

Equianalgesic Chart: Approximate equivalent doses of opioids for moderate to severe pain. (cont'd)

ANALGESIC	PARENTERAL (IM, SC, IV) ROUTE ^{1,2} (mg)	PO ROUTE ¹ (mg)	COMMENTS
AGONIST-ANTAGONIST OPIOIDS: Not recommended for severe, escalating pain. If used in combination with mu agonists, may reverse analgesia and precipitate withdrawal in opioid-dependent patients.			
BUPRENORPHINE (Buprenex)	0.4	—	Not readily reversed by naloxone; NR for laboring patients.
BUTORPHANOL (Stadol)	2	—	Available in nasal spray.
DEZOCINE (Dalgan)	10	—	
NALBUPHINE (Nubain)	10	—	
PENTAZOCINE (Talwin)	60	180	

Selected References For more complete information and additional references, see: Pasero C, Portenoy RK, McCaffery M: Opioid analgesics. pp. 161-299. In: McCaffery M, Pasero C: **Pain Clinical Manual**, St. Louis, 1999, Mosby, pp. 241-243.

American Pain Society (APS): **Principles of analgesic use in the treatment of acute and cancer pain**, ed. 3, Glenview, IL, 1992, APS.

Lawlor P, Turner K, Hanson J, et al: Dose ratio between morphine and hydromorphone in patients with cancer pain: a retrospective study, **Pain** 72(1,2):79-85, 1997.

Manfredi PL, Borsook D, Chandler SW, et al: Intravenous methadone for cancer pain unrelieved by morphine and hydromorphone: clinical observations, **Pain** 70:99-101, 1997.

Portenoy RK: Opioid analgesics. In Portenoy RK, Kanner RM, editors: **Pain management: theory and practice**, Philadelphia, 1996, FA Davis Company, pp. 249-276.

Equianalgesic Chart

Approximate equivalent doses of PO nonopioids and opioids for mild to moderate pain

ANALGESIC	PO DOSAGE (MG)
Nonopioids	
Acetaminophen650
Aspirin (ASA)650
Opioids†	
Codeine32-60
Hydrocodone††5
Meperidine (Demerol)50
Oxycodone†††3-5
Propoxyphene (Darvon)65-100
† Often combined with acetaminophen; avoid exceeding maximum total daily dose of acetaminophen (4000 mg/day).	
†† Combined with acetaminophen, e.g., Vicodin, Lortab.	
††† Combined with acetaminophen, e.g., Percocet, Tylox. Also available alone as controlled-release OxyContin and immediate-release formulations.	

Selected References: For more complete information and additional references, see: McCaffery M, Portenoy RK: Nonopioids: Acetaminophen and nonsteroidal antiinflammatory drugs. pp. 129-160. In: McCaffery M, Pasero C: **Pain: Clinical Manual**, St. Louis, 1999, Mosby, p. 133.

American Pain Society (APS): **Principles of analgesic use in the treatment of acute pain and cancer pain**, ed. 3, Glenview, IL, APS, 1992.

Kaiko R, Lacouture P, Hopf K, et al: Analgesic efficacy of controlled-release (CR) oxycodone and CR morphine. **Clin Pharmacol Ther** 59:130, 1996.

■ From McCaffery M, Pasero C: **Pain: Clinical Manual**, Copyright©, 1999, Mosby.

A Guide to Using Equianalgesic Charts

- Equianalgesic means approximately the same pain relief.
- The equianalgesic chart is a guideline. Doses and intervals between doses are titrated according to individual's response.
- The equianalgesic chart is helpful when switching from one drug to another, or switching from one route of administration to another.
- Dosages in the equianalgesic chart for moderate to severe pain are not necessarily starting doses. The doses suggest a ratio for comparing the analgesia of one drug to another.
- For elderly patients, initially reduce the recommended adult opioid dose for moderate to severe pain by 25% to 50%.
- The longer the patient has been receiving opioids, the more conservative the starting doses of a **new** opioid.