

UK Hospice Model (Morley JS, Makin MK. The use of methadone in cancer pain poorly responsive to other opioids. Pain Rev. 1998;5:51-8.)

- Stop current opioid
- Start methadone at a **fixed oral dose** on a **q 3 hour PRN schedule**
- **Fixed Dose:**
 - **Give 10%** of prior daily oral MSO₄ equivalent as the **fixed dose of methadone w/ a maximum dose of 30 mg.**
Example: If prior daily opioid = 150 mg oral MSO₄ equiv/day--use 15 mg Methadone q 3h PRN.
(Note: This is NOT a 1:10 ratio, unless only one dose is given in 24h; 1:10 ratio would be 15 mg/day, not 15 mg per dose.)
 - If prior oral MSO₄ equiv is >300mg/day, use **30 mg Methadone as highest initial fixed dose**
- On Day 6, calculate total amount of Methadone taken over previous 48 hours and convert to BID methadone dose

Example:

Patient taking 2000 mg oral MSO₄ equiv/day:

- *Since oral MSO₄ equiv is >300mg/day,*
use 30 mg Methadone as initial fixed dose
 - *Give 30 mg Methadone q 3h PRN*
 - *If patient has taken 8 doses of 30 mg over 2 days on Days 4 and 5, for a total of 240 mg/48 hours, or 120 mg oral methadone/day, then Day 6: Methadone 30 mg PO q6h*

Some other references for methadone use:

1. Bruera E, Sweeney C. Methadone use in cancer patients with pain: a review. J Pall Med. 2002; 5:127-38.
2. Fast Facts and Concepts #75 Methadone for the treatment of pain. G Gazelle and PG Fine. September 2002. End-of-Life Physician Education Resource Center www.eperc.mcw.edu
3. Ripamonti C, Bianchi M. The use of methadone for cancer pain. Hematology/Oncology Clinics of North America. June 2002. 16(3). 543.

Summary and references offered by Gail Gazelle, MD in Boston.