MPA AS EFFECTIVE AS LEUPROLIDE IN TREATING ENDOMETRIOSIS PAIN

Depot-medroxyprogesterone acetate (MPA) and depot-leuprolide acetate are equally effective for managing pain associated with endometriosis but have different adverse side effects, according to a study presented at the 2004 Global Congress of Gynecologic Endoscopy in San Francisco, California. In this comparative study of therapeutic options, investigators randomized 274 women (age range: 18 to 49 years) with endometriosis pain to receive an injection of 140 mg MPA subcutaneously or 11.25 mg leuprolide intramuscularly every three months for a six-month period, with a subsequent one-year follow-up.

Results at six months showed MPA to be statistically equivalent to leuprolide in relieving four of five endometriosis symptoms, including dysmenorrhea, dyspareunia, pelvic pain, and pelvic tenderness. The therapies were equivalent in relief of all symptoms at 18 months.

The most significant differences between the two drugs were the side effects. Specifically, MPA was associated with significantly lower Kupperman Index scores and decreased bone mineral density compared with leuprolide. MPA recipients also experienced more frequent hot flashes, menopausal symptoms, and vaginal dryness compared with those taking leuprolide. (Source: Medscape Medical News, November 18, 2004.)

NEW EPIDURAL INJECTION PROVIDES TWO DAYS OF POSTSURGICAL PAIN RELIEF

Endo Pharmaceuticals Inc. recently initiated commercial shipments of the first single-dose epidural injection for patients undergoing major surgery in the United States. The injection, or DepoDur™, provides up to 48 hours of pain relief.

Most postoperative pain relief methods used today require catheters or intravenous lines. In contrast, DepoDur™—which is a morphine sulfate extended-release liposome injection—is delivered as a single epidural shot, thereby reducing the need for external tubes or pumps and possibly accelerating patients' recovery.

Unlike common morphine treatments that are administered epidurally, DepoDur™ does not require an indwelling catheter for continuous pain relief. Such catheters can make it difficult for patients to move around after surgery and can increase the risk of infection. A recent analysis reported in the *Journal of the American Medical Association*, encompassing three decades of research, indicates that epidural analgesia provides significantly better post-operative pain control compared to parenteral opioids. Research also shows that patients with properly managed postsurgery pain may have less complicated rehabilitation periods and fewer chronic pain problems than patients whose pain is mismanaged.

The primary side effect of DepoDur™ is respiratory depression, particularly in elderly, debilitated patients and those with compromised respiratory function. Patients must be monitored for at least 48 hours after administration, and the facility must be equipped to resuscitate patients.

For more information about this new product, go to *www.depodur.com*. (Source: *Pain.com*, December 7, 2004.)

PATIENT–CONTROLLED TRANSDERMAL FENTANYL ANALGESIC CONVENIENT, EFFECTIVE AFTER HYSTERECTOMY

For hysterectomy patients, patient-controlled transdermal fentanyl (IONSYS) analgesia is as effective and more convenient than traditional intravenous patient-controlled analgesia (IV PCA) with morphine, according to research presented in November 2004 at the American Society of Regional Anesthesia and Pain Medicine's annual meeting in Phoenix, Arizona.

Because both pain management systems provide equivalent pain control, researchers wanted to determine how they compare when used after a common surgical procedure. The study included only women who had undergone a hysterectomy.

Specifically, 138 patients were assigned to the IONSYS system and 137 to the IV PCA system. The primary endpoint was patient global assessment of analgesia at 24 hours. Results showed that 84.8 percent of patients in the IONSYS group and 83.9 percent in the IV PCA group rated pain control as excellent or good.

Presenters said the greatest advantages of IONSYS are convenience and the avoidance of drug dispensing and programming errors. (Source: Reuters Health News, November 17, 2004.)

SUSTAINED–RELEASE MORPHINE MAY ALLEVIATE PAIN IN REFRACTORY PATIENTS

Morphine sulfate sustained-release (SR) capsules appear safe and effective for the treatment of moderate to severe, chronic, nonmalignant pain in patients unresponsive to other therapies, according to a study presented in October 2004 at the 17th World Conference of Family Doctors in Orlando, Florida.

Morphine SR is designed with a polymer-coated pellet technology that avoids the initial release of morphine at the start of the dose. This feature may reduce the "high" patients experience with other oral pain management therapies.

Known as the *Kadian: Response of Non-malignant, Undertreated Subjects with Moderate/Severe Pain* (KRONUS-MSP) study, the trial is the largest to date to examine the tolerability of a sustained-release opioid for the treatment of chronic, nonmalignant pain, according to the researchers.

KRONUS-MSP was performed as a community-based prospective, randomized, open-label, blinded end-point study to investigate the effect of morphine SR on quality of life, pain, sleep, treatment satisfaction, and tolerability in patients with chronic, nonmalignant pain that had been previously unsuccessfully managed.

The study population included 1,418 patients, aged 18 to 85 years, with moderate to severe, chronic, nonmalignant pain and a baseline visual numeric scale pain score of 4 or higher. Patients presented with chronic pain in various locations, such as the back, neck, and limbs.

Patients were randomized to a four-week morning or evening dose of morphine SR, starting at 20 to 200 mg/day once daily, based on their previous regimen. Adjustments to the dosing were made after the first week or second week for dose titration, and patients were allowed to switch to a twice-daily regimen, if required. No additional opioids were allowed. Adverse events were recorded on case report forms for evaluation.

There were no significant differences observed in outcomes between patients receiving a morning or an evening dose. Overall, 39.7 percent of patients reported at least one adverse event, of which 71.9 percent were considered mild or moderate. The most frequent adverse events were constipation (12 percent) and nausea (10 percent).

A total of 136 patients discontinued the study because of adverse events. The events that most commonly lead to withdrawal were nausea (27.9 percent), vomiting (15.4 percent), and constipation (10.3 percent).

According to the researchers, results of the KRONUS-MSP trial demonstrated that patients were successfully switched from prior, ineffective pain management regimens to morphine sulfate SR capsules. (Source: Medscape Medical News, October 22, 2004.)

MORPHINE RISKY FOR HEART PATIENTS, RESEARCHERS SAY

The routine practice of prescribing morphine for heart patients with chest pain carries a 50 percent higher risk of death, according to Duke University researchers. They presented their findings at the American Heart Association's annual scientific sessions in New Orleans last year. In their outcomes analysis of more than 57,000 high-risk heart attack patients, 29.8 percent received morphine within the first 24 hours of hospitalization. These patients had a 6.8 percent death rate, compared to a 3.8 percent death rate for those receiving nitroglycerin.

Researchers said these results raise serious concerns about the safety of routine morphine use in this group of heart patients. They said that morphine doesn't treat what actually causes pain—it just masks pain. As a result, it may make the underlying disease worse. (Source: MedlinePlus News, November 11, 2004.)

Make your thoughts known!

Write *Journal of Opioid Management*!

The *Journal* welcomes letters on subjects related to all aspects of opioid management. Letters in response to articles in specific issues of the *Journal* are especially welcome, but, to ensure timely publication, they should be sent soon after distribution of the issue in question.

You may send your letter by mail, fax, or e-mail.

Letter to the editor
Journal of Opioid Management
470 Boston Post Road, Weston, MA 02493
Fax: 781-899-4900

E-mail: jom@pnpco.com