

Patient Resource Guide: Methadone

INTRODUCTION

Methadone is a medication originally developed for the management of pain. Methadone provides long-lasting pain relief and is usually dosed two or three times per day. Morphine, oxycodone, hydrocodone, hydromorphone and fentanyl also have activity at the opioid receptor, and so are classified as opioids. Due to the methadone being active in the body for longer than other opioids, it has also been approved by the FDA for the management of opioid use disorder.

ADVANTAGES OF METHADONE

Increased Effectiveness	In addition to having pain-relieving benefits for cancer-related pain, methadone can also effectively treat chronic pain, nerve pain, and/or bone pain due to having additional sites of activity, compared to other opioids.
Multiple Dosage Forms	Methadone produces long-lasting pain relief and is available as a tablet and also as an oral liquid. If a patient has difficulty swallowing, methadone can be crushed and mixed with food, or it can be given in liquid form. The liquid formulation can be swallowed or given under the tongue and absorbed for patients who cannot swallow.
No dose reduction	As illness progresses, kidney function often decreases, which increases the risk of experiencing medication related side effects with most opioids as they are cleared from the body by the kidneys. However, methadone is not cleared from the body via the kidneys, reducing risk of experiencing side effects.

STARTING METHADONE

When prescribed methadone for pain, patients will often start on low doses of 2.5mg to 5mg every 8-12 hours. Patients will be continued on this dose for 5-7 days to allow methadone levels to build in the body before considering if a dose increase is needed. However, if the patient experiences undesired side effects after starting methadone, please contact your hospice agency immediately to report concerns and to determine if a change in therapy is needed.

TRANSITIONING FROM ANOTHER PAIN MEDICATION TO METHADONE

When adding methadone to a pain medication regimen that includes opioids, or transitioning from a long-acting opioid to methadone it is important to know:

- Your hospice team met to discuss the appropriate dose to manage pain and prevent side effects and tailored this regimen to your needs
- It may take up to 2 weeks to get the full effect of Methadone. Be patient, it is worth the wait.
- **DO NOT** take extra doses of Methadone
- Let your hospice team know if you experience any side effects however, they will go away as you continue taking the medication.

FREQUENTLY ASKED METHADONE QUESTIONS

Question:

If methadone is such a good option for pain, why has it never been recommended before?

Answer:

Methadone use should be closely monitored to ensure patients are maintained on safe and effective doses. Most clinics do not have the resources to provide the close monitoring necessary. Your hospice agency has the resources and expertise to provide this care.

Question:

If methadone is use for opioid addiction, why would it be recommended for me?

Answer:

Methadone is used to treat opioid use disorder because it has a long-lasting activity. This allows patients to take one dose of methadone per day to prevent opioid cravings and opioid withdrawal. Doses used for opioid use disorder are often significantly higher than doses used for pain relief. The long-lasting activity of methadone make it a good medication to be used for pain, providing sustained relief.

For answers to more methadone questions you may have, please contact your hospice agency.