

Opioids for cancer pain management: fears about prescribing

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Every knowledgeable clinician caring for people with cancer pain knows that opioids are often necessary in treating moderate to severe persistent cancer-related pain. And most likely, if you prescribe opioids, you're aware of the increasing scrutiny and restrictions as a backlash of the prescription and illicit drug abuse that has become known as the opioid epidemic.

A 2021 study found a dramatic decrease in opioid access among terminally ill cancer patients over a recent 10-year period. The authors link this worsening of end of life pain management to heightened opioid regulations.¹ An excellent article in the *Journal of Oncology Practice* provides much needed perspective and guidance on balancing public health concerns, patient needs and prescription oversight.²

Perhaps you've seen the incredible suffering that substance use disorder wrecks on those with the disease and their loved ones. Clearly, some people with cancer also have substance use disorder (SUD), and there are effective ways of treating their pain while not exacerbating their problems with substance use. Below, we list resources regarding working with people who are reckoning with two fatal diseases: cancer and SUD. You've likely witnessed a person suffering from unmanaged pain, worsened by fears leading to opioids' either not being prescribed, withheld by family members, or refused by patients.

You may have concerns about the side effects of opioids. Among those, respiratory depression is one of the most serious. High doses of opioids such as morphine or fentanyl may also cause hyperalgesia. Many opioids are cleared through the kidneys, posing challenges for adjusting doses for elderly patients and those with renal disease.

The opioid agonist/antagonist buprenorphine, given transdermally, has become a more recent addition to the pain management toolbox and seems to address many of these concerns. However, lack of awareness and prevalent misconceptions keep them underutilized.

"In clinical practice, buprenorphine produces the same level of analgesia as full μ agonists and exhibits a unique ceiling effect for respiratory depression, but not analgesia. It can be switched or combined with other μ -opioid agonists without compromising analgesia. Buprenorphine has shown a differential profile in terms of gonadal and immunosuppressive effects, cognitive impairment, and hyperalgesia when compared with other specific opioids. TDB has demonstrated good efficacy and tolerability in patients

¹ Enzinger AC, Ghosh K et al. [US trends in opioid access among patients with poor prognosis cancer near the end-of-life](#). *Journal of Clinical Oncology*. 2021 Sep 10;39(26):2948-2958.

² Page R, Blanchard E. [Opioids and cancer pain: patients' needs and access challenges](#). *Journal of Oncology Practice*. 2019;15:5:229-231.

with chronic pain, providing effective analgesia as part of a multifaceted strategy for a wide range of pain indications, including cancer pain, nociceptive pain, and neuropathic pain. It also has the convenience of once weekly or twice-weekly administration, with no specific dose adjustment requirement in elderly patients or those with compromised renal function, and is a valuable alternative for patients who are not suitable for oral opioids.”³

Atul Gawande profoundly reminds us that people remember the worst and the last. He says “For human beings, life is meaningful because it is a story. . . and in stories, endings matter” (from [Being Mortal](#)). Let us all reckon with our fears that get in the way of us prescribing and administering the treatments necessary to relieve pain on all levels. It is our sacred privilege to relieve suffering so that the end of a person's life is filled with comfort and compassion—opening the space for the last memory to be filled with love.

³ O'Brien T, Ahn JS et al. [Understanding transdermal buprenorphine and a practical guide to its use for chronic cancer and non-cancer pain management](#). Journal of Opioid Management. 2019 Mar/Apr;15(2):147-158.