

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Jurnista® (SR hydromorphone) is commonly used to treat pain in palliative care. From the 30th April 2023, all strengths of Jurnista® will be discontinued.

Background

Hydromorphone is 5-7 times more potent than morphine and is often chosen over other opioids because it:

- > may be effective when other opioids have failed
- > is an alternative when patients have experienced allergy or side effects to other opioids (this is a good time to clarify reported reactions)
- > is considered suitable in renal impairment.

Currently there are no other brands of modified release hydromorphone listed on the Australian Register of Therapeutic Goods (ARTG).

What does this mean for my patients?

All patients currently prescribed Jurnista® will need to be switched to an alternative analgesic. Opioids differ in their potency and switching between opioids can be complex. Caution is needed to avoid either under-dosing or overdosing the patient (refer to specialist).

Conversion apps and tables provide a guide to equivalent analgesic doses. However, these resources are based on data from giving a single opioid dose to a healthy patient and therefore this may not translate well to the sick or frail patient. Use the resource as a guide only and individually tailor the dose to fit the individual.

When switching from one opioid to another, a reduction in the calculated dose from 25 to 50% accounts for 'incomplete cross tolerance' as every patient will have unique responses to different opioids (genetic and pharmacokinetic differences). This approach avoids toxicity while any deficit can be made up with breakthrough 'PRN' doses.

Choice of analgesic will depend on the reason hydromorphone was initially chosen

- > For example, if your patient does not tolerate or respond well to other analgesics, they may need to remain on hydromorphone using a lower dose of the immediate release preparations four times a day
 - o e.g., Jurnista® MR 8mg daily could be converted to Dilaudid® immediate release 2mg QID
- > Patients with renal impairment are best to avoid morphine, as the active (toxic) metabolites can accumulate in renal impairment. Other opioids such as topical fentanyl or buprenorphine may be suitable if pain is stable (at renally appropriate doses). Otherwise switching to renally appropriate doses of oxycodone or tapentadol may be also suitable.

What actions can I take?

- > Communicate with your local prescribers to ensure they are aware of the situation
- > Discuss with your patients the need to be reviewed by their health care team.

Useful Resources

- > AMH Opioid comparative table
- > [ANZCA Opioid Calculator](#)
- > [Opioid Use in Palliative Care article](#)

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.

