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High dose controlled-release oxycodone in hospice care.

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Abstract

Controlled-release oxycodone (OxyContin) is commonly used for pain relief in terminal cancer. This opioid may be considered as a treatment option for patients who prefer oral pain control, but who are unwilling to take oral morphine sulphate or cannot tolerate its side effects. However, little is documented about the use of high doses of this drug in terminal cancer patients. The purpose of this study was to investigate the clinical characteristics of terminally ill hospice inpatients treated with OxyContin for pain, and to compare those patients receiving high-dose OxyContin (150 mg/day) with patients taking low and more typical doses. This retrospective chart analysis with parallel groups included records of 97 consecutive terminal cancer patients. We recorded clinical and demographic data, as well as data regarding daily doses, rescue doses and parameters associated with quality of life. The mean daily OxyContin dose was 78.6 mg per day for all patients. Only 18 (18.55%) patients were treated with high doses (mean daily dose 231.1 mg). No statistically significant correlations were found between any of the demographic parameters and dose ranges, with the exception of patients with painful bony metastases who consumed significantly higher doses ($p = 0.008$). No differences were observed in sleep quality or mood as a factor of OxyContin doses. However, compared with patients receiving low-dose (OR 1.0), patients treated with moderate and high doses maintained Karnofsky scores higher than 40 points most of the time (OR = 3.77, CI 1.1-13.0 and OR 4.95, CI 0.8-29.9, respectively). Survival was not related to OxyContin doses (Log Rank test, $p = 0.12$; Breslow test, $p = 0.37$). We conclude that the use of high dose OxyContin for terminal cancer pain management is safe, efficient, and unrelated to shorter survival times. The results suggest that health care professionals may use higher OxyContin doses, when indicated, to enable better pain relief and quality end-of-life care.

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