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## Expert Choice 11.5 Free Download ##HOT## 95

experts agreed that when opioids are needed for breakthrough pain, clinicians should prescribe only the lowest effective dose. although there is insufficient evidence to estimate the duration of breakthrough pain or evaluate the comparative efficacy of different opioids for breakthrough pain, experts thought that the duration of breakthrough pain might be similar to that of acute pain, and that switching to a more potent opioid for breakthrough pain might be problematic given the risk of cumulative opioid use disorder among patients who have been prescribed opioid analgesics for chronic noncancer pain. for example, in a study that evaluated the need for and duration of breakthrough pain therapy, some patients switched to a higher strength opioid, when their current opioid dose was not sufficient; most patients receiving breakthrough pain therapy were taking higher strength opioids than their daily prescribed dose, and more than one-fourth of the patients had dose escalation or switching to opioids that were not well documented (189). thus, experts agreed that the clinician should consider the lowest effective dose of an opioid when deciding what opioid to prescribe for breakthrough pain. although the clinical evidence review did not find studies evaluating the effectiveness of different opioid for breakthrough pain, in the setting of breakthrough pain, there is evidence suggesting that short-term, multiple doses of immediate-release opioids in combination with adjuvant agents (e.g., gabapentinoids or antidepressants) might provide faster relief from breakthrough pain than higher doses of immediate-release opioids given only once per day, and there is evidence suggesting that a single dose of an extended-release opioid might be more effective than multiple doses of an immediate-release opioid for breakthrough pain (6).

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expert consensus regarding recommendation grades on the basis of the strength of evidence or agreement. the strength of the recommendations was determined using the approach described in the methods section. when weak evidence was found, consensus opinions of at least 80% of the experts assigned a strong

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recommendation grade  
were necessary for a  
recommendation to be rated  
strong. when moderate  
evidence was found, at least  
50% of experts assigned a  
weak recommendation  
grade, or at least 80% of  
experts assigned a strong  
recommendation grade  
were necessary for a  
recommendation to be rated  
strong. when strong  
evidence was found, at least  
90% of experts assigned a

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strong recommendation grade were necessary for a recommendation to be rated strong. all recommendations were assigned as weak or strong recommendations on the basis of the strength of the evidence and strong recommendations were applied in the absence of convincing evidence to the contrary. moderate recommendations only were considered as strong recommendations. the

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grade of conditional  
recommendations was  
applied on the basis of the  
strength of the evidence  
and strong  
recommendations were  
applied in the absence of  
convincing evidence to the  
contrary. when there was  
insufficient evidence to  
determine the grade of the  
recommendation, the  
recommendation was given  
as a conditional  
recommendation and was

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applied as strong  
recommendations in the  
absence of convincing  
evidence to the contrary.  
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