

## Side Effects of Medications and General Approaches to Management

### General Consideration for Side Effects Management

#### For Opioids

- ◆Decrease dose of analgesic
- ◆Lower the dose and add an analgesic from another class
- ◆Switch to different analgesic in the same class
- ◆Add a medication to treat the side effects

#### For Co-Analgesics

- ◆Start low and go slow

Side Effects	Management/Comments
<b>CNS:</b> Drowsiness	<p>Generally resolves within 72 hours of initiating new pain medication.</p> <p>If persists and other correctable causes identified and treated, psychostimulants may be beneficial. Adjust dose and timing to avoid nocturnal insomnia and monitor for psychotomimetic effects (e.g. hallucinations, agitation, irritability)</p> <ul style="list-style-type: none"> <li>◆Dextroamphetamine 2.5-5 mg PO q am and midday</li> <li>◆Methylphenidate 5-10 mg PO q am and 2.5-5mg PO midday</li> </ul>
<b>CNS:</b> Respiratory Depression	<p>Common fear, but actually very rare.</p> <p>When depressed consciousness along with RR less than 8/min associated with opioid use, slow, cautious titration of naloxone should be instituted (0.02 mg q 2-3 minutes while providing respiratory support and supplemental oxygen).</p> <p>Caution abrupt opioid reversal with pain and autonomic crisis</p>
<b>CNS:</b> Delirium	Determine etiology; organ failure versus drug effect.
<b>GI:</b> Nausea	<ul style="list-style-type: none"> <li>◆Generally resolves within 72 hours of initiating new pain medication</li> <li>◆Opioid induced nausea can be treated with centrally acting antiemetics (Phenothiazines, metaclopramide)</li> <li>◆Motion exacerbated nausea can be treated by adding antihistamine antiemetics (diphenhydramine, meclizine) to the centrally acting ones.</li> <li>◆Severe nausea that does not respond to the above treatment may be eased with a 5HT3 antagonist (Aloxi) may help.</li> </ul>

### References:

APS Guideline for the Management of Cancer Pain in Adults and Children: Clinical Practice Guideline. Glenview, IL: APS, 2005.

Common Principles of Effective Pain Management at the End of Life, Medscape, Perry Fine, MD, 2006.

Bowel Routine, Opioid Use Guidelines Pocket Guide, New Hampshire HPCO 2006

Used with permission of K. Herr, PI, Cancer Pain in Elders: Promoting EBP's in Hospices; NCI Grant R01 CA115363; Adapted from AHRQ Grant RO1 HS 10482; M. Titler; PI; Revised 2/7/07.

## Side Effects of Medications and General Approaches to Management

### General Consideration for Side Effects Management

#### For Opioids

- ◆Decrease dose of analgesic
- ◆Lower the dose and add an analgesic from another class
- ◆Switch to different analgesic in the same class
- ◆Add a medication to treat the side effects

#### For Co-Analgesics

- ◆Start low and go slow

Side Effects	Management/Comments
<b>GI:</b> Constipation	Include one or more of following: ◆Senna + docusate (Senokot S) 1-2 tabs BID ◆MOM 30-60 cc BID to TID ◆Lactulose 30-60 cc BID to TID ◆PEG solution: Miralax 1-4 T QD or 4-8 oz of GoLyteLy titrated to effect. <b>STEP UP:</b> If symptoms of constipation then: Double dose of regimen above OR add 2nd agent such as Lactulose or Miralax.  Bulk Laxatives are not recommended (Metamucil) due to the increased risk of bowel obstruction with decreased fluid intake.
<b>GI:</b> Myoclonus	Can occur with high-doses opioid therapy. Switch to alternate opioid, especially if using morphine. ◆Clonazepam 0.5-1 mg PO every 6-8 hours ◆Lorazepam SL if unable to swallow
<b>GI:</b> Pruritus	Most common with morphine, but can occur with other opioids. Antihistamines (e.g. diphenhydramine) common first-line approach, but sedation is trade off.

#### References:

APS Guideline for the Management of Cancer Pain in Adults and Children: Clinical Practice Guideline. Glenview, IL: APS, 2005.

Common Principles of Effective Pain Management at the End of Life, Medscape, Perry Fine, MD, 2006.

Bowel Routine, Opioid Use Guidelines Pocket Guide, New Hampshire HPCO 2006

Used with permission of K. Herr, PI, Cancer Pain in Elders: Promoting EBP's in Hospices; NCI Grant R01 CA115363; Adapted from AHRQ Grant RO1 HS 10482; M. Titler; PI; Revised 2/7/07.