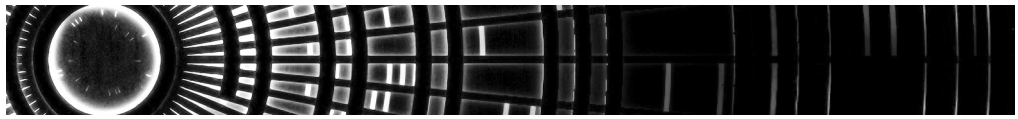
Glossary



Abuse-deterrent opioid formulation—specially formulated tablets or capsules designed to deter dosage form manipulation that allows crushing for purposes of snorting or dissolving in order to inject the opioid.

Basal dose—opioid administered around the clock; usually refers to a continuous parenteral infusion or a regularly scheduled long-acting oral opioid.

Bioavailability—a term relating to the percentage of drug that is detected in the systemic circulation after its administration. Also defined as the rate and extent to which the active ingredient or active moiety (the active part of the drug molecule) is absorbed from a drug product and becomes available at the site of action.

Breakthrough pain—pain that "breaks through" controlled persistent pain.

Buccal—a term referring to the cheeks or to the sides of the mouth.

Cytochrome P450 system—an enzyme system involved in the biosynthesis of steroids, fatty acids, and bile acids, and the metabolism of endogenous and exogenous substances including toxins and drugs.

Drug formulation—the active medication combined with other pharmaceutical ingredients in a form that is stable, efficacious, appealing, easy to administer, and safe. Examples include tablets, capsules, lotions, ointments, transdermal patches, rectal suppositories, and injectable formulations.

Drug interaction—process by which one drug alters the pharmacokinetic or pharmacodynamic properties of another drug, potentially changing the pharmacological effect (therapeutic or toxic).

Drug moiety—the active part of a drug molecule.

Dysphagia—difficulty in swallowing.

Dyspnea—shortness of breath or an uncomfortable awareness of breathing.

End-of-dose pain—pain that recurs before the next regularly scheduled dose of an analgesic.

Epidural space—also known as the extradural space; also, the area outside the dura mater.

Equianalgesic—two opioid regimens that provide the same degree of pain relief.

Equipotent—having equivalent potency.

Excipient—ingredients in a drug formulation aside from the active drug designed to solubilize, suspend, thicken, dilute, emulsify, stabilize, preserve, color, flavor, and fashion medications into useful drug products.

First-pass effect—the metabolism of orally administered drugs by gastrointestinal and hepatic enzymes, resulting in a significant reduction in the amount of unmetabolized drug reaching the systemic circulation.

Immediate-release formulation—an unmodified tablet, capsule, or other dosage formulation that begins to dissolve and be absorbed after administration.

Incident pain, nonvolitional—pain that occurs from an identifiable cause that is not under the patient's control.

Incident pain, volitional—pain that occurs from an identifiable cause that is under the patient's control.

Incomplete cross-tolerance—increased sensitivity to the new opioid when switching opioids.

Intensol—a highly or "intensely" concentrated oral solution of medication.

Intranasal—a route of administration in which drugs are insufflated (blown into a body cavity) through the nose.

Lipophilic—fat-soluble.

Neuraxial—a term referring to administering drugs (such as opioids) into the spaces or potential spaces surrounding the spinal cord; also referred to as intraspinal.

Odynophagia—pain with swallowing.

Opioid-naïve—a term characterizing a patient who has not been regularly taking opioids; the opposite of an opioid-tolerant patient.

Opioid responsiveness—the degree of analgesia achieved as the dose is titrated to an endpoint defined by either intolerable side effects or the occurrence of acceptable analgesia.

Opioid rotation—transitioning a patient from one opioid or route of administration to another opioid and/or route of administration.

Opioid substitution—transitioning a patient from one opioid or route of administration to another opioid and/or route of administration.

Opioid switching—transitioning a patient from one opioid or route of administration to another opioid and/or route of administration.

Parenteral—situated or occurring outside the intestine; usually referring to administration of a drug by intravenous, intramuscular, or subcutaneous injection.

Patient-controlled analgesia—a system that allows self-administration of analgesics (usually parenteral) using a programmable infusion pump.

Persistent pain—continuous pain; pain that is always present, around the clock.

Pharmacodynamics—the branch of pharmacology having to do with the effects of a drug, including both therapeutic and toxic effects.

Pharmacokinetics—the branch of pharmacology having to do with what the body does to a drug: absorption, distribution, metabolism, excretion.

Physiochemistry—the physical and chemical processes of a drug binding to a receptor.

Potency—the intensity of the analgesic effects of a given dose, which is dependent on access to the opioid receptor and binding affinity at the receptor site.

Proalgesic effect—a pain-producing effect.

Sleep apnea—periods of breathing cessation during sleep.

Solute—substance that is added for dissolution in a solution; usually present in an amount smaller than the solvent.

Solution—a homogeneous mixture (uniform in composition throughout) prepared by mixing two or more substances.

Solvent—volume to which a solute is added; usually a liquid.

Spontaneous pain—pain that involves no precipitating stimulus.

Steady state—a state of equilibrium in which the rate of the drug going into the body is equal to the rate coming out of the body, resulting in a "steady" serum concentration of the drug in the blood.

Subarachnoid space—space between the arachnoid mater and the pia mater.

Subdural space—cavity between the dura and the arachnoid mater.

Sublingual—a term referring to the area under the tongue.

Suspension—a mixture in which solid particles are suspended in a fluid. The particles are prone to settle on standing; therefore, the mixture must be shaken prior to administration.

Sustained-release formulation—a pharmaceutically modified tablet, capsule, or other dosage formulation designed to provide sustained or repeated release of the drug, allowing a longer dosing interval.

Tolerance—a phenomenon whereby continued exposure to a drug reduces its effectiveness, occasionally necessitating an increase in dosage.

Transcutaneous electrical nerve stimulation (TENS)—a device that provides electrical stimulation to the skin to relieve pain; it is thought to act by interfering with the neural transmission of pain.

Transdermal—a term referring to the absorption of a drug across the skin, usually intending a systemic effect. It most commonly refers to a drug-soaked adhesive patch applied to the skin.

Transmucosal—a term referring to the administration of a drug through the mucous membrane.

Transmucosal immediate-release fentanyl (TIRF)—a fast-onset formulation of fentanyl administered by the transmucosal route of administration (buccal, sublingual, or intranasal).