

Table 11-6: Treating Pain in Methadone-Maintained Patients

Methadone used as daily maintenance therapy for opioid addiction has no significant analgesic effects. It is legal and permissible to prescribe opioid analgesics to narcotic-addicted patients for the treatment of pain if these opioids are clinically justified and prescribed with appropriate documentation and precautions to prevent abuse. In methadone-maintained patients receiving opioid analgesics, these opioids should be given in addition to the daily maintenance dose of methadone.

Due to opioid tolerance, it is generally necessary to use higher and more frequent doses of opioid analgesics in methadone-maintained patients compared with non-tolerant patients.

Methadone is an excellent opioid analgesic agent when used to treat pain (e.g., tid or qid dosing) but due to possible therapeutic confusion, miscommunication and regulatory issues, it is preferable to use another opioid when this class of analgesic is required in methadone-maintained patients.

In inpatients or homebound patients with chronic severe pain, in the end stages of terminal illness, patients' entire opioid analgesic dose plus the daily methadone maintenance dose may be converted into a continuous subcutaneous or intravenous infusion of parenteral methadone or another opioid as clinically indicated.

Source: Selwyn PA. Pain management in substance users. In *Manual for Primary Care Providers: Effectively Caring for Substance Abusers*. New York: New York Academy of Medicine, in press.