A titrated morphine analgesic regimen comparing substance users and non-users with AIDS-related pain.

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Abstract:

To compare morphine dosage and effectiveness in AIDS patients with/without prior substance use and pain, a prospective, open-label case series lasting 3 - 18 days was conducted in both outpatients and inpatients at major pain service teaching programs. Forty-four patients, 13 with prior drug use history, who had pain associated with HIV infection or its treatment were administered sustained-release morphine (SRM) every 12 hours. The dose was titrated to pain relief for a period of ³ 3 consecutive days (associated with = 2 immediate-release morphine tablets per 24 hours), or until the patient discontinued from the study or completed 18 study days. Forty-four patients were enrolled (13 with a prior drug use history). Forty were evaluable for an intent-to-treat analgesia, including 11 with a drug use history. Twenty-four (6 users) completed this study. Former users and non-users were similar in demographics, baseline pain intensities, causes of pain, discontinuation, quality of life and acceptability of therapy. Pain intensity decreased by ³ 50% in both groups (P = 0.0001). To identify a stable dose, the dose of SRM more than doubled in former users and rose by 31% in non-users (mean final dose 177.4 mg and 84.9 mg, respectively) (P = 0.0018). Immediate-release morphine decreased in both; former users required more (P = 0.0006). These data suggest the utility of morphine for AIDS-related pain. Patients with a prior drug use history benefited but required substantially more morphine.

Comments:

Strengths/uniqueness: A good description of methods and results, with an acceptable definition of well controlled pain. There is a reasonable reporting of other outcomes such as quality of life and safety variables.

Weakness: The past history of drug use is not well defined. Presumably any past history was sufficient for inclusion, but this could include a range of use ending a month previously to many years ago, as well as varying frequency, duration, drugs used, or rehabilitation initiatives. We do not know how many patients were excluded from the study due to drug use within one month. The authors acknowledge the short study duration and small patient numbers as further problems. The open-label, non-randomized design is a further problem, but difficult to avoid in this patient population.

Relevance to Palliative Care: This study should increase our confidence in providing patients with a past history of drug use with appropriate opioid pain management. We can anticipate some of these patients will need higher doses to achieve stable pain control.