3-317 Antidepressants and morphine

TIPS Question:

Resident with depression, expresses wish to die, refuses to get out of bed, refuses to eat, grieving husband's death, increase somatic complaints especially pain – asking for morphine increasingly. How can we help this woman? Is there a concern about taking antidepressant with morphine at the same time?

What are the significant factors you have learned as a result of working through the six-question template?

- Verbalization of wish to die, not eating, not getting out of bed, increased somatic complaints, increase morphine ingestion.
- Behaviour is affecting the resident, her family and the staff
- Risk is high due to suicide ideation, self-neglect and substance abuse
- Cornell scale indicated sever depression
- Causes include health problems, death of husband

Response:

Your resident appears to most likely have a full-blown depressive disorder. I would suggest you try to do the Cornell and SIG E CAPS which will be helpful to characterize the symptoms as well as to give more credence to the possibility of a depressive disorder. With this information in hand, certainly working with your partner in care, the family physician, and/or specialist will be important to move forward with the appropriate kind of collective intervention.

It should also be noted, and I think your situation certainly highlights this, that there is a very strong relationship between pain and depression. Depression can often exacerbate pain and pain can often make depression worse. There is also some interesting neurotransmitter links between these two conditions.

In terms of the second part of your question about the use of both morphine and antidepressants, often there is not a drug-drug interaction but one must watch cumulative or convergent side effects. Some antidepressants cause orthostatic hypotension, as does morphine. I would suggest that it would be important to look at a selection of antidepressants and talk to your pharmacy in regards to the kinds of additive effects that may occur that would be appropriate to monitor closely. There is, however, no contraindication to using antidepressants with morphine-like agents.

I would suggest that what will happen here, with appropriate pain control and definitive treatment of the depression, is that you may find with the treatment of the depression, that the need for morphine will decrease and therefore, the side effects of any increased morphine will be limited.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*