**Prescribing Matters**

**Opioids in renal failure**

**QUESTION**

WHICH opioids can be used in renally impaired patients?

**ANSWER**

Selecting opioids suitable for use in renally impaired patients is based on the relative activity of opioid metabolites and their potential for accumulation in renal impairment. Fentanyl and alfentanil are opioids which are least likely to cause harm in patients with severe and end-stage renal impairment. Although methadone is not renally excreted, it accumulates in tissues with chronic use and so is not recommended.

The use of dextropropoxyphene and pethidine is not recommended in renally impaired patients due to the toxicity of their metabolites. There is a lack of evidence for using buprenorphine patches in renal impairment;

Safety is assumed on the basis of its pharmacokinetics. There is evidence that oxycodone, tramadol and hydromorphone all have active metabolites, but there is inconsistency on the significance of this in renal impairment. The metabolites of morphine accumulate in renal impairment and it is recommended to use an alternative opioid or reduce the dosage. There is a similar potential for toxicity with codeine and dihydrocodeine as they involve the same metabolic pathways as morphine.

Provided by NPS

References at medobs.com.au