

Journal Watch

Factors associated with opioid dispensation for patients with COPD and lung cancer in the last year of life: A retrospective analysis

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Reference: Donna Goodridge,¹ Josh Lawson,² Graeme Rocker,³ Darcy Marciniuk,⁴ and Donna Rennie^{1,2}
Int J Chron Obstruct Pulmon Dis. 2010; 5: 99–105.

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Journal Watch Category: Non-cancer illness – Respiratory disease (COPD)

Abstract

Background: For patients in late stages of chronic obstructive pulmonary disease (COPD), dyspnea is often refractory to conventional treatment. We know little about the use of opioids in ameliorating dyspnea in this population. In this study we explored factors associated with opioid dispensation within the last year of life and differences in opioid dispensation for persons with lung cancer or COPD.

Methods: In this retrospective cohort study we used administrative health data gained from 1,035 residents of Saskatchewan, Canada to examine patterns of community opioid dispensation in the last year of life. Factors associated with opioid use were determined using multiple logistic regression.

Results: When compared with those with lung cancer, fewer patients with COPD were given opioids within the last week of life, the last month of life, and the last 3 months of life. After adjusting for relevant predictors, patients with lung cancer were more than twice as likely as those with COPD to fill prescriptions for the following: morphine (odds ratio [OR] 2.36, 95% confidence interval [CI]: 1.52–3.67); hydromorphone (OR 2.69, 95% CI: 1.53–4.72); transdermal fentanyl (OR 2.25, 95% CI: 1.28–3.98); or any of these opioids (OR 2.61, 95% CI: 1.80–3.80).

Conclusion: These opioids are dispensed only for a small proportion of patients with COPD at the end of their lives. Future researchers could explore the efficacy and safety of opioid use for patients with advanced COPD, and whether their limited use is justified.

Keywords: COPD, lung cancer, dyspnea, opioid dispensation, palliative care

Strengths:

- Large sample size 1,035.
- 12 months of care data.
- Study included participant file, hospital discharges, home care services, vital statistics information and outpatient prescription drug services.
- No conflict of interest.
- Retrospective cohort study.

Weaknesses:

- One site, province – Sask.
- Excluded the native population .
- Constraints inherent in using an administrative database.
- Did not include all regions (excluded part of the population).
- Better methodology to find all cases.

Relevance to Palliative Care:

Even though there are guidelines and recommendations based on expert opinion for opioid use in COPD patients there is still low rates of use in this group. It would be useful to have more data about efficacy and harms of opioids in this population in order to make stronger recommendations.