

POSITION STATEMENT

High dose morphine prescribing for chronic non-cancer pain

– to be read in conjunction with the LSCMMG guideline ‘Assessing suitability of strong opioid use’ available via www.lscmmg.nhs.uk

Recommendation:

If clinically indicated, A MAXIMUM morphine equivalent dose of 40 mg up to twice daily could be trialled in primary care (this has been agreed locally and approved by LSCMMG).

Following the trial, the opioid must be reviewed and discontinued if there is no response. If to continue the daily dose of opioid should not exceed 80mg morphine equivalent unless recommended by a pain specialist.

Patients already receiving a morphine equivalent dose of 120mg daily or higher in primary care should be reviewed and considered for a suitable withdrawal regimen.

Harms outweigh benefits at morphine equivalent doses in excess of 120mg daily.

Background

GPs and other primary care prescribers should consider suitability of strong opioid use in patients with chronic non-cancer pain ONLY if other therapies have been insufficient e.g. exercise therapy, manual therapy (e.g. physiotherapy, TENS), self-management techniques and non-opioid analgesics (e.g. simple, topical).

See the LSCMMG guideline: ‘Assessing suitability of strong opioid use’ for further information. Available via: www.lancscommg.nhs.uk/clinical-guidelines/

Please access this guidance via the LSCMMG website to ensure that the correct version is in use.

Version Number	Date	Amendments Made
Version 1.0	September 2022	New document. AG.

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