

# Considerations regarding preferred opioids in older people



Medication	Starting dose	Considerations
<b>Tapentadol</b> SR PBS listed, IR preparation available, not PBS listed	50mg bd po	Weak opioid effects Additional role in pain with a neuropathic component due to noradrenaline reuptake inhibition Inactive metabolites Less nausea, vomiting, constipation compared to conventional opioid Well tolerated in older persons <sup>26</sup>
<b>Buprenorphine</b> Transdermal patch Sublingual preparations	5 microg/hr transdermal weekly	Compliance benefits Low rate of opioid adverse effects, including respiratory depression, constipation Safe in renal impairment Low tolerance formation Local skin rash common
<b>Morphine</b> Multiple preparations and strengths available including parenteral, immediate release solution and tablets, slow release tablets, capsules, granules	10mg bd po higher doses in opioid tolerant states, including prolonged cancer pain	Multiple preparations Potent opioid, including potential for opioid adverse effects, including respiratory depression, constipation, sedation Active metabolites, with risk of confusion Constant pharmacy oversight recommended Regular review with 24 hour assessment chart Bowel regimen to check for and prevent constipation Caution/contraindicated in renal impairment
<b>Fentanyl</b> Several preparations including transdermal patch, sublingual lozenges and parenteral formulation	12 microg/hr transdermal every 3 days	Not recommended for opioid naïve residents Compliance benefits Potent opioid with potential for respiratory depression No active metabolites Safe in renal impairment Dosing above 25 microg/hr is not recommended without specialist input
<b>Oxycodone</b> Several preparations including rectal, immediate release, modified release; fixed dose combinations of oxycodone with naloxone in modified release form	2.5-5mg bd po	Potent opioid, unclear if better efficacy in certain pain states (e.g. abdominal pain) Caution in renal impairment Misuse potential with immediate release and generic modified release formulations Dosing above 20 mg bd not recommended without specialist input
<b>Hydromorphone</b> Immediate release, modified release and parenteral preparations	2-4mg/d	Potent opioid including potential for opioid adverse effects such as respiratory depression, constipation, sedation Low staff familiarity, specifically compared to morphine (5 times more potent) Caution in renal impairment