

# The Duragesic Patch

## Information for Physicians and Practitioners

Duragesic (fentanyl) is one of the long acting opioid medications available as a transdermal patch in the armamentarium of medications available for chronic pain management. The following information contains guidelines for the proper use of the Duragesic patch for the management of patients with chronic pain.

A person with chronic pain is one who has a subjective complaint of pain that is constant and daily for at least 3 to 6 months. Duragesic or fentanyl is an effective agent for treating chronic pain patients, but it should never be used as a first line agent in an opioid naïve patient (one who has never taken any of the opioid medications). Fentanyl is one of the most lipophilic opioid medications, which makes it highly absorbable and in an opioid naïve patient, there could be severe side effects, such as respiratory depression and even death. Opioid medications are those that are natural and/or synthetic derivatives of morphine. Therefore, you will only use Duragesic patch in patients, who have tried and failed treatment with other opioid medications. This includes short acting opioids, such as tramadol (Ultram/Ultracet), propoxyphene (Darvocet), codeine (Tylenol #3), hydrocodone (Vicodin/Lortab/Lorcet), hydromorphone (Dilaudid), immediate release morphine (MSIR), meperidine (Demerol/Mepergan), fentanyl stick (Actiq) and oxycodone (Percocet/Tylox). There are also other long acting narcotics, such as methadone and various brands of sustained release morphine (Kadian/Avinza/MS Contin).

As to effective dosing, I suggest starting fentanyl at the lowest dose of 25 micrograms or (mcg) whereby a 25 mcg patch is applied to the skin and left on for up to 72 hours, and is therefore changed every three days. I recommend titrating up once a month at 25 microgram increments until adequate pain relief has been obtained without severe side effects, such as somnolence, nausea, constipation, and skin rash. The dosing can be reduced to once every 48 hours, as some patients notice a large decrease in effectiveness after two days. I counsel the patients to place the patch on any areas of the body without a lot of hair, preferably the upper arms, upper back and in women the upper chest. They need to alternate sites when they change the patch each time as well. Also, the patch should be left on at all times, even while bathing. If it falls off before the 2 or 3 days are up, do not discard the patch simply put it back on sealing it with surgical tape around the edges or applying tegaderm dressing over the patch to keep it applied to the skin.

The primary barriers for patients in using the fentanyl patch effectively are allergic reaction to fentanyl, skin irritation from the adhesive, inability to deal with side-effects (nausea or dizziness, constipation or daytime sleepiness), skin irritation from sun exposure, and having excessively oily skin resulting in an inability to maintain the patch on the body. If patients are not limited by these barriers, the fentanyl patch is an extremely effective medication in the long term management of patients with chronic pain.

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