

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

It is important for community pharmacists to be aware and recognise the signs of Opioid Induced Hyperalgesia (OIH) in palliative care patients using opioids.

## Case

Jane is a 68-year-old female from home who suffers from chronic cancer pain. She comes to collect her prescriptions today and complains of unbearable generalised pain all over her body. She reports the oxycodone does nothing.

Jane usually has pain in her abdomen, associated with liver metastases. As of late, her pain control has been poor and she has been experiencing increased breakthrough pain episodes, coinciding with increased breakthrough opioid doses.

Her previous opioid regimen was as follows:

- > Oxycodone SR (Oxycontin®) 40mg twice daily
- > Oxycodone IR 10-20mg when required for breakthrough pain every 2-4hours.

Her GP has since increased the dose to 80mg of oxycodone CR twice daily, however her pain has increased despite this.

Recognising that Jane may be experiencing opioid induced hyperalgesia is an important step in addressing her ongoing pain management.

You ring the GP to discuss the possibility of OIH.

## What is OIH?

Opioid induced hyperalgesia (OIH) refers to increased pain sensitivity caused by opioid exposure. While not fully understood, the suspected mechanism involves the overactivation and stimulation of the NMDA-receptor. The type of pain experienced might be the same as the underlying pain or may be different from the original underlying pain.

OIH is more commonly seen in patients receiving high opioid doses rather than low or moderate doses. OIH should be considered when opioids fail to address pain and carefully distinguished from tolerance. Tolerance is characterised by decreased efficacy of a drug which can be overcome with an increased dose. In contrast, increasing a dose in OIH can worsen pain due to increased sensitisation.

## Signs of OIH

- > Increased levels of pain with higher opioid doses
- > Unexplained pain reports or pain un-associated with the original pain
- > Increased sensitivity to external stimuli.

## Treatment Options

Treatment options include reducing the opioid dose, swapping to a different opioid, and supplementation with non-opioid analgesics. Sometimes a hospital admission may be warranted to trial alternative analgesics such as methadone and/or ketamine.

With thanks to Georgia Wehrmann.

## Resources

- > [CPUUpdate - Issue 7: Pain \(344kb pdf\)](#)
- > [NPS: Comprehensive Pain Management](#)

## For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.