

Position Statement on Use of Opioid Medications with Terminally Ill Patients

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"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Issue

Prior to the 1980's as a consequence of fears of producing dependence and addiction, opioid analgesics were frequently withheld or provided only in limited quantities to patients with terminal illnesses who were experiencing severe pain. Research during the 1980s began to clarify the differences between physiologic dependence and addiction (which has additional behavioral components) and to show that few terminal patients incurred behavioral problems when given liberal access to opioid analgesics. With vastly improved treatments for cancer and other terminal illnesses in recent years and terminal patients living much longer and in the context of a widespread epidemic of misuse of opioid analgesics by non-terminally ill individuals, a slightly more nuanced approach to prescribing opioid analgesics for terminally ill patients is warranted.

APA Position

The American Psychiatric Association endorses the principle that the effectiveness of relief of pain in terminal cancer patients carries an extremely high priority and that fears about addiction or diversion of analgesic medications should not preclude optimum management of pain.

In an environment in which cancer treatments are improving and in which patients with an ultimately terminal prognosis may survive for months or even years, quality of life issues dictate that appropriate attention be paid to concerns about addiction and diversion by terminal cancer patients in a fashion analogous to that for

any patient with pain for whom opioid therapy is contemplated.

The proportion of patients who relapse to or develop opioid addiction de novo as a consequence of iatrogenic exposure to opioid analgesics remains uncertain, but some proportion of cancer patients undoubtedly have this propensity. Developing opioid addiction with its concomitant cycles of intoxication and withdrawal would be highly detrimental to a cancer patient. Being pressured by family or acquaintances or by economic adversity to divert medications would also be highly detrimental to a cancer patient.

Weighing the risks and benefits of opioid treatment of patients with severe pain requires consideration of all of the potential adverse effects of the treatment, with the overriding concern being sensitive and humane treatment of the suffering patient.

APA therefore recommends that terminal cancer patients under consideration for opioid therapy for cancer pain receive a thorough evaluation of the pain syndrome requiring the opioid and for addiction and diversion risk as well as for co-occurring psychiatric conditions, such as depression and anxiety, that could complicate the course of treatment with opioids and which should be treated if present.

Any risks identified should not preclude the prescribing or adequate dosing of opioid analgesics when indicated but should prompt careful monitoring and, in the presence of well-founded concern about diversion, limit the total days worth of medication prescribed at any one time. If addiction or diversion arises, appropriate treatment or intervention should occur. In cancer patients treatment or intervention does not necessarily imply taper or discontinuation of opioid analgesics.

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See also the related resource document.