

Letter to the Editor

Opioids and COPD

D. M. Van Renterghem

AZ Sint Jan Brugge Oostende, Ruddershove, 8000, Brugge, Belgium

The survey by Dr Vozoris *et al.* [1] is timely and questions too liberal use of opioids in the COPD population. An American College of Chest Physicians consensus on dyspnoea [2] stated 'with appropriate titration opioids have not caused significant changes in survival after withdrawal of life support', and this was recently repeated in an overview on dyspnoea [3]. Such a statement has appeared widely in the medical litterature, but its applicability to clinical practice outside terminal weaning and especially in patients with COPD is questionable. Articles by Chan *et al.*, Daly *et al.*, Stone *et al.*, Thorns *et al.* and Jennings *et al.* [4–8] have been cited in support, but one should scrutinize them. Chan *et al.* [4] described 75 patients (20 primarily suffered acute respiratory failure) who died in the intensive care unit after withdrawal of mechanical ventilation, and found that medium time to death was 35 min (range 1 min to 15 h). Time to death was not influenced by narcotic dose. Daly *et al.* [5] described 42 subjects with 'terminal weaning' due to various pathologies. One-third died within 1 h, survival ranged from 1 h to 6 days, 88% received morphine and survival duration was unrelated to morphine dosage. In the hospice population studied by Stone *et al.* [6] without reference to COPD, mean survival was 1.3 days. Thorns *et al.* [7] concluded that in a terminal population on morphine 'death was not hastened by increasing the dose in the last 24 h'. Furthermore in small populations statistics are likely to reveal no difference. The Cochrane review of Jennings *et al.* [8] has been withdrawn. Being near to our patients with disabling COPD we should discuss carefully with them whether they should intitiate morphine or not, titrate carefully and monitor carefully for side effects.

Competing Interests

The author has completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declares no support from any organization for the submitted work.

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CORRESPONDENCE

Dr Dirk M. Van Renterghem, MD FCCP, Pulmonology, AZ Sint Jan Brugge Oostende, Ruddershove, 8000 Brugge, Belgium.
Tel.: +32 5045 2660
E-mail: Dirk.vanrenterghem@azsintjan.be