

## OPIOID EQUIVALENCE, RISKS AND RECOMMENDATIONS<sup>1-3</sup>

The information in the table below applies to non-cancer chronic pain in adults

OPIOID	Dose of stated opioid approximately equivalent in <b>oral morphine equivalent dose/ day (MED/d)</b>				
	Oral morphine < 50 mg per day	Oral morphine 50 - <100 mg per day	Oral morphine 100 mg per day	Oral morphine 120 mg per day	Oral morphine 200 mg per day
<b>Oxycodone</b>	<12.5 mg bd = <b>&lt;50 mg</b>	< 25 mg bd = <b>&lt;100 mg</b>	25 mg bd = <b>100 mg</b>	30 mg bd = <b>120 mg</b>	50 mg bd = <b>200 mg</b>
<b>Fentanyl transdermal patch</b>	12 mcg/hr = <b>45 mg</b>	25 mcg/hr = <b>90 mg</b>	25 mcg/hr = <b>90 mg</b>	50 mcg/hr = <b>180 mg</b>	75 mcg/hr = <b>270 mg</b> 100 mcg/hr = <b>360 mg</b>
<b>Buprenorphine transdermal patch</b>	20 mcg/hr = <b>48 mg</b> 10 mcg/hr = <b>24 mg</b>	35 mcg/hr = <b>84 mg</b>	35 mcg/hr = <b>84 mg</b>	52 mcg/hr = <b>126 mg</b>	70 mcg = <b>168 mg</b>
<b>Tapentadol</b>	50 mg bd = <b>40 mg</b>	100 mg bd = <b>80 mg</b>	100 mg bd = <b>80 mg</b>	150 mg bd = <b>120 mg</b>	250 mg bd = <b>200 mg</b>
<b>Tramadol</b>	50 mg qds = <b>30 mg</b>	100 mg qds = <b>60 mg</b>			
<b>Codeine</b>	60 mg qds = <b>24 mg</b>				

### RISK OF HARM

**Patient factors:** Pregnancy, age  $\geq 65$ , anxiety or depression, overdose history, personal or family history of alcohol, substance/opioid misuse, renal and hepatic impairment, COPD or underlying respiratory conditions.

**Drug factors:** Multiple opioids, multiple formulations of opioids, more potent opioids, concurrent prescriptions of benzodiazepines/CNS depressants.

- Dosages  $\geq 120$  mg oral MED/d the risk of harm is substantially increased without increased benefit.
- Opioid related overdose risk is dose-dependent.
- Dosages of 50-<100 mg MED/d increases the risk for opioid overdose by factors of 1.9 to 4.6 compared with 1-<20 mg MED/d.
- Dosages  $\geq 100$  mg MED/d increases the risk of overdose significantly: 2.0-8.9 compared with 1-<20 mg MED/d.

### DRIVING

- Patients may be particularly vulnerable to impairment when first starting a pain medication, following dose adjustments (up or down), when another drug is added or opioid taken in conjunction with alcohol.
- All opioid medicines have the potential to impair driving. A patient on high dose morphine (around 200-220 mg/ 24 hours) driving could be as impaired as someone with blood alcohol around the level above which it is illegal to drive. Alcohol and sedatives may impair driving at a lower morphine dose.

### RECOMMENDATIONS

Undertake polypharmacy medication review, assess whether benefits outweigh risks and whether opioid trial goals are still being met. Consider opioid tapering and discontinuation.

There may be a role for medium term, low dose opioid therapy in carefully selected patients who can be monitored. Provide patient information leaflets.

### References: