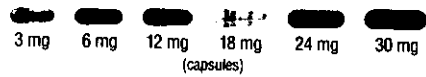


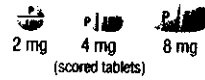
HYDROMORPH Contin[®] q12h

Controlled release hydromorphone capsules



HYDROMORPH IR[®] q4-6h

Immediate release hydromorphone tablets

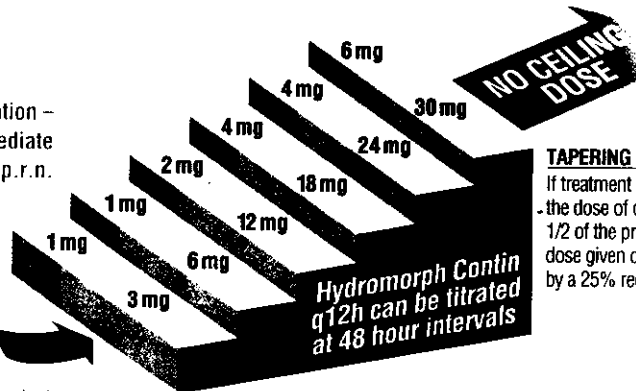


Hydromorph Contin[®] capsules or capsule beads should not be chewed or crushed since this can lead to rapid release and absorption of a potentially toxic dose of hydromorphone. Hydromorph Contin[®] capsule beads may be sprinkled on soft food.

Initiation and Titration

Breakthrough pain medication – hydromorphone immediate release q4-6h p.r.n.

Recommended Starting Dose for opioid naïve patients is **HYDROMORPH Contin[®] 3 mg q12h***



TAPERING PROTOCOL:
If treatment discontinuation is required, the dose of opioid may be decreased as follows: 1/2 of the previous daily Hydromorph Contin dose given q12h for the first two days, followed by a 25% reduction every 2 days (48 hours).

*Opioid naïve patients, and patients on low opioid doses or non-opioid combination analgesics.

Examples of Approximate Equianalgesic Conversions[†]

Switch from:					For breakthrough pain**	
Oral IR oxycodone					*Hydromorph IR [®] q4-6h p.r.n.	
q6h dose	Total tablets per day	Total oxycodone per day				
5 mg	4	20 mg	→	3 mg	1 mg	
5 mg	8	40 mg	→	6 mg	1 mg	
Switch from:					For breakthrough pain**	
Oral SR morphine					*Hydromorph IR [®] q4-6h p.r.n.	
q12h dose	Total tablets per day	Total morphine per day				
15 - 20 mg	2	30 - 40 mg	→	3 mg	1 mg	
30 - 40 mg	2	60 - 80 mg	→	6 mg	1 mg	
60 - 80 mg	2	120 - 160 mg	→	12 mg	2 mg	
100 - 120 mg	2	200 - 240 mg	→	18 mg	4 mg	
Switch from:					For breakthrough pain**	
Oral CR oxycodone					*Hydromorph IR [®] q4-6h p.r.n.	
q12h dose	Total tablets per day	Total oxycodone per day				
10 mg	2	20 mg	→	3 mg	1 mg	
20 mg	2	40 mg	→	6 mg	1 mg	
40 mg	2	80 mg	→	12 mg	2 mg	
80 mg	2	160 mg	→	24 mg	4 mg	

[†]As analgesic conversion factors are approximate and patient response may vary, dosing should be individualized and titrated according to relief of pain and side effects. Because of incomplete cross-tolerance, dose reductions of 25-50% of the equianalgesic dose may be appropriate in some patients when converting from one opioid to another, particularly at high doses.⁵

[†]Products containing ASA or acetaminophen are limited by a maximum recommended dose.

**If breakthrough pain repeatedly occurs at the end of the Hydromorph Contin[®] dosing interval, it is generally an indication for a Hydromorph Contin[®] dosage increase rather than more frequent administration.



Full ODB coverage in Ontario

There are many reasons to prescribe Hydromorph Contin

SHE'S the MOST IMPORTANT one

C.A.G.E.-AID Questionnaire^{††}
Cut down • Annoyed • Guilty • Eye-opener

PATIENT SCREENING TOOL

In the past have you ever:

- a) Felt that you wanted or needed to **Cut down** on your drinking or drug use?
- b) Been **Annoyed** or **Angered** by others complaining about your drinking or drug use?
- c) Felt **Guilty** about the consequences of your drinking or drug use?
- d) Had a drink or taken a drink in the morning (**Eye-opener**) to decrease hangover or withdrawal symptoms?

One positive response to any one of the CAGE-AID questions should raise concerns. Two or more positive responses means a high likelihood of a serious alcohol or drug problem and may require a formal addiction assessment by an addiction specialist.

^{††}Reference: Chow E et al. Use of the CAGE Questionnaire for screening problem drinking in an out-patient palliative radiotherapy clinic. *J Pain Symptom Manage* 2001;21:491-497.

Hydromorph Contin[®] is indicated for the relief of severe pain requiring the prolonged use of an opioid. Hydromorph-IR[®] is indicated for the relief of moderate to severe pain.

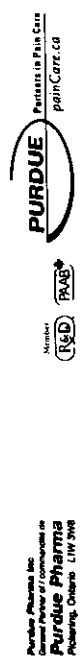
Side effects are similar to other opioid analgesics; the most frequently observed are constipation, nausea and somnolence. Dosage limitations may be imposed by adverse effects if they occur. Please refer to prescribing information.

Warning: Opioid analgesics should be prescribed and handled with the degree of caution appropriate to the use of a drug with abuse potential. Patients should be cautioned not to consume alcohol while taking Hydromorph Contin[®], as it may increase the chance of experiencing dangerous side effects. Hydromorph Contin[®] 18 mg capsules and higher are for use in opioid tolerant patients only. There is potential for fatal respiratory depression in patients not previously exposed to similar doses.

Product monograph available on request.

References:
 1. Hydromorph Contin[®] Product Monograph, March 2001. 2. Hays H et al. *Cancer* 1994;74:1806-1816. 3. Hagen N et al. *J Clin Pharmacol* 1995;35:37-44. 4. Hagen N, Babou N. *Cancer* 1997;79:1428-1437. 5. Levy MH. *N Engl J Med* 1996;335:1124-1132.

[†]Tylenol[®] No.3 is a registered trademark of Janssen-Ortho Inc./McNeil Consumer Healthcare. ^{††}Empracet[®]-30 is a registered trademark of GlaxoSmithKline.



- **12 hours of continuous analgesia for effective relief during the day and at night^{**††}**
- **q12h duration of action can mean an uninterrupted sleep^{†‡}**
- **Requires less frequent dosing compared to short-acting hydromorphone**
- **Low 3 mg starting dose[†]**
 Capsule beads may be sprinkled on soft food (such as applesauce) when swallowing is a concern

* Double-blind, randomized, two-way crossover evaluation of CR hydromorphone administered every 12 hours vs. IR hydromorphone taken every 4 hours. Overall VAS pain intensity scores by time of day (7:00, 11:00, 15:00, 19:00) showed no significant differences ($p=0.5365$) ($n=45$).
 † Double-blind, randomized, two-way crossover evaluation of CR hydromorphone vs. CR oxycodone. Mean rescue analgesic use was measured at night (8 pm to 8 am) in 6-4-hour intervals showing no significant difference ($p=0.2256$). Both formulations showed a significant difference ($p=0.0066$) in the pattern of rescue analgesic use over each day, with fewer doses taken during the night ($n=44$).
 ‡ Initiation at 3 mg q12h. Titration every 48 hours – increase first dose by 3 mg to 6 mg q12h, then in 6 mg increments from 12 mg to 30 mg – with no ceiling dose.[†]

HYDROMORPH Contin[®] q12h
 Controlled release hydromorphone capsules
An Effective First Choice For Severe Pain

Switch from: *Tylenol [®] No.3, *Empracet [®] -30 (30 mg codeine + acetaminophen) [†] Total tablets per day				For breakthrough pain** • Hydromorph-IR [®] q4-6h p.r.n.	
6-8	→	3 mg		1 mg	
Switch from: Oral IR hydromorphone				For breakthrough pain** • Hydromorph-IR [®] q4-6h p.r.n.	
q4 dose	Total tablets per day	Total hydromorphone per day			
1 mg	6	6 mg	→ 3 mg		1 mg
2 mg	6	12 mg	→ 6 mg		1 mg
4 mg	6	24 mg	→ 12 mg		2 mg
8 mg	6	48 mg	→ 24 mg		4 mg