NHS
Herefordshire
Clinical Commissioning Group

Analgesic Ladder for Nociceptive Pain – Primary Care

Step 1 – Mild Pain

- **Paracetamol** 1G QDS regularly

For lower back pain give paracetamol and a NSAID (where appropriate) in combination

- **+/- NSAID** (Lowest possible dose/shortest possible duration)

Appropriate 1st Line NSAIDS

1. Ibuprofen 400mg TDS
2. Naproxen 500mg BD

+ PPI if patient at risk of GI irritation or >2/52

+ Omeprazole 20mg/Lansoprazole 30mg daily

If Pain not controlled

Step 2 – Moderate Pain

Continue paracetamol 1g QDS +/- NSAID as above
Add codeine phosphate 30mg tablets 1-2 QDS prn (advise patient to keep a 'pain diary')
NB Give dietary/fluid intake advice and consider adding laxative

If Pain not controlled

Step 3 – Severe Pain (stop codeine before initiating opioid in this section)

Morphine Immediate Release elixir, 10mg/5ml (5mg in elderly) 4 hourly prn & titrate upwards.
Check compliance before increasing dose.

Once pain stabilised (usually after 1 – 2 weeks) convert to:

Slow Release Morphine – when converting to a twice daily slow release formulation, establish the 12 hourly dose by dividing total dose of morphine elixir administered in previous 24 hours by two.

Breakthrough pain - *always* prescribe an immediate release morphine formulation (e.g. morphine sulphate elixir 10mg/5ml) to be administered every 4 hours PRN. To calculate the 4 hourly dose, divide the total daily dose of morphine by 6.

Side-effects to morphine are usually transient, if they remain problematic, use anti-emetics / laxatives as appropriate

- **Anti–emetic(s) and Laxatives**
- **Paracetamol to continue regularly**
- **+/- NSAID + PPI as outlined above**

Give appropriate patient information when stepping up to strong opioids (Pain Society leaflet available - http://www.britishpainsociety.org/book_opioid_patient.pdf)

Oxycodone and Fentanyl should ONLY be used in the following defined circumstances

Oxycodone Normal Release = Oxycodone has a similar analgesic effect profile to morphine and should **ONLY** to be used for genuine persistent morphine-intolerance (this will apply to a very SMALL proportion of patients). To convert from morphine to oxycodone divide total daily dose of morphine by 2, then divide by 6 to give 4hrly dose (e.g. 240mg morphine daily = 120mg oxycodone daily = 20mg oxynorm 4hourly) Once pain stabilised (usually after 1 – 2 weeks) convert to **Slow Release Oxycodone** (**plus Oxycodone Normal Release** for breakthrough pain.

Fentanyl can be used in dysphagia, intractable nausea/vomiting, or persistent adverse effects from morphine/oxycodone/diamorphine (e.g. severe constipation, nausea, drowsiness). Fentanyl patches must not be prescribed for patients with unstable opioid requirements.

General principles

Ensure regular dosing to avoid peaks and troughs.

Do not prescribe different opioids concurrently.

Oxycodone is no more effective than morphine and should not be used in preference to morphine.

NICE guidance for osteoarthritis (CG059) suggests that a topical NSAID could be used for hand and knee pain.

If an NSAID is appropriate and necessary, use the lowest possible dose for the shortest possible time. Ibuprofen or naproxen are suitable first line choices. Repeat prescriptions inadvisable without regular review.

Regular prescription review is recommended.

Lower Back Pain NICE guidance for lower back pain (NG59) suggests that opioids, SSRI's tricyclic antidepressants and anticonvulsants should **NOT** be offered

Tramadol is NOT recommended for routine use in primary care and should NOT be considered as an alternative to codeine/or stepping up to stronger opioids. The CSM has issued several safety warnings about this drug.

1. Initiating therapy

- Start with lowest dose of short-acting oral opioid medication.
- Ensure opioid for breakthrough pain is sufficient dose, titrated to average daily dose.
- Ask patient to keep a pain diary for 2 weeks.

2. Reviewing therapy

Once opioid requirements are stable convert to a slow release formulation (Herefordshire Formulary preferred brand - Zomorph®).