

Understanding Methadone for Pain in Hospice Care: A Patient & Caregiver Guide

You or your loved one is taking or considering taking a medication called methadone for chronic pain. Methadone is a long-acting pain medicine that is used for moderate to severe chronic pain.

Benefits of Using Methadone:

- Methadone relieves moderate to severe chronic pain. It also helps manage neuropathic (nerve) pain. Symptoms of nerve pain include severe burning, tingling and shooting pain in the arms and/or legs. Some other pain medications (such as morphine) do not help with this type of pain.
- If you or your loved one is having trouble swallowing, methadone is the only long-acting opioid that comes in both a crushable tablet and a liquid form.
- Methadone is relatively safe in most people.
- Methadone is safe to use with an allergy to morphine and other similar pain medications.
- Methadone provides an option for those whose current pain medication is not working as well as desired.

Concerns with Methadone:

- Some people are concerned about taking methadone because they know it is also used for people who have opioid use disorder. However, methadone is used differently for those individuals. They receive high doses (such as 60 mg) once a day, whereas hospice patients receive much smaller doses (such as 2.5 mg) two to three times per day. When given this way, methadone has very different actions on the body, and methadone does not cause addiction. Similarly, using methadone for pain does NOT indicate the patient has opioid use disorder (or addiction.)
- While methadone can cause problems with heart rhythms when given at high doses, this is rare and is not usually associated with the low doses of methadone prescribed in hospice care. The hospice physician will carefully evaluate whether methadone can be used safely.
- Methadone is known to interact with many medications, so your hospice team will carefully review your (or your loved one's) medication list to make sure there are no problems. For this same reason, it is very important to let your hospice team know of any medications that you or your love one add or stop.

Methadone Tips:

- When first starting methadone (or adjusting the dose), it can take a few days to feel the maximum effect. It is ESSENTIAL that you NEVER increase the amount prescribed or change the frequency of methadone without first consulting with the hospice team.
- You or your loved one may need to use more of the breakthrough pain medication during the first few days after methadone is started. You will likely find your use of these medications beginning to decrease steadily on the third or fourth day.
- Your hospice team will generally wait five days or more before adjusting the dose of methadone, since it takes that long for it to reach its full effect. As with all medication, it may take a few adjustments to find the right dose.

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- Methadone is likely to cause drowsiness, but you should contact the hospice team if you (or your loved one) become excessively sleepy or there are significant changes in breathing.
- Avoid drinking alcohol with methadone, as it can increase the risk of side effects.
- Seek emergency medical help if you or your loved one have any of the following signs of a severe allergic reaction: swelling of the face, lips, tongue or throat; hives; or difficulty breathing.

Contact your hospice team if you have additional questions or concerns about your medications.

References

1. McPherson ML. *Methadone: A complex and challenging analgesic, but it's worth it! Demystifying opioid conversion calculations: A guide for effective dosing*. 2nd edition. ASHP, Inc, Bethesda; 2018: 148.
2. *Clinical Pharmacology* [Internet]. Tampa (FL): Elsevier [April 22, 2024]
3. Chou R, Cruciani RA, et. al. *Methadone Safety: A Clinical Practice Guideline from the American Pain Society and College on Problems of Drug Dependence, in Collaboration with the Heart Rhythm Society*. *The Journal of Pain*. 2014; 321-337
4. Chalker, Cameron, Hannah O'Neill, and Faith Cranfield. "Efficacy of low-dose and/or adjuvant methadone in palliative medicine." *BMJ Supportive & Palliative Care* 12.e6 (2022): e730-e7