



SAFE OPIOID PRESCRIBING

converting from one opioid to another



Morphine remains the first choice strong opioid in those who are not in renal failure and do not have a history of allergy or intolerance to the drug.

Sometimes, you will need to convert from one opioid to another – for instance because of adverse effects, or renal failure, or difficulty swallowing. It is useful therefore to be able to work out equivalents for each opioid.

The chart shows you how to convert between opioids – but you need to be careful when you use it. Equianalgesic conversions should not be considered a simple straightforward calculation. Dose ranges are given where there is differing expert opinion or uncertainty. Significant 'inter/intra' patient variability exists depending on the selected opiate, dosage level, expected response, and extent of incomplete cross tolerance. It is always prudent to check calculations with another clinical colleague.

Incomplete cross-tolerance relates to tolerance to a currently administered opiate that does not extend completely to other opioids. This will tend to lower the required dose of the second opioid. This incomplete cross-tolerance exists between all of the opioids and the estimated difference between any two opiates could vary widely. This points out the inherent dangers of using an equianalgesic table and the importance of viewing the tabulated data as approximations. Many experts recommend - depending on age and prior side effects - reducing the dose of the new opiate by up to 33-50% to account for this incomplete cross-tolerance.

Dose reductions of 50% should also be considered when switching in the following circumstances:

- At morphine or equivalent doses of $>1\text{g}/24\text{hr}$
- In elderly or frail patients
- Because of undesirable side effects eg delirium
- When there has been a rapid escalation of the first opioid (possibly due to opioid-induced hyperalgesia)

HOW TO USE THIS CHART

If on morphine converting to another opioid:

- work out total dose of oral morphine in 24 hours
- follow arrow to new opioid to be used
- multiply or divide as instructed on arrow to get oral 24hr dose of new opioid.

e.g

MST continus 30mg bd = 60 mg of oral morphine per day – if using conversion factor of 2 = 30mg oral oxycodone per day = OxyContin 15mg bd

If on another opioid

- work out total dose in 24 hrs or patch strength
- follow arrow to oral morphine
- multiply or divide as instructed on arrow to give total dose of oral morphine in 24 hours

e.g

buprenorphine patch 10mcg/hr = 24 mg of oral morphine per day = 4mg morphine 4 hourly or between 10 and 15 mg bd of MST continus