

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

The last update discussed Steve's reaction to morphine, he experienced a reaction that 'mimics an immune reaction' (histamine releasing effect of morphine). This update discusses a true immune mediated opioid reaction.

Immune Mediated Reactions

Despite the frequent use of opioids in the community, true immune mediated allergies appear to be rare.

Our understanding of immunology and drug reactions is constantly being updated. It is still conventional to use the Gell and Coombes classification, with anaphylactic reactions falling into:

- > Type 1 Immediate: IgE mediated anaphylaxis with onset usually within minutes. If the medication taken orally or absorption is delayed with food, the reaction can occur up to a few hours after administration. Early symptoms include nasal congestion, flushing, pruritus and angioedema developing into bronchospasm, hypotension and death.
- > Type 4 Delayed: T Cell mediated reactions usually occur a day or more after administration. They often appear as maculopapular rash, erythema multiforme, pruritus or eczema and are often termed 'pseudoallergies'. These can evolve to severe whole body reactions involving multiple organs.

Managing true immune mediated opioid allergies?

Cessation of offending medication in all cases is recommended.

- > Severe or life threatening reactions require emergency medical treatment.

- > Minor reactions can be treated with antihistamines or corticosteroids.
- > Swap to structurally different class of opioid. Cross sensitivity is thought to be rare, however caution is still advised and the patient should be aware to report any signs of reaction immediately.

Useful resources

- > Australian Prescriber. [Anaphylaxis Wallchart](#). Aust Prescr. 2011;34(4):124.
- > World Allergy Organisation. [Drug Allergies \[Internet\]](#). 2014 [updated 2007; cited 2015 Oct 15].

Opioid Class	Drugs
Phenanthrenes	morphine, codeine, oxycodone, hydromorphone
Phenylpiperadines	fentanyl, sufentanil
Diphenylheptanes	methadone, dextropropoxyphene

For more information

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