## Strong opioids

1 Morphine is the strong opioid of choice for oral use

Several preparations are available including:

Immediate release oral morphine

a) Oramorph liquid 10mg/5ml, 100mg/5ml (4 hourly)

b) Oramorph unit dose vials 10mg/5ml, 30mg/5ml, 100mg/5ml (4 hourly)

c) Sevredol tablet 10mg, 20mg, 50mg (4 hourly)

Sustained release oral morphine tablets and capsules

a) MST Continus 5mg, 10mg, 15mg, 30mg, 60mg, 100mg, 200mg (12 hourly)

b) Oramorph SR 10mg, 30mg, 60mg, 100mg (12 hourly)

c) MXL 30mg, 60mg, 90mg, 120mg, 150mg, 200mg (24 hourly)

d) Morcap SR 20mg, 50mg, 100mg (12 or 24 hourly)

Sustained release oral suspensions

a) MST Continus 20mg, 30mg, 60mg, 100mg, 200mg (12 hourly)

Morphine suppositories are available if the rectal route is preferred - consult local pharmacy for availability

- 2 Diamorphine is the strong opioid of choice for parenteral use because of its greater solubility maximum recommended concentration 250mg/ml
- 3 Phenazocine\* is useful if there is genuine morphine intolerance. One 5mg tablet is equipotent with 25mg morphine but has a longer duration of action a) Narphen 5mg (6 8 hourly)
- 4 Fentanyl TTS patch. Useful especially when there is difficulty swallowing, vomiting or intractable constipation; dose titration is more difficult and expensive. Possibility of withdrawal symptoms when converting from morphine responds to small doses of immediate release oral morphine a) Durogesic 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr (72 hourly)

Conversion from oral morphine to transdermal fentanyl

5 Hydromorphone\* has recently become available in this country; it may be useful if there is genuine morphine intolerance

a) Palladone capsules 1.3mg, 2.6mg (4 hourly)

- b) Palladone SR capsules 2mg, 4mg, 8mg, 16mg, 24mg (12 hourly)
- 6 Dextromoramide (Palfium) and pethidine have a short duration of action. They are useful for painful procedures but should not be used regularly for