Equianalgesic Dosing: Principles of Practice for the Care Team

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Opioids are the basis for managing cancer-related pain. Pain assessment and management are critical competencies for the clinical care team to improve quality of life for patients with cancer. Knowledge and application of evidence-based practice approaches to cancer pain relief, including the principles of equianalgesic dosing, opioid switching and rotation, and use of coanalgescics, can lead to improved patient outcomes.

Opioids are recommended for moderate to severe acute pain and persistent nociceptive pain (American Pain Society [APS], 2005). Opioids are part of the foundation of cancer pain management, so healthcare providers need to master the skill of opioid conversions (see Appendix A).

Selection of the appropriate opioid is based on several variables, including the patient’s pain is circled. Patients who cannot verbally express their level of pain are the best candidates to use the scale. Healthcare providers must also take into consideration a patient’s cultural and linguistic needs.

Opioid Conversion

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Opioid naive includes patients who are not chronically receiving opioid analgesic on a daily basis.

- **Mild pain (score 1–3)**
  - **Step 1:** Simple analgesia (nonopioid); initiate simple oral, nonopioid analgesics (e.g., acetaminophen, nonsteroidal anti-inflammatory drugs) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

- **Moderate pain (score 4–6)**
  - **Step 2:** Weak opioid (e.g., tramadol, codeine phosphate) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

- **Severe pain (score 7–10)**
  - **Step 3:** Strong opioids (e.g., morphine, oxycodone) with or without adjuvant for neuropathic pain (e.g., tricyclic antidepressant, anticonvulsants)

FIGURE 1. Management of Pain in an Opioid Naive Patient

Note: Based on information from World Health Organization, 2012.