Opioids and benzodiazepines for severe COPD, a prospective cohort study

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The main purpose of descriptive cohort studies is exploratory research to compare treatments among large groups of average patients. They can help guide and focus considerations, but are sensitive to confounding. By contrast, randomised trials offer high-level evidence but are often too small, too short and too much confined to insufficiently representative samples to detect side-effects. The cohort study reported here has yielded an indication of the safety of long-term low-dose use of opioids to treat dyspnoea in severely ill COPD patients who are no longer responding to specific treatments. The study was subject to some limitations, such as the rather arbitrary 30 mg limit for opioids and the fact that this type of research cannot definitively assess whether patients actually take the medication.

If opioids are prescribed for the above indication, one option, which the authors have adopted in view of its ease of use and the limited research data available, is to use controlled release morphine, starting at a low dosage. The patient must be given extra information at prescription and delivery, as this is a non-registered indication. Pharmacists check for COPD as a contra-indication with opioid use. In patients with end-stage COPD possibly requiring a higher dosage, the aim of symptom relief may outweigh the aim of prolonging life.

References*


*The literature refers to the Dutch text