

KISS
Keep It Simple and Straightforward

Fentanyl patches

Bottom line	<p><u>NB the following relates to chronic pain, not acute or end of life care</u></p> <p>Fentanyl patches are:</p> <ul style="list-style-type: none"> • Limited in effectiveness for the management of chronic pain (1) • Hazardous (2) • Expensive (3) • Not to be used in opioid naïve patients
Make it happen	<p>Look for:</p> <ul style="list-style-type: none"> • Use in non cancer pain – may not be effective • Has no place in acute or unstable pain- not licensed • Prescribing where there is other chronic disease, e.g. respiratory disease, depression • Elderly, frail, ill, co morbidities- very powerful opiate • Other drugs prescribed – other opiates, sedatives, benzos, Z drugs, other drugs that interact to increase levels (e.g. clarithromycin) or decrease levels (e.g. carbamazepine) - check current BNF • Evidence of misuse or overuse; reduce/stop • Great care where there is drug/alcohol history • Evidence of diversion – stop • Remember to ask about driving; it is the patient’s duty not to drive under the influence of drugs. Patients must report high use to DVLA • How they are being used? – Changed every 3 days? Disposal? Absorption varies.
The detail	<ol style="list-style-type: none"> 1. All opiates are of limited effectiveness in the management of chronic pain: Opiates are very effective for end of life care pain, there is <u>little evidence they are helpful for long term, chronic, pain</u>. Only a small proportion of people with long term pain will benefit from opiates. Risk of harm increases beyond a morphine equivalent dose of 120mg per day, but no increase in benefit. If the patient is using opiates and not benefitting, they should be stopped, even if there are no alternatives 2. Hazards: Fentanyl patches are very potent, to calculate approximate morphine equivalent, multiply by 3x. Note this is approximate and advice in BNF and from British pain society varies (multiply by 3.5 and 2.5 respectively). For Fentanyl patches, 120mg per day morphine equivalent will be exceeded by the use of Fentanyl 37.5micrograms per hour patch. Extreme care required – accidental exposure (e.g. children); external heat source (sunbathing, hot water bottle); fever; different brands will absorb at different rates (stick to the same formulation); toxicity in opiate naïve patients; drug interactions; very long half life (extreme care with dose titration, switching opioids, discontinuing). 3. Using dose equivalents advised by British Pain Society, 4 weeks Zomorph 90mg per day once a day costs approx. half of 4 weeks of 25micrograms per hour fentanyl or even more depending on brand chosen Nationally, a 50% reduction in the prescribing of fentanyl patches with a switch to oral morphine would result in a £21 million saving per year, which equates to approx £38,000 per 100,000 patients.
Links	<p>https://www.prescgipp.info/resources/send/120-opioid-patches/1467-bulletin-80-opioid-patches</p> <p>https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware</p> <p>https://www.gov.uk/drug-safety-update/serious-and-fatal-overdose-of-fentanyl-patches</p> <p>https://www.gov.uk/drug-safety-update/transdermal-fentanyl-patches-reminder-of-potential-for-life-threatening-harm-from-accidental-exposure-particularly-in-children</p>
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