

# Switch Pain Patients to Methadone With Caution

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Southwest Bureau

Clinicians should not rely on standard conversion tables when switching chronic pain patients to methadone from other opioid analgesics, according to three pain experts who have published guidance on methadone prescribing.

The widely available tables were designed mainly for acute single-dose pain control and not for long-term use. If a table calculates too high a dose, a patient could be at risk of overdose, they warned in separate interviews.

"Yet those tables have been utilized for chronic use, and that is a serious problem," said Dr. Lynn Webster of Lifetree Pain

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Clinic in Salt Lake City. "They have to be abandoned. ... It is particularly dangerous to go from other opioids to methadone."

Dr. Webster recommended starting opioid-tolerant chronic patients on a ceiling dosage of 20 mg/day (10 mg if they are elderly or infirm) and slowly increasing the dosage (J. Opioid Mgmt. 2005;1:211-7). The previous opioid should not be stopped abruptly but titrated down while the methadone dosage increases. Dosage changes, he added, should be limited to once a week at most to allow side effects to become evident.

Dr. Howard Heit of Fairfax, Va., coauthor of a paper on universal precautions in pain medicine (Pain Med. 2005;6:107-12), said he uses the tables only "as a very, very rough guide." When he switches a patient to methadone from another opioid, he multiplies whatever the conversion tables list by 20%-30% and titrates up slowly over time.

"I could always add medication, but I can't take out medication if the patient is on the floor, not breathing," he said, describing methadone as a useful but unforgiving drug.

Lee A. Kral, Pharm.D., a faculty member at the University of Iowa Pain Center, Iowa City, tackled the conversion chart problem with a retrospective study to assess the efficacy and tolerability of methadone in chronic pain patients. She was scheduled to report on 107 patients at a November meeting of the American Society of Regional Anesthesia and Pain Medicine.

The average daily methadone dose was 20.5 mg, and the mean duration of therapy 21 months, according to Dr. Kral's abstract. About half the patients had adverse effects, the most common of which were sedation, gastrointestinal symptoms/constipation, cognitive difficulties, and headache. Although 29 patients stopped taking methadone, only 12 did so because of adverse effects.

Dr. Kral said she is not aware of sleep

apnea in any of the Iowa patients, perhaps because they are kept on low doses. Methadone is not dangerous, she maintained. It is different, and it is misunderstood. "You can't put that kind of a label on a medication," she said. "They are all dangerous in different ways."

To help primary care physicians understand the pharmacokinetics and pharmacodynamics that distinguish methadone from other opioids, Dr. Kral collaborated with a family physician in writing a guide

to methadone treatment for pain. They explained that methadone, a mu-opioid agonist, has a short-lasting analgesic effect but a long half-life, and that its metabolism varies among individuals. Pain relief, which may last as little as 3-6 hours at the start of methadone therapy, becomes longer with repeated dosing. Yet plasma levels can take 5-7 days to stabilize (Am. Fam. Physician 2005;71:1353-8).

In light of methadone's long half-life, Dr. Webster and Dr. Heit stressed that

overdose risk may be highest at the outset of therapy. One pill does not relieve pain, so some at-risk patients pop another pill and maybe one more pill, not realizing that the drug is accumulating within them. "What they are trying to do is control their pain," Dr. Webster said.

Education is vital, Dr. Webster said. Patients must understand that it could be fatal to deviate from the dosage or to mix methadone with alcohol, other prescriptions, or illicit substances. ■

Legal Notice

Legal Notice

## Attention Healthcare Professionals

### If You Know Parents or Guardians Who Purchased Paxil® or Paxil CR™ for Their Minor Child or Ward

#### A Proposed Class Action Settlement May Affect Their Rights

There is a Proposed Settlement in a class action lawsuit, *Hoormann v. SmithKline Beecham*, Case No. 04-L-715, in the Third Judicial Circuit for the State of Illinois.

The Proposed Settlement affects a "Class" or group of people that may include you. This Notice is just a summary. For more complete information, you should read the full Notice. You can get a copy of the full Notice by calling the toll-free number or visiting the Web site listed below.

#### What is the Class Action Lawsuit About?

This lawsuit claims that GlaxoSmithKline ("GSK") promoted Paxil® and Paxil CR™ for prescription to children and adolescents under eighteen. It also claims that GSK withheld and concealed information about the medication's safety and effectiveness. GSK denies all the claims.

#### Who is Involved?

The Class includes all persons in the United States who purchased Paxil® or Paxil CR™ prescribed for consumption by a minor child.

#### What Are the Terms of the Settlement?

A \$63.8 million fund will be established. The fund will be used to pay consumers, who submit valid Claim Forms, cash for the total amount they paid for Paxil® or Paxil CR™. Class Members can get up to 100% of the amount paid for Paxil® or Paxil CR™.

Attorneys' fees, expenses, payments to Class Representatives and the costs of providing notice and administering the Proposed Settlement will be deducted from the fund.

#### Who Represents Me?

The Court has appointed law firms, Korein Tillery

and Swedlow & Associates, to represent the Class. Class Counsel will request that the Court award attorneys' fees and expenses in an amount not to exceed 26% of the Proposed Settlement fund. You may hire your own attorney, if you wish. However, you will be responsible for your attorney's fees and expenses.

#### What Are My Legal Rights?

- If you wish to remain in the Settlement Class, you do not have to do anything. You will be bound by all the Court's Orders and will release all claims against GSK related to the claims in this lawsuit.
- If you wish to file a claim, you must complete a Claim Form. You can get a Claim Form by visiting the Web site [www.PaxilPediatricSettlement.com](http://www.PaxilPediatricSettlement.com) or by calling 1-866-494-8404. Claim Forms must be signed and received by **August 31, 2007**.
- If you wish to exclude yourself from the Proposed Settlement, you must sign a written request to be excluded as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be received by **February 23, 2007**.
- If you or your attorney wish to object to or comment on the Proposed Settlement, you must send a written objection as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be received by **February 23, 2007**.

#### When will the Court Consider the Proposed Settlement?

The Court will hold a Final Approval Hearing on **March 9, 2007** at 10:00 a.m. to consider whether the Proposed Settlement is fair, reasonable, and adequate and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

**For more information (también en español) and a copy of the Notice of Proposed Class Action Settlement,**

**Call: 1-866-494-8404 Visit: [www.PaxilPediatricSettlement.com](http://www.PaxilPediatricSettlement.com)**

**Or Write: Settlement Administrator, P.O. Box 555, Minneapolis, MN 55440-0555**