caution is advised when switching between brands.

[OLH Opioid Conversion Chart](#)

The OLH Opioid Conversion Chart has been reviewed. There has been a change in the colour scheme for the 2015 version. Please ensure that you are using the up-to-date version.

[Can pilocarpine eye drops be used to treat a dry mouth?](#)

The evidence has been reviewed and updated. There has been no significant changes made to the recommendations outlined in this document.

[Methadone: From Hospital to Home](#)

The telephone numbers for the Controlled Drugs Unit of the Department of Health and Children have been changed. An updated version of the document has been emailed to you with this newsletter, alternatively please email palliativemedinfo@olh.ie.

[Access to Medicines in the Community](#)

The most notable change to this document is that the cost per item dispensed on the medical card scheme has increased from €0.50 per item in 2012 to €2.50 per item today.