

Cardiff & Vale (C&V) UHB Corporate Medicines Management Group (c MMG)

SHARED CARE

Drug: METHADONE

Protocol number: CV 14

Indication: PAIN REQUIRING METHADONE FOR CONTROL

General guidance:

This protocol sets out details for the shared care of patients taking **methadone** and should be read in conjunction with the General Guidelines for Shared Care. Sharing of care requires communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **The doctor who prescribes the medication legally assumes responsibility for the drug and the consequences of its use.** The prescriber has a duty to keep themselves informed about the medicines they prescribe, their appropriateness, effectiveness and cost. They should also keep up to date with the relevant guidance on the use of the medicines and on the management of the patient's condition.

Background: Palliative care or chronic pain patients who need increasing doses, or who get intolerable side effects, with morphine may get good pain relief by changing the opioid to methadone. Methadone may also be more effective for neuropathic pain as it also has a mode of action as a NMDA receptor antagonist.

Dosage Regimen

Standard conversion of equipotent doses between methadone and other opioids have been found to be of limited use, due to large variations in absorption and bioavailability between patients. Methadone conversion will usually take place in an in patient facility or by close supervision on a day-to-day basis. On discharge the patient will be on a stable twice or three times a day dosage, with instructions for breakthrough doses. Doses of 50-100mg orally two to three times a day are usual for pain control.

Responsibilities

A. Consultant responsibilities

1. When treatment is **initiated** send Shared Care request form with Shared Care Protocol to GP.
2. Continued monitoring of clinical parameters
3. Initiate therapy following full discussion with the patient of benefits and risks.
4. When a GP positive response to SC has been received and patient has been stabilised send a letter to GP "handing over" the Shared Care of the patient to the GP.
5. Respond to any request from GP to review the patient due to adverse effects of therapy.
6. Advise the GP on continuing or stopping methadone therapy following medical review of the patient and associated drug therapy

7. Notify GP if patient is failing to attend for appropriate monitoring and advise GP on appropriate action
8. Methadone is available in a number of formulations –ensure, when prescribing/recommending that the dose, formulation and/or concentration are specified clearly.

B. General practitioner responsibilities

1. Within one week of receipt return the completed Shared Care request form to indicate whether or not willing to undertake Shared Care
2. Prescribe methadone as part of the shared care agreement.
3. Monitor the general health of the patient.
4. Report adverse effects of therapy to the consultant and the Medicines and Health Care products Regulatory Agency (MHRA).
5. Methadone is available in a number of formulations –ensure, when prescribing that the dose, formulation and/or concentration are specified clearly.
6. To act on advice provided by the Consultant if patient does not attend for appropriate monitoring.

C. Patient responsibilities

1. Consent to treatment with methadone.
2. Attend regular appointments with specialist centre and GP.
3. Report any side effects to the specialist or GP whilst taking methadone.

Monitoring

Methadone has a long half life and accumulation of the drug can occur. Once the pain is controlled and the dose requirement is stable the patient will be reviewed at least every 3 months by the consultant. If the dose of methadone is altered, closer monitoring is required over the next 2 weeks.

Adverse Effects

Drowsiness, depressed respiration, pinpoint pupils, hypotension and coma are signs of overdose. These effects are reversed by naloxone, but the patient needs to be admitted for continuing observation.

Interactions

Metabolism of methadone is increased by phenytoin and carbamazepine, toxic or withdrawal effects can be precipitated by changes to anticonvulsant therapy. The general depressant effects of methadone may be enhanced by other agents with CNS depressant activity, such as alcohol, phenothiazines, tricyclic antidepressants, barbiturates. Buprenorphine may precipitate withdrawal symptoms, including pain, in patients dependent on opioid analgesics. Cimetidine inhibits the metabolism of opioid analgesics and may result in an increased plasma concentration. Rifampicin accelerates the metabolism of methadone and may cause a reduced effect.

Special Recommendations

Changes in dosage should only be made after consultation with a Palliative Medicine Specialist, normally by telephone contact. (Tel No. **02920 426000**). Methadone is a Controlled Drug. It should be generally available via Community Pharmacists. It is available in a number of formulations e.g. Methadone Linctus 2mg/5ml), Methadone Conc 10mg/ml and Methadone 5mg tablets (use in pain control). The dose, formulation and/or concentration should be specified clearly.

Review date May 2017