IMMEDIATE- OR SUSTAINED-RELEASE MORPHINE FOR DOSE-FINDING DURING START OF MORPHINE TO CANCER PATIENTS: A RANDOMISED, DOUBLE-BLIND TRIAL

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Objective The EAPC recommendations includes a titration procedure using immediate-release morphine given four-hourly during start of oral morphine for cancer pain. This procedure is based on expert opinion, and no controlled study has been performed. Our objective was to compare the clinical efficacy of this recommended method with a direct start of oral sustained-release morphine given once daily.
Methods: Forty patients with malignant disease and pain despite treatment with opioids for mild to moderate pain were included into a randomised**,** double-blind, double-dummy, parallel-group comparison of titration with immediate-release morphine given 4-hourly plus placebo once daily, and titration with sustained-release morphine given once daily plus placebo 4-hourly. The primary end point was time needed to achieve adequate pain relief. Secondary end points were other symptoms (nausea, tiredness, lack of sleep, vertigo, appetite and constipation), health related quality of life (EORTC QLQ-C30) and patient satisfaction.
Results: Thirty-four patients completed the study. No patients were excluded because of side effects caused by morphine or failure to achieve analgesia. Mean times needed for titration were 2.1 (95% CI; 1.4-2.7) days using immediate-release morphine and 1.7 (95% CI; 1.1-2.3) days using sustained-release morphine. We observed no differences in side effects or health related quality of life function. Similar global satisfactions with the morphine treatments were reported.
Conclusion: A simplified titration of morphine to cancer pain patients using sustained-release morphine given once daily is equal effective and has not more side effects than titration using immediate-release morphine given four-hourly.