PARENTERAL OPIOID ROTATION IN ADVANCED CANCER

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Introduction: Opioid side effects may limit aggressive dosage titration. Opioid rotation (OR) using equianalgesic doses reportedly decreases toxicity while maintaining or improving pain control. **Methods:** a prospective consecutive study to determine the frequency and indications for OR. Pain and side effects were assessed daily before and after OR using numerical and categorical scales. **Results:** 275 patients using parenteral opioids were admitted to an acute care Palliative Medicine unit. 40 (15 %) underwent OR; 17 males, 23 females; median age 64 years (35-87). The most common diagnoses were lung and breast cancer (43 %). OR was morphine to fentanyl (N=19); morphine to methadone (N=12); morphine to oral oxycodone (N=2); methadone to fentanyl (N=2); methadone to intrathecal morphine (N=2); fentanyl to oral oxycodone (N=1); fentanyl to oral methadone (N=1) and morphine to hydromorphone (N=1). Before OR (N=20) had opioid neurotoxicity, (N=14) opioid unresponsive pain and (N=6) severe nausea and vomiting. After OR, all neurotoxicity, pain control, and nausea and vomiting improved. Pain control improved with a calculated morphine milligram equivalent equianalgesic dose less than predicted. **Conclusions:** 1) Pain control improved at opioid equivalents lower than predicted 2) The frequency of OR was 15% in this first prospective study; lower than prior literature reports. 3) All opioid toxicity and opioid unresponsive pain benefited.