

Evidence Profile 1.3. Treatment of Breakthrough Pain

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Immediate-Release Morphine	Sustained-Release Morphine	Relative (95% CI)	Absolute (95% CI)		
Pain relief (categorical) (follow-up: 6 days)												
1 ¹	RCT	not serious	N/A	not serious	serious ^A	single study	25/34 (74%)	25/34 (74%)	RR 1.00 (0.75, 1.33)	0 more per 1000 (from 210 fewer to 210 more)	Low	CRITICAL
Pain relief (continuous) (follow up: 6 days; assessed with VAS 0-100 [worst] ^B)												
1 ¹	RCT	not serious	N/A	not serious	serious ^A	single study	34	34	Diff -0.2 (-1.0, 0.6)		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: Respiratory depression												
0 ^B									not estimable			IMPORTANT
Adverse events: Confusion												
1 ¹	RCT	not serious	N/A	not serious	very serious ^C	single study	2/34 (6%) ^D	0/34 (0%)	RR 5.00 (0.25, 100)	57 more per 1000 (from 37 fewer to 151 more)		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 study.

B. Scales transformed to 0 to 100, as necessary.

- C. Small study with wide confidence interval.
- D. Not attributed to morphine.

Trials

1. Finn, J. W., Walsh, T. D., MacDonald, N., Bruera, E., Krebs, L. U., Shepard, K. V. Placebo-blinded study of morphine sulfate sustained-release tablets and immediate-release morphine sulfate solution in outpatients with chronic pain due to advanced cancer. *J Clin Oncol*; May 1993.