

JOURNAL WATCH

Intranasal Sufentanil for Cancer-associated Breakthrough Pain.

Prepared by: Igor Cvetkovic, March 5th, 2009-03-05. **Location:** Tertiary Palliative Care Unit, GNH

Reference: *Palliative Medicine* 2009 Jan; 23 (1):54-58. good P, Jackson K, Brumley D, and Ashby M. *Palliative Medicine* 2009 Jan; 23 (1):54-58.

Abstract:

The objective of this study was to demonstrate the efficacy, safety and patient acceptability of the use of intranasal sufentanil for cancer-associated breakthrough pain. This was a prospective, open label, observational study of patients in three inpatient palliative care units in Australia. Patients on opioids with cancer-associated breakthrough pain and clinical evidence of opioid responsiveness to their breakthrough pain were given intranasal (IN) Sufentanil via a GO Medical patient controlled IN analgesia device. The main outcome measures were pain scores, need to revert to previous breakthrough opioid after 30 min, number of patients who chose to continue using IN sufentanil, and adverse effects. There were 64 episodes of use of IN sufentanil for breakthrough pain in 30 patients. There was a significant reduction in pain scores at 15 (P<0.0001) and 30 min (P<0.0001). In only 4/64 (6%) episodes of breakthrough pain did the participants choose to revert to their prestudy breakthrough medication. Twenty-three patients (77%) rated IN sufentanil as better than their prestudy breakthrough medication. The incidence of adverse effects was low and most were mild. Our study showed that IN sufentanil can provide relatively rapid onset, intense but relatively short lasting analgesia and in the palliative care setting it is an effective, practical, and safe option for breakthrough pain.

Strengths:

- Observational prospective study on inpatients, allowing for close monitoring of adverse reactions and dose titration monitored by staff.
- Good adverse reaction profile.
- Good symptom response rate, low rate of reversion to previous medication.
- Novel approach to analgesia.

Weaknesses:

- Small patient population (30),
- Open-label observational non-blinded study, not a randomized blind control trial,
- Potentially difficult to administer high dose/volume by IN administration,

- No long term study data available.

Relevance to Palliative care:

- An alternative route of administration of breakthrough analgesia that is of quick onset, short duration
- Easily administered in hospital or home environment.