In Italy, the use of opioids in the management of cancer pain is at the lowest levels compared with other European countries. This dramatic situation could be partially referred to national legislation deficiencies that imposed excessive restrictions for opioid prescription. Currently, these legislative impediments have been partly overcome by changes in the Italian law on opioid prescription, in force from February 2001. A retrospective survey of the opioid prescriptions (morphine, buprenorphine, and pentazocine) issued for cancer outpatients (2,125) of the Treviso district during the time period 1993-2000 was carried out in order to verify the rate of opioid prescription. Men were more prescribed than women between 60 and 79 years of age, whereas women were more prescribed than men over 90. Total opioid use increased about 1.7 fold between 1993 and 1996, mainly because of an increase (55.4%) in morphine prescription, afterwards, it remained stable, with an estimated mean annual value of 108.2 ± 6.4 DDDs/million inhabitants/day. Oral morphine turned out to be the most commonly prescribed opioid (64% of patients) and pentazocine was more prescribed to older patients. From the comparison between the number of “expected opioid DDDs” and the number of prescribed opioid DDDs it could be estimated that only 38.1% of opioid prescriptions were adequate and a mean of 55.8 DDDs of opioids per patient were not prescribed. The opioid prescription inadequacy increased with the length of time from first prescription to patient death. A questionnaire investigation was conducted in 2001 among general practitioners. A total of 104 (32.5%) general practitioners responded and most of them feared opioid side effects, such as respiratory depression (49.6%), constipation (41.7%), and addiction (8.7%). Furthermore, many of the respondents considered opioids capable of reducing the patient length of life (22.2%) and inappropriate to treat pediatric patients (50.6%). About 44% of the respondents experienced external pressure by relatives of patients against opioid prescription and a majority of them (58.2%) considered the recently revised Italian legislation on opioid prescription ineffective for improving their prescribing pattern. In conclusion, present data show that the vast majority of terminally ill cancer outpatients in the Treviso district received inadequate opioid prescriptions in relation to either drug daily dosage or therapy duration.

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