Guest Editors’ Introduction

Opioids in palliative care: differentiation and clinical relevance

Palliative care is an important public health issue. With a more and more ageing population in Europe and other developed countries, the pattern of diseases is changing, and as a result the need for effective pain management is increasing. Palliative care has developed expertise in the field of pain and symptom management over many years with opioids as the mainstay of adequate analgesic therapy, recommended in clinical guidelines on cancer pain management.\(^1,2\)

Since its discovery by Friedrich Wilhelm Sertürner 200 years ago, morphine has been widely accepted as the ‘gold standard’ in the analgesic management of severe pain. Several other opioid analgesics have been developed and marketed since, particularly during the 20th century, targeting an improved benefit–risk ratio compared with existing treatments. Some have disappeared from the therapeutic landscape mainly because of safety-related weaknesses, while others have successfully prevailed based on their beneficial efficacy or safety profile. The development of new delivery systems, such as the transdermal patch, has further contributed to advances in analgesia.

The opioid buprenorphine, a partial \(\mu\)-opioid agonist, has for a long time been an underestimated drug in the analgesic armamentarium. It was only in 2001 when a new transdermal delivery system for buprenorphine entered the European market that scientific interest in this opioid was revived. Since then, some new studies have dispelled old myths about buprenorphine and proven its full efficacy in various indications, including cancer and neuropathic pain.

This supplement is based on a satellite symposium presented at the 9th Congress of the European Association of Palliative Care, which convened in Aachen, Germany in April 2005, to discuss how to optimize pain management in palliative care. The four papers in this supplement are written by experts from different fields of preclinical and clinical evaluation of analgesic drugs, and provide a current review of the properties of different strong opioids, particularly in comparison with morphine, and include the latest data on buprenorphine and its transdermal formulation. This supplement focuses on relevant safety topics such as respiratory depression, immunological impact and renal impairment, and places the differences between individual opioids into clinical perspective. From these reviews it has become increasingly evident that transdermal buprenorphine is now a worthy challenge to morphine for the treatment of chronic pain.

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References