Efek perbaikan sesak napas pada kanker paru dengan pemberian morfin oral lepas lambat secara titrasi = Improvement of dyspnea by titrating sustained release oral morphine in lung cancer

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Abstrak

[Latar Belakang : Sesak napas merupakan keluhan utama pada kanker paru. Obat golongan opioid seperti morfin dapat digunakan untuk mengurangi keluhan sesak napas. Penelitian ini bertujuan untuk menetapkan efek pengurangan sesak napas dengan pemberian morfin oral lepas lambat 2x10 mg dan 2x30 mg, serta efek samping yang ditimbulkan.

Metode : Penelitian uji klinis dengan subjek pasien kanker paru dengan membandingkan keluhan sesak napas sebelum dan sesudah pemberian morfin oral 2x10 mg selama 2 hari dan dilanjutkan dengan 2x30 mg selama 2 hari. Derajat sesak dinilai dengan menggunakan skor sesak modified Borg?s dyspnea scale dan Visual Analog Scale (VAS) untuk sesak. Efek samping dipantau selama pemberian obat.

Hasil : Tiga puluh tiga peserta penelitian dengan 27 laki-laki (81,8%), jenis kanker paru adenokarsinoma 25 orang (75,8%). Terdapat perbaikan keluhan sesak napas setelah morfin 2x10 mg pada 18 dari 33 peserta (54,5%) dengan penurunan rata-rata skor sesak Borg dan VAS sebanyak 0,70 dan 6,72 dengan p <0,001 dibanding skor awal. Setelah pemberian morfin 2x30 mg perbaikan sesak napas didapat pada 26 dari 33 peserta (78,8%) dengan penurunan rata-rata skor sesak Borg dan VAS sebanyak 1,64 dan 16,06 dengan p <0,001 dibanding skor awal. Terdapat perbedaan bermakna antara pemberian morfin 2x10 mg dan 2x30 mg (p <0,001). Efek samping yang didapat setelah morfin 2x30 mg yaitu 33,3% mengeluh konstipasi, 42,4% mengantuk, dan 12,1% mual. Tidak ada pasien yang mengalami depresi pernapasan berat.

Kesimpulan : Terdapat perbaikan keluhan sesak napas setelah pemberian morfin oral lepas lambat 2x10 mg dan dan perbaikan yang lebih baik dengan 2x30 mg. Tidak ada efek samping yang berat setelah pemberian morfin oral.;Background: Dyspnea is a major complaint in lung cancer. Opioids drugs such as
morphine is known to be used to reduce dyspnea. This study aims to determine whether there is an improvement of dyspnea by titrating morphine sustained release tablet 2x10 mg and 2x30 mg in lung cancer patient, and the side effects that appear.

Methods: The study is a clinical trial with the subject of lung cancer patients by comparing dyspnea before and after administration of 2x10 mg morphine tablets for 2 days, followed by 2x30 mg for 2 days. The degree of dyspnea assessed using the modified Borg's dyspnea scale and the Visual Analog Scale (VAS) for dyspnea. Side effects are observed during administration of the drug.

Results: Thirty-three study participants with predominantly 27 men (81.8%) and 25 participants with adenocarcinoma (75.8%). There were improvements in dyspnea after morphine 2x10 mg in 18 of the 33 participants (54.5%) with an average improvements of Borg and VAS scores for 0.70 and 6.72 with $p < 0.001$ compared to the initial score. After administration of morphine 2x30 mg improvements in dyspnea were obtained in 26 of the 33 participants (78.8%) with an average improvements of Borg and VAS scores for 1.64 and 16.06 with $p < 0.001$ compared to the initial score. There were significant differences between the administration of morphine 2x10 mg and 2x30 mg ($p < 0.001$). Side effects were obtained after 2x30 mg morphine such as 33.3% complained of constipation, drowsiness in 42.4%, and nausea in 12.1%. No patients experienced severe respiratory depression.

Conclusion: There is dyspnea improvement after administration of sustainedrelease

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