The Role of Methadone Sublingual Lozenges in the Management of Chronic Pain

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The management of chronic pain presents a challenge for the patient whose lifestyle is compromised by restriction and for his or her family, employer, and physicians. Opioids remain the mainstay of analgesic treatment for those with acute or chronic pain.1

Case Report

For almost 15 years, a 48-year-old woman had suffered without medication from chronic pain associated with Crohn’s disease and arthritis. Eventually, her pain became so severe that undertaking daily activities became almost impossible. For five years, the patient had attempted to control her pain with medications including acetaminophen/codeine (Tylenol #3®), butalbital/caffeine/aspirin (Fiorinal®), and fentanyl (Duragesic®) transdermal patches, all of which were ineffective. Two years prior to this writing, she received a prescription for methadone sublingual lozenges (20 mg/lozenge) to use on an as-needed basis. In this case, sublingual lozenges were selected for use because Crohn’s disease results in the decreased absorption of oral medication in the gastrointestinal tract.

The prescription was presented to us for compounding. Because methadone has an extremely bitter taste, we used a sweetened chocolate-raspberry-mint lozenge formulation. The patient was instructed to use one 20-mg lozenge sublingually three times a day, as needed. The patient’s dose has been increased since the initiation of therapy.2 She is currently maintained on one 40-mg sublingual lozenge three times a day, as needed. If the pain is less severe, the patient takes only a partial lozenge. This treatment protocol is often used in patients with chronic or malignant disease states in which severe pain increases as the disease progresses.3

The patient reported that the methadone sublingual lozenges are convenient and easy to take and that they have helped to control her chronic pain by reducing it to a tolerable level. She stated that they have “given her life back” and have made it possible for her to resume her daily routine. She reported one adverse reaction: consistent itching on her back, which is controlled with the application of Sarna Lotion®.

Methadone sublingual lozenges can be used safely and effectively in patients with other disease states that harbor chronic pain. Used as the primary pain control agent or as an adjuvant agent for breakthrough pain, methadone lozenges have been effective in many patients. They are especially helpful in patients with decreased absorption in the gastrointestinal tract, which (in addition to those with Crohn’s disease) include individuals with certain types of cancer, patients undergoing chemotherapy, and those with acquired immune deficiency syndrome (AIDS). As an awareness of alternate dosage forms increases among health professionals, methadone and other opiate sublingual lozenges may become a more popular alternative for controlling chronic pain because of their effectiveness, safety, and convenience for the patient.

References

2. Davis MP. Methadone as a rescue for failed high-dose opiate therapy for catastrophic pain. Supportive Care Cancer 2000;8:138-140.

Suggested Reading

IJPC 1998:2
IJPC 2000:4
Itraconazole 1% in Beta-1,3-D-Glucan Nasal Spray Suspension

Richard Bulger, MD  
Thomas G. Marks, RPh

Case Report

A 60-year-old man underwent sinus surgery in 1996 for chronic hyperplastic sinusitis. The patient continued to experience nasal congestion and discharge despite numerous therapies that included oral antibiotics and nasal irrigations with gentamicin in normal saline or normal saline alone. During office examinations during the next year, the patient exhibited nasal edema and white debris in the tonsil beds.

In November 1999, a formulation of itraconazole 1% and Beta-1,3-D-glucan 1% nasal spray was prepared. 1 This preparation was placed in a 1-oz glass bottle with a pump-metered nasal spray valve calibrated for 10 sprays/mL. The patient was instructed to use one spray in each nostril five times per day. One month after the initiation of therapy, in an examination of the patient's observed healthy nasal mucosa for the first time since the initiation of therapy, 2

After three months of therapy, the patient's use of the nasal spray was decreased to three times a day and continues to be effective. To ensure compliance with therapy, the patient used 1 spray in each nostril twice a day. He noted no adverse reactions that resulted from the use of the medication. Our goal is to wean the patient to once-a-day therapy. Because his condition has greatly improved as a result of this therapy, we are considering the use of a Beta-1,3-D-glucan nasal spray without itraconazole as a possible next therapeutic step. 3

References


Suggested Reading

Review by Jennifer K. Osburn, PharmD. (candidate)

Literature Review

COX-2 and Colon Cancer: Potential Targets for Chemoprevention


Review by Jonathan Hewitt, PharmD (candidate)

The precise relationship between cyclooxygenase (COX) expression, prostaglandin (PG) production, and colon cancer is not yet clearly understood. Evidence suggests that decreased COX-2 and pros- taglandin E (PGE) levels are found in colon cancers and in their precursor lesions, as well as in adenomatous polyps. Elevated levels of COX-2 and PGE, which is a metabolite of arachidonic acid, at this relatively early step in the cancer pathway indicates that COX-2 and PGE, are possible targets for drug therapy.

The primary anti-inflammatory property of NSAIDs is that of inhibiting the cyclooxygenase enzyme, which results in decreased PG levels. Several studies in Treatment of Comorbid Disorders in Autism

Source: Hellings JA. Clinical Psychiatry 2000;5; Reviewed by Jaeger LF, Garver DL, and J. Loesch, PharmD (candidate)

Autism is a pervasive developmental disorder that should be assessed psychiatrically and neurologically at regular intervals throughout the patient’s life. Those assessments should focus on underlying conditions such as seizure disorders, attention deficit hyperactivity disorder, Tourette Syndrome, obsessive compulsive disorder and bipolar mood disorder, that can be treated with pharmacologic agents and nonpharmacologic interventions. Additionally, care must be taken by the healthcare provider that the patient’s degree of disability may be required from physicians and caregivers. The study reviewed focuses on the pharmacologic treatment of comorbid conditions in autism, such as seizure-related behavioral symptoms; the hyperactive-inattentive, impulsive-distRACTible symptom cluster; Tourette Syndrome, movement disorder cluster; the compulsive-sameness, oriented-explosive symptom cluster, the standard treatment is a selective serotonin reuptake inhibitor (SSRI). Explosive outbursts, aggression, and behavior leading to self-injury have responded to treatment with sertraline or fluoxetine. Compulsive behaviors and aggression areucced by the administration of low doses of clonidine or guanfacine. Clomipramine also produces improvement in the movement disorders of autistic patients.

For patients with the compulsive-sameness, oriented-explosive symptom cluster, the standard treatment is a selective serotonin reuptake inhibitor (SSRI). Explosive outbursts, aggression, and behavior leading to self-injury have responded to treatment with sertraline or fluoxetine. Compulsive behaviors and aggression areucced by the administration of low doses of clonidine or guanfacine. Clomipramine also produces improvement in the movement disorders of autistic patients.

Autistic patients who experience hipo- lus of a chronic, mixed, or rapid-cycling nature that may require treatment with one or more mood stabilizer valproic acid is effective in treating aggression. When manic-like symptoms are present, treatment with lithium, low doses of an antipsychotic medication may be required or may be added to mood stabilizers such as gabapentin, lamotrigine or gabapentin, all of which stabilize mood, may be required before compulsive behavior is affected.

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