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**WHAT DO DOCTORS WORKING IN PAEDIATRICS THINK ABOUT SWITCHING FROM CODEINE TO MORPHINE?**Andrea Gill, Gillian Jones. *Alder Hey Children's NHS Foundation Trust*

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**Purpose** Following the publication of restrictions on the use of codeine in children by the Medicines and Healthcare Products Regulatory Agency (MHRA) in July 2013,<sup>1</sup> many paediatric centres changed to using morphine in place of codeine. In our centre, the switch occurred in October 2013. Approximately six weeks later we asked all doctors working in paediatrics for their opinions on switching from codeine to morphine.

**Methods** Six questions were developed to assess how doctors had found out about the safety concerns with codeine; their opinion on the information provided and the coordination of the switch within the Trust; whether they thought the switch to morphine was a positive or negative change and what they thought could be done to improve the way morphine is used. The questions were inputted into survey monkey software and the link generated was emailed to all consultants and junior doctors working in paediatrics (approximately 280 recipients). Two weeks after the survey was circulated the responses were

collated and analysed using descriptive statistics and thematic analysis.

**Results** Twenty nine doctors responded to the survey. They reported receiving information about the safety concerns with codeine from a variety of sources with emails from MHRA/ outside the Trust being the most common. 83% were happy with the information they received from within the Trust about the planned switch from codeine to morphine and 88% were positive or neutral about how the switch was coordinated. Of the 64 comments made about using morphine instead of codeine, 77% were negative, 20% positive and 3% neutral with the most common concerns being increased risk of errors, abuse/ingestion potential in the community, lack of an intermediate analgesic and reduced availability due to controlled drug restrictions. Positive themes included improved pain management with morphine, simpler regimes and the variety of preparations giving greater flexibility. Ideas for improving the way morphine is used included audit, feedback, training and using a single strength of morphine solution or adding warnings to highlight the stronger preparation.

**Conclusions** Although the response rate to the survey was poor, the results showed that the majority of those replying had negative opinions about the switch to using morphine instead of codeine. Most were concerned about the potential risks associated with increased use of morphine although there were positive comments about morphine improving pain management.

The survey is due to be repeated in July 2014 to determine whether opinions have changed and a comparison between the quantities of morphine and codeine issued from pharmacy will be undertaken to see if overall oral opiate use has changed.

## REFERENCE

- 1 Medicines and Healthcare Products Regulatory Agency. Codeine for analgesia: restricted use in children because of reports of morphine toxicity. *Drug Safety Update* vol 6 issue 12, July 2013:A1.