Methadone Use in Palliative Care Patients

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Methadone is increasingly being used for palliative cancer patients for pain management. Physicians are "rotating" opioids to help reduce opioid side effects, and help increase pain response due to tolerance of another opioid. Methadone has been compared to other opioids in studies in which it has been rotated with another opioid. The studies compared the adverse effects, cost, and the rate of success to achieve adequate pain management.

METHADONE CARDIAC TOXICITY:
- In studies, it was not confirmed that oral Methadone can cause cardiac toxicity.
- There is a direct correlation between IV Methadone and QT wave prolongation.
- It is suggested to routinely perform electrocardiograms prior to initiating the infusion, 24 to 72 hours later, and again 24 to 72 hours after each increase in the dose.
- Monitor electrolytes, especially potassium.

CONCLUSION: Methadone can be a superior analgesic for some palliative cancer patients, but Morphine continues to be the first line opioid recommended due to its effectiveness. Methadone and Fentanyl have shown to be quite comparable in effectiveness, and physicians are increasing the use of these two opioids. However, it is suggested that Methadone be studied further as a first line opioid for cancer pain.

METHADONE NURSING CONSIDERATIONS:
- The general rule for Methadone is, “Start Low, Go Slow.”
- Dosing increases should not be made more frequently than every 5-7 days.
- Monitor for excessive drowsiness, unsteadiness, or confusion during the first 3 to 5 days, and notify the physician if effects persist or worsen beyond this time.
- Watch for drug tolerance in those with a history of drug abuse, as methadone can cause physical and psychological dependence.
- Monitor patients with head injuries or other conditions that may increase intracranial pressure (brain tumors) because methadone may further increase intracranial pressure.
- Monitor patients for cardiac arrhythmias, hypotension, and vasovagal syncope because methadone may cause cholinergic effects in patients with cardiac disease, resulting in bradycardia and peripheral vasodilation.

RESOURCES:

RECOMMENDED READING:

METHADONE IV ADMINISTRATION:
- Sedative effects will increase with IV Methadone infusion over the first 12 hours after initiation and increasing the infusion.
- The infusion should not be increased during the initial 12 hours.
- Give PRN doses for breakthrough pain.

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RESOURCES:

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Opioid rotation of Morphine and Methadone: Adverse effects

Morphine
- Constipation
- Nausea / Vomiting
- Sedation / Drowsiness

Methadone
- Fewer instances of constipation
- Decreased Nausea / Vomiting
- Increase in Alertness

* In one study, switching from oral to subcutaneous morphine produced less drowsiness and nausea / vomiting.

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