

7<sup>th</sup> November 2013

Dear Colleague

**Sustained Release Morphine – First Line Choice of Strong Opioid in Primary and Secondary Care in Non-Specialist settings**

The purpose of this letter is to advise all non-specialist healthcare professionals who care for people requiring strong opioids for pain control that first line maintenance therapy is modified release morphine.

This recommendation is in line with the recently released NICE guidance on [Opioids in Palliative Care](#) (May 12), and the [GAIN - Palliative Care Guidelines for the Management of Pain at the End of Life](#) (Feb 11), as well as the HSC guidance on [Opioid Prescribing in Non-Malignant Pain](#) produced by the [regional expert group on pain management](#).

Morphine is therefore considered the first line choice of strong opioid and should be used in preference to oxycodone (or other oral opioids/patches) in all appropriate circumstances.

**Recommendation**

- Oral sustained-release morphine is the first line product choice in patients who require strong opioids.
  - Oral sustained-release morphine should be used in preference to oral oxycodone (or other oral opioids/patches) in all appropriate circumstances.
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- Do not routinely offer transdermal patch formulations as first-line maintenance therapy to patients in whom oral strong opioids are suitable.

- If pain remains uncontrolled despite optimising first-line therapy, review analgesic strategy and consider seeking specialist advice.
- If significant renal or hepatic impairment, consider seeking specialist advice.
- A summary of the GAIN guidelines, which includes morphine equivalents and dose conversion tables can be found [here](#).

### **Treatment with opioid patches if oral opioids are not suitable**

Consider initiating transdermal opioids with the lowest acquisition cost for patients in whom oral strong opioids are unsuitable and analgesic requirements are not changing rapidly, supported by specialist advice where needed.

*NB: Mezolar<sup>®</sup> Matrix Patch is the preferred product choice for fentanyl patch in Northern Ireland (excluding patients with a soya or peanut oil allergy).*

### **Breakthrough pain in palliative care**

Offer immediate-release opioids as rescue medication for breakthrough pain.

### **Breakthrough pain in non-malignant chronic pain**

Patients with chronic non-malignant pain should be encouraged NOT to use immediate-release opioids for breakthrough pain. Other strategies e.g. paracetamol, [pain toolkit](#) advice etc. should be used in the management of breakthrough pain.

### **Action for Practices**

Practices should ensure sustained release morphine is prescribed as the first line choice of strong opioid.

If you have any queries about this policy or require any additional information, please contact your Medicines Management Advisor.

This advice was developed by the HSC Board in collaboration with the Regional Pain Management Expert Group.

Yours sincerely



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Joe Brogan  
Assistant Director of Integrated Care  
Pharmacy & Medicines Management