

Part VI: Summary of the risk management plan Morphine Unimedica v 1 Feb 2017

VI.2 Elements for a Public Summary

VI.2.1 Overview of disease epidemiology

Pain is the most common reason people visit their doctor. Pain may be sharp or dull, intermittent or constant, or throbbing or steady. Sometimes pain is very difficult to describe. Pain may be felt at a single site or over a large area. The intensity of pain can vary from mild to intolerable.

People differ remarkably in their ability to tolerate pain. One person cannot tolerate the pain of a small cut or bruise, but another person can tolerate pain caused by a major accident or knife wound with little complaint. The ability to withstand pain varies according to mood, personality, and circumstance⁹. Doctors choose a pain relief medication (analgesics) based on the type and duration of pain and on the likely benefits and risks. Most analgesics are effective for nociceptive pain (due to ordinary injury of tissues) but are less effective for neuropathic pain (due to damage or dysfunction of the nerves, spinal cord, or brain), which often requires different drugs. Morphine is considered one of the most powerful pain relievers available and has a good safety profile.

VI.2.2 Summary of treatment benefits

Morphine is a potent opiate analgesic drug that is used to relieve severe pain. Opioid analgesics (sometimes called narcotics) are the most powerful analgesics. They are the mainstay for treatment of severe acute pain (as occurs after surgery or from burns or broken bones) and chronic pain due to cancer and other serious disorders. Opioids are preferred because they are so effective in controlling pain. Opioids are not appropriate for everyone. The dose of an opioid is increased gradually, in stages, until the pain is relieved or the opioid's side effects cannot be tolerated. Older people and newborns, who are more sensitive to the effects of opioids, are usually given lower doses¹⁰.

Morphine has been in use as an analgesic for more than a century. The relief of pain in terminal cancer has been extensively reviewed. Morphine is considered one of the most powerful analgesics available and has a good safety profile.

VI.2.3 Unknowns relating to treatment benefits

The clinical safety of morphine is well known and overall its use within regulated medical parameters is considered safe.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Respiratory depression	Morphine is known to cause reduced breathing which can result in serious respiratory depression with associated shock and cardiac arrest.	Respiratory depression can be avoided by carefully controlling the dosage of the morphine treatment and by early recognition. An opiate antagonist, i.e. naloxone, can be used to treat unexpected toxicity or accidental overdose.
Hepatic impairment	Patients suffering from conditions in the liver that weaken the liver's ability to metabolise (break down) morphine are at risk of exposure to higher plasma levels of morphine.	Patients need to inform their medical physicians of any known condition related to reduced liver function. Furthermore, medical practitioners need to take into account the patient's ability to metabolise morphine and adjust the dose accordingly.
Drug interactions	Morphine may interact with (acts with or against), a number of different drugs or substances. Some may reduce the effect of morphine leading to a lack of effect. Others may increase the effect of morphine leading to toxicity. Substances that interact with morphine include MAO inhibitors, other narcotic substances, substances that affect liver metabolism or other nervous system depressive products and alcohol.	Patients need to inform their medical physicians of any medication or substances that they are currently taking so that corrective dose or action can be taken. Furthermore, medical practitioners need to take into account the patient's medical history and current medications and adjust the dose accordingly. Treatment with opiate antagonists, i.e. naloxone, can be used in case of unexpected toxicity or accidental overdose.
Drug addiction	Long term use of Morphine may cause addiction. Addiction is a psychological and behavioral response that develops in some people with the use of Morphine. Addiction occurs in only a small percentage of people when narcotics are used under proper medical supervision. People who have been addicted to substances	Patients need to inform their medical physicians of any medical history with substance or alcohol abuse. Furthermore, medical practitioners need to take into account the patient's medical history and current medications and adjust the dose accordingly.

Risk	What is known	Preventability
	in the past or those with a family member who is or has been addicted to drugs or alcohol may be at increased risk of becoming addicted to narcotics.	

Important potential risks

Risk	What is known	Preventability
Use in pregnancy and lactation	Prolonged use of morphine may cause neonatal withdrawal syndrome once the child is born. If morphine was taken by the mother 2-3 hours before delivery, the child might be born with depressed breathing capability. Breast feeding: Morphine is excreted in breast milk.	Pregnancy: When morphine is taken in pregnancy considerations should always be given to the risk to the foetus or unborn child. Morphine should not be given earlier than 2-3 hours before giving birth. Breast feeding: Mothers that are breastfeeding are not recommended to take morphine.

Missing information

None

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures. The Summary of Product Characteristics and the Package leaflet for Morfin Unimedic can be found in the national authority's web page.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan (if applicable)

Not applicable.

VI.2.7 Summary of changes to the risk management plan over time

Not applicable