



## MORPHINE MYTH-BUSTING

*This fact sheet is designed to educate patients, families, staff, and external healthcare professionals about the safety, efficacy, and use of opioids, particularly the use of morphine. If after reading this, you still have questions or concerns, please contact Mike Bolewitz at 704.375.0100. Having served the community for over 30 years, we are experts in pain and symptom management and would be delighted to provide you with more information.*

For patients with advanced illness, pain is highly prevalent. While the need for aggressive opioid therapy is widely accepted, undertreatment is unfortunately a common problem<sup>1</sup>. Numerous barriers to opioid prescription and administration persist – fear of adverse drug reactions, fear that morphine hastens death, fear of medical boards or the DEA, or fear that the patient will become “addicted”. The following questions and answers address many of these misconceptions that currently exist about morphine use.

### **Does starting morphine mean death is imminent?**

No. The stage of terminal illness does not dictate starting morphine – it is the degree of pain that guides our choice of morphine or other opioids. The use of opioids and sedatives for symptom control in the last days of life has **NOT** been associated with a change in length of patient survival. When started at a low dose and titrated adequately, these medications have been proven safe and effective in management of severe, distressful symptoms<sup>2</sup>.

### **Is morphine safe to use even at higher doses?**

Yes. Management of pain can sometimes require high doses of morphine or other narcotics. Morphine is usually started at low doses and carefully titrated upward as needed. In fact, a study was undertaken to evaluate the effects of these higher doses of morphine, defined as greater than 299mg of morphine per day. The median survival time of patients treated with high dose morphine was **LONGER** (27 days), compared to patients not treated with morphine (22 days)<sup>3</sup>.

In another study, authors also concluded that high dose morphine can be used without concern for significant side effects, including respiratory depression<sup>4</sup>.

### **But what about side effects? Won't morphine cause me to stop breathing?**

Serious toxicities, such as respiratory depression, can occur if morphine is started at too high of a dose or with rapid dose escalation. The truth is that respiratory depression is very, very rare when morphine is dosed and titrated appropriately<sup>5,6</sup>. Predictable side effects are nausea, constipation, and drowsiness/sedation. With the exception of constipation, the body develops tolerance (see definition below) to most of these effects within a few days.

### **I'm allergic to morphine, so I can't use it.**

True allergic reactions to morphine are very rare. Most “allergies” to morphine are really side effects that the body develops tolerance to, such as drowsiness or GI upset. Others “allergic reactions”, like itching, are caused by a histamine release, which can be managed with the addition of an antihistamine like Benadryl®. Finally, options such as oxycodone and hydromorphone exist, which are more “synthetic” drugs. These have a very low potential for cross-allergic reactions if a true morphine allergy is suspected<sup>7</sup>.

### **Will I become addicted to morphine?**

The American Pain Society defines **addiction** as “*impaired control over drug use, compulsive use, craving, and continued use despite harm*”. In essence, someone who uses a drug for no medical indication, despite serious adverse consequences, is considered addicted. This is different from having **tolerance**. **Tolerance** is the body's adaptation to a drug, resulting in the need for higher doses over time to achieve the same result. This is a normal occurrence in any person taking an opioid for more than a few days. Tolerance can also be positive, meaning the body will adjust to initial side effects, like drowsiness.

Unless there has been previous addiction issues, or there is a fear that the morphine would be used for reasons other than pain relief, addiction should not be a concern.

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