Evidence Profile 3.2. Subcutaneous vs. Intravenous Hydromorphone

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SQ Opioid**	**IV Opioid**	**Relative (95% CI)**	**Absolute (95% CI)**		
Pain relief (categorical)												
0									not estimable		-	CRITICAL
Pain relief (continuous) (follow up: 2 days)												
1 [1]	RCT	not serious	N/A	not serious	very serious [A]	single study	20	20	**Diff 3.0** (-15.1, 21.1)		Very Low	CRITICAL
Pain relief speed												
0									not estimable		-	CRITICAL
Pain reduction maintenance												
0									not estimable		-	CRITICAL
Quality of life												
0									not estimable		-	CRITICAL
Functional outcomes												
0									not estimable		-	CRITICAL
Adverse events: Sedation												
0 [B]									not estimable			IMPORTANT
Adverse events: Toxicity												
0									not estimable			IMPORTANT

Abbreviations: CI: *Confidence interval;* ***Diff:*** *difference (between groups);* ***IV:*** *intravenous;* ***NS****: not statistically significant;* ***RCT:*** *randomized controlled trial(s);* ***SQ****: subcutaneous.*

Explanations

A. Small trial providing estimate with a wide confidence interval.
B. One study reported on sedation on a visual analog scale (Moulin 1991); however, sedation *improved* in both arms with opioid treatment.

Trials

1. Moulin, D. E., Kreeft, J. H., Murray-Parsons, N., Bouquillon, A. I.. Comparison of continuous subcutaneous and intravenous hydromorphone infusions for management of cancer pain. Lancet; Feb 23 1991.