

Methadone for pain in St Peter's Hospice community patients: FAQ for health care professionals.



Our 24 hour telephone Advice Line is available to you every day of the year. Call 0117 915 9430.

What is methadone?

Methadone is a strong opioid agent similar to morphine, diamorphine, oxycodone, fentanyl and buprenorphine. However, it also has neuropathic analgesic properties as it binds to other receptors and is used for pain control by palliative care specialists in Britain, Ireland, Australasia, USA and Canada.

Who can initiate and adjust methadone in palliative care patients

Methadone for pain control is only started on the advice of a Palliative Medicine consultant and doses should only be adjusted with specialist palliative care advice via the hospice advice line. However, it is on the BNSSG formulary so when it is initiated/advised by the hospice we would ask that primary care continue to prescribe it but with specialist advice.

Why does methadone need specialist palliative care oversight?

Although methadone is a very good pain medication, it requires more experience in prescribing than morphine and other strong opioids. Methadone is complex, for the following reasons

- Long half-life (mean 20-35 hours, range 5-130 hours) with a high interindividual variability
- Dose adjustments can often take 3-7 days to reach steady state to see the full effect of analgesia and any side effects.
- Due to unpredictable accumulation any side effects or toxicity can be prolonged
- In the rare case of respiratory depression repeated doses of naloxone may be needed and hospital admission considered if appropriate

What are the main side effects of methadone

Side effects are the same as other opioids and, as with other opioids, toxicity is associated with confusion, hallucinations, myoclonic jerks and rarely respiratory depression. Methadone can cause QT prolongation at higher doses, or in certain circumstances: St Peter's Hospice will advise if ECG monitoring is required.

What should health care professionals do if a patient on methadone has pain issues

If a patient on methadone needs their analgesia adjusting, ***it is very important to contact the St Peter's Hospice advice line*** to get specialist input.

What preparations are available

Methadone is available as tablets (5mg); oral solution (1mg/1ml,) and injection (10mg/1ml).

'Methadose' oral concentrate (10mg/ml) is available for dilution but is ***only used for patients with opioid dependence. Methadone 50mg/ml injection is available but should not be used due to its high concentration.***

How will methadone be initiated by the Hospice Consultant?

There are 2 ways in which we commence methadone:

- Adjuvant: adding a low dose of methadone to existing medications as it can work well alongside other pain relief (including opioids) to gain better control of complex pain.
- Opioid switch: complete opioid rotation to regular methadone three times daily. This is done in the hospice inpatient unit during a 1-2 week admission.

In both situations the patient will have a PRN (breakthrough) opioid prescribed. This is usually the existing PRN opioid (e.g. morphine or oxycodone) **not** methadone.

How will community teams be informed of a patient on methadone?

If methadone is commenced or advised by our specialist team, the patient's GP will be informed by letter. The hospice clinical nurse specialist team will be informed, as well as the district nursing team if required.

Can methadone be administered by syringe pump?

Yes. If loss of oral route at the end of life is anticipated seek specialist advice from the hospice advice line. For those who have been fully rotated to methadone, a syringe pump can be authorised on the Community Palliative Care Drug Chart, with specialist advice. Please note:

- Prescribe methadone 10mg/ml injection and be aware it may take time for the local pharmacy to order this.
- It is not advised to authorise PRN methadone SC injections or a range for a syringe pump.
- A methadone syringe pump will not usually be needed for those on adjuvant oral methadone.

Why might methadone be better for patients than other opioids?

Methadone can be very helpful for several issues, particularly:

- Moderate or severe pain
- Complex pain
- Neuropathic pain
- Pain that has been difficult to manage with other medications
- Tolerance and reducing analgesic effect with other opioids.
- Escalating doses of existing analgesia with worsening side effects
- For complex pain in renal failure.

Is methadone only used for people at the end of life?

No. Methadone can be recommended at all stages of a person's illness.

Isn't methadone a medicine that people who have a substance misuse disorder take?

Apart from pain control, methadone is used as opioid substitution therapy for those addicted to illegal opioids.

Are there significant interactions?

Methadone is CYP3A4 metabolised, so be aware of drugs that inhibit or induce this enzyme group.

Serotonin syndrome is a rare issue, but may occur in those on other serotonergic medications.

Caution is required if considering concomitant administration of other medications that prolong QT interval but requirement for ECG monitoring is assessed with a pragmatic approach and is rarely indicated. This decision making would be led by the St Peter's team.

Renal and liver impairment

Metabolites of methadone are inactive and it is safe in renal failure.

If a patient develops liver failure, dose adjustment may be necessary, but this should be discussed with the St Peter's Hospice specialists.

Driving

As with other strong opioids, driving is possible once established on a stable dose with no side effects that impair driving capacity. Patients should be made aware that driving whilst impaired is illegal and dangerous. It is their responsibility to decide on capacity to drive, but if in doubt, then not driving is safest.

How do we contact St Peter's Hospice?

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Just call **0117 915 9430**.

*FAQ written by Dr Beaumont-Bell and Dr Cornish, consultants in Palliative Medicine at St Peter's Hospice.
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