

Position Statement on Prescribing Liquid Morphine Sulfate in Kent & Medway

Summary:

Please consider whether using the liquid formulation of Morphine sulfate is the most appropriate formulation for your patient. Patients that may be at risk of harm from using the liquid morphine sulfate include but are not limited to patients:

- With poor eyesight or dexterity that may struggle to accurately measure the dose
- At risk of swigging from the bottle
- At risk of escalating their dose themselves
- At risk of misusing or misappropriating
- Any other risks associated with using the liquid
- That are on reducing dose regimes and are tapering their opioid dose down.

For patients at risk when using the liquid, Kent and Medway ICB support the initiation of, or conversion to either immediate release tablets or immediate release (Actimorph) orodispersible morphine sulfate tablets.

Kent and Medway ICB fully support and encourage any decision to refuse to prescribe opioids if drug-seeking behaviour is suspected from your patient in any setting.

Where immediate release tablets and orodispersible tablets are initiated in primary care Kent and Medway guidance to support the safe and effective, initiation and review of opioids should be followed. This guidance is available on your local formulary website.

Recommendations:

This recommendation aims to:

- Improve outcomes for acute pain through more effective prescribing
- Reduce the incidence of opioid use related harm associated with the prescribing of liquid morphine sulfate

Resources for clinicians that support this position statement

- Kent and Medway Guidance to support the safe and effective, initiation and review of opioids.
- Opioid tapering resource pack
- Morphine sulfate appropriate use guidance

Approved by: IMOC

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Key issues:

- Oral morphine sulfate liquid has been directly linked to the cause of death in 13 'prevention of future death reports' issued by coroners since 2013, the majority of which related to its use in treating chronic pain.
- There are a variety of reasons given for this including people 'swigging' from the bottle rather than measuring the dose, people being supplied large quantities over a long period of time, illicit use, self-harm, interactions between the morphine and other prescribed and illicit medication, and a lack of documentation of who collected the supply.^[1]
- Orodispersible IR tablets are available in lower strengths of 1mg, 2.5mg, 5mg and 10mg. The lowest strength of the standard IR tablet is 10mg (although tablets are scored.)
- Where liquid morphine sulfate is prescribed patients must be counselled effectively on the risks of using the liquid including measuring the dose accurately and not swigging from the bottle, only taking the prescribed quantity etc.

This position statement is intended for use alongside clinical and professional judgment

References:

1. (Wickaware, 2021; NHS South Region South West, 20162.)