

Controlled-release oxycodone tablets after transdermal-based opioid therapy in patients with cancer and non-cancer pain.

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Abstract

BACKGROUND AND AIMS:

Several publications and guidelines stress the efficacy and safety of opioid-based therapy for cancer and non-cancer pain management. The first point of the World Health Organization (WHO) guidelines recommends that, if possible, analgesics should be given by mouth. This advice fully matches the European Society for Medical Oncology (ESMO) guidelines, which advise that opioids should be titrated to take effect as rapidly as possible. The European Association for Palliative Care (EAPC) guidelines specify that transdermal fentanyl should be administered only in patients with stable analgesic requirements. The aim of this study was to assess the efficacy and influence on the quality of life of controlled-release (CR) oxycodone in patients who had obtained no or only partial pain relief after transdermal (TTD)-based opioid therapy.

METHODS:

Forty-one consecutive patients experiencing persistent cancer and non-cancer related pain and in treatment with transdermal-based opioid therapy for at least 5 days were enrolled in this open-label, multicenter observational study. All patients were switched from transdermal to oral opioid therapy with oxycodone CR for 21 days. Pain intensity was rated on a numeric rating scale (NRS) from 0 to 10 (0=no pain, 10=maximum severity). Patients were asked to rate their perceptions on efficacy and pain interference on the quality of life on an NRS from 0 to 10 (0=no interference, 10=maximum interference).

RESULTS:

After 3 days with oxycodone CR, pain intensity decreased by 38.83% ($p < 0.001$) and maintained a significant decrease throughout the period (T0-T7: -59.71%, $p < 0.001$; T0-T21: -65.75%, $p < 0.001$). The average daily dose of oxycodone CR increased from 68.75 mg at baseline to 72.39 mg after 7 days and was maintained stable until the study ended. At T0, 56.10% of patients suffered from severe pain (NRS 7-10); this percentage had decreased to 2.56% at the end of the study. About 7% of patients considered transdermal therapy effective at baseline; after 21 days, 72.22% and 19.44% of patients considered it effective and very effective, respectively. Quality of life improved significantly during the 21 days with the oral treatment ($p < 0.001$).

CONCLUSIONS:

Switching from transdermal opioid to oxycodone CR treatment is effective and leads to patients' improved satisfaction and quality of life.

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