

THE INTRAVENOUS TO ORAL MORPHINE RATIO IN CANCER PAIN

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Introduction: The parenteral: oral conversion ratio (CR) for morphine (M) is controversial. We conducted a prospective study to evaluate our clinical practice using an equianalgesic conversion dose of IV to oral M of 1:3. **Methods:** Consecutive admissions to an acute care palliative medicine unit were followed prospectively. Eligibility: 1) IV M for pain 2) good pain control for 24 hours before conversion 3) Stable co-analgesics dose for 48 hours prior to conversion and unchanged throughout the study. Pain and side effects (SE) were assessed daily using numerical and categorical scales. **Results:** 221 were screened. 87 evaluated; 46 males, 41 females; median age 65 years (31-83). The most common diagnosis was lung cancer (29%). All had metastatic disease. Median total daily IV dose: 41 mg (12.5-200). Median days needed to control pain using IV were 3 (Range: 1-11). CR used 1:3 (52 %), 1:2.5 (25 %), 1:2.25 (2 %), 1:2 (18 %), and 1:1 (3 %). Pain was either maintained or improved in 91% with 1:3, compared to 86% and 73% for the 1:2.5 and 1:2 CR respectively. **Conclusions:** 1) Most converted using the M (IV: PO) 1:3 ratio with good pain control 2) Conversions <1:3 were associated with worse pain control 3) SE severity was unaffected by the CR 4) The 1:3 CR appears correct for most.