Respiratory adverse effects of opioids for breathlessness: a systematic review and meta-analysis Supplement: content

TABLE S1a. Search strategy in Pubmed	2
TABLE S1b. Search strategy in Embase	
TABLE S1c. Search strategy in CENTRAL	3
TABLE S1d. Search strategy in CINAHL	3
TABLE S1e. Search strategy in ClinicalTrials.gov	4
TABLE S2. Patient characteristics, study design and results of observational studies	5
TABLE S3. Patient characteristics and results of case reports	7
TABLE S4. Characteristics and study design of ongoing studies	9
TABLE S5. Risk of bias of randomized controlled trials	10
TABLE S6. Risk of bias of non-randomized trials	11
TABLE S7. Risk of bias of prospective observational studies	12
TABLE S8. Results of randomized controlled trials	13
TABLE S9. Results of non-randomized trials	17
FIGURE S1. Effect of opioid treatment in patients with advanced disease on breathlessness	20
References	21

TABLE S1a. Sear	ch strategy in Pubmed
Breathlessness	dyspnoea/drug therapy[Mesh Terms]
	2. dyspn*[Title/Abstract]
	3. breathless*[Title/Abstract]
	4. ((breath*[Title/Abstract]) AND labour*[Title/Abstract])
	((short*[Title/Abstract]) AND breath*[Title/Abstract])
	6. breathing difficult*[Title/Abstract]
	7. 1 OR 2 OR 3 OR 4 OR 5 OR 6
Opioid	8. analgesics, opioid/adverse effects[Mesh Terms]
	9. analgesics, opioid/therapeutic use[Mesh Terms]
	10. opioid*[Title/Abstract]
	11. opiate*[Title/Abstract]
	12. codeine/adverse effects[Mesh Terms]
	13. codeine/therapeutic use[Mesh Terms]
	14. codeine[Title/Abstract]
	15. heroin/adverse effects[Mesh Terms]
	16. heroin/therapeutic use[Mesh Terms]
	17. diamorphine[Title/Abstract]
	18. fentanyl/adverse effects[Mesh Terms]
	19. fentanyl/therapeutic use[Mesh Terms]
	20. fentanyl[Title/Abstract]
	21. dihydrocodeine[Supplementary Concept]
	22. dihydrocodeine[Title/Abstract]
	23. morphine/adverse effects[Mesh Terms]
	24. morphine/therapeutic use[Mesh Terms]
	25. morphine[Title/Abstract]
	26. oxycodone/adverse effects[Mesh Terms]
	27. oxycodone/therapeutic use[Mesh Terms]
	28. oxycodone[Title/Abstract]
	29. 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21
	OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28
	30. animals[Mesh Terms] NOT humans[Mesh Terms]
	31. (#7 AND #29) NOT #30
	32. Limit #31 to article types case reports, clinical studies, clinical trials, comparative
	studies, multicentre studies, observational studies, randomized controlled trials.

TABLE S1b. Sear	ch stra	ategy in Embase				
Breathlessness		exp dyspnea/dt [Drug Therapy]				
	2. dyspn*.mp [mp=title, abstract, heading word, drug trade name, original title					
		manufacturer, drug manufacturer, device trade name, keyword]				
	3.	breathless*.mp				
	4.	"breath* labour*".mp				
	5.	"short* of breath*".mp				
	6.	"breath* difficult*".mp				
	7.	1 OR 2 OR 3 OR 4 OR 5 OR 6				
Opioids	8.	exp opiate/ae, dt [Adverse Drug Reaction, Drug Therapy]				
	9.	opioid*.mp				
	10.	opiate*.mp				
	11.	exp codeine/ae, dt [Adverse Drug Reaction, Drug Therapy]				
	12.	codeine.mp				
	13.	exp diamorphine/ae, dt [Adverse Drug Reaction, Drug Therapy]				
	14.	diamorphine.mp				
	15.	exp fentanyl/ae, dt [Adverse Drug Reaction, Drug Therapy]				
	16. ·	fentanyl.mp				
	17.	exp dihydrocodeine/ae, dt [Adverse Drug Reaction, Drug Therapy]				
	18.	dihydrocodeine.mp				

19. exp morphine/ae, dt [Adverse Drug Reaction, Drug Therapy]
20. morphine.mp
21. exp oxycodone/ae, dt [Adverse Drug Reaction, Drug Therapy]
22. oxycodone.mp
23. 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21
OR 22
24. 7 AND 23
25. Limit 24 to human
26. Limit 25 publication type to <i>Journal: Article</i>

TABLE S1c. Sear	ch strategy in CENTRAL
Breathlessness	1. MeSH descriptor: [Dyspnea] explode all trees and with qualifier(s): [Drug therapy – DT]
	2. dyspn*.ti,ab,kw (Word variations have been searched)
	3. breathless*.ti,ab,kw (Word variations have been searched)
	4. "breath* labour*".ti,ab,kw (Word variations have been searched)
	5. "short* of breath*".ti,ab,kw (Word variations have been searched)
	6. "breath* difficult*".ti,ab,kw (Word variations have been searched)
	7. #1 OR #2 OR #3 OR #4 OR #5 OR #6
Opioids	8. MeSH descriptor: [Analgesics, Opioid] explode all trees and with qualifier(s): [Adverse
	effects – AE, Therapeutic use – TU]
	9. opioid*.ti,ab,kw (Word variations have been searched)
	10. opiate*.ti,ab,kw (Word variations have been searched)
	11. MeSH descriptor: [Codeine] explode all trees and with qualifier(s): [Adverse effects –
	AE, Therapeutic use – TU]
	12. codeine.ti,ab,kw (Word variations have been searched)
	13. MeSH descriptor: [Heroin] explode all trees and with qualifier(s): [Adverse effects – AE,
	Therapeutic use – TU]
	14. diamorphine.ti,ab,kw (Word variations have been searched)
	15. MeSH descriptor: [Fentanyl] explode all trees and with qualifier(s): [Adverse effects –
	AE, Therapeutic use – TU]
	16. fentanyl.ti,ab,kw (Word variations have been searched)
	17. dihydrocodeine.ti,ab,kw (Word variations have been searched)
	18. MeSH descriptor: [Morphine] explode all trees and with qualifier(s): [Adverse effects –
	AE, Therapeutic use – TU]
	19. morphine.ti,ab,kw (Word variations have been searched)
	20. MeSH descriptor: [Oxycodone] explode all trees and with qualifier(s): [Adverse effects –
	AE, Therapeutic use – TU]
	21. oxycodone.ti,ab,kw (Word variations have been searched)
	22. #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
	OR #20 OR #21
	23. #7 AND #22
	24. Limit #23 to <i>trials</i>

TABLE S1d. Sear	TABLE S1d. Search strategy in CINAHL								
Breathlessness	1. (MH "Dyspnea+/DT")								
	2. TI dyspn* OR AB dyspn*								
	3. TI breathless* OR AB breathless*								
	4. TI "breath* labour*" OR AB "breath* labour*"								
	5. TI "short* of breath*" OR AB "short* of breath*"								
	6. TI "breath* difficult*" OR AB "breath* difficult*"								
	7. S1 OR S2 OR S3 OR S4 OR S5 OR S6								
Opioids	8. (MH "Analgesics, Opioid+/AE/TU")								
	9. TI opioid* OR AB opioid*								
	10. TI opiate* OR AB opiate*								
	11. (MH "Codeine+/AE/TU")								
	12. TI codeine OR AB codeine								

1	3. (MH "Heroin+/AE/TU ")
1	4. TI diamorphine OR AB diamorphine
1	5. (MH "Fentanyl+/AE/TU")
1	6. TI fentanyl OR AB fentanyl
1	7. TI dihydrocodeine OR AB dihydrocodeine
1	8. (MH "Morphine+/AE/TU")
1	9. TI morphine OR AB morphine
2	0. (MH "Oxycodone+/AE/TU ")
2	1. TI oxycodone OR AB oxycodone
2	2. S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19
	OR S20 OR S21
2	3. S7 AND S21; Limiters - Human

TABLE S1e. Sear	ch strategy in ClinicalTrials.gov									
Breathlessness	1. Dyspnea (condition/disease)									
	2. Dyspnea (other terms)									
	3. Dyspnoea (other terms)									
	4. Breathlessness (condition/disease)									
	5. Breathlessness (other terms)									
	6. Breath shortness (condition/disease)									
	7. S1 OR S2 OR S3 OR S4 OR S5 OR S6									
Opioids	8. Opioids (intervention/treatment)									
	9. Opioid analgesic (intervention/treatment)									
	10. Analgesics, opioid (intervention/treatment)									
	11. Opiate (intervention/treatment)									
	12. Opioid (other terms)									
	13. Analgesic (other terms)									
	14. Codeine (intervention/treatment)									
	15. Codeine (other terms)									
	16. Diamorphine (intervention/treatment)									
	17. Diamorphine (other terms)									
	18. Fentanyl (intervention/treatment)									
	19. Fentanyl (other terms)									
	20. Dihydrocodeine (intervention/treatment)									
	21. Dihydrocodeine (other terms)									
	22. Morphine (intervention/treatment)									
	23. Morphine (other terms)									
	24. Oxycodone (intervention/treatment)									
	25. Oxycodone (other terms)									
	26. S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19									
	OR S20 OR S21 OR S22 OR S23 OR S24 OR S25									
	27. S7 AND S26									

TABLE S2. Pat	tient charac	cteristics, study desig	n and results of observa	tional studies						
Study	Design	N (% men)	Population (n)	Age (yr)	Opioid	Dose (mg/day)	Administration	Duration	Patient setting	Outcomes: difference Definition of RD
Allen, 2005 [1]	Pro- spective	11 (27)	IPF (11)	Mean 68 (range 78- 92)	Diamorphine	2.5-5.0 mg	Parenteral	Single dose	Inpatient	SaO ₂ : 0% RR: -2 breaths/minute RD: 0 Change in vital signs or oxygen saturation
Colman, 2015 [2]	Retro- spective	64 (45) 59 received opioids	Patients awaiting lung transplantation; ILD (51) BO (5) COPD (4) PH (4)	Mean 59.4 (SD 9.4)	Morphine or hydromorphone ¹	Median dose: SR: 30 MED (range20-840) IR: 15 MED (range 6-60) AN: no data	Oral	Median follow-up: 153 days	Inpatient/ outpatient	RD: 0
Farncombe, 1994 [3]	Retro- spective	54 (43)	Cancer (40) ORD (3) RRD (3) cardiac disease (6) AIDS (1) bowel obstruction (1)	Median 62 (range 21- 90)	Morphine ² Hydromorphone ² Codeine ² Anileridine ²	30-180 6-120 90-360 150-300	Nebulized	1-3 doses (12) 1-2 days (8) 3-14 days (17) > 15 days (17)	Inpatient/ outpatient	PaCO ₂ : no significant change (n=4) SaO ₂ : no significant change (n=4) RR: 10-30% decrease, but non below 16 breaths/minute (n=8)
Hu, 2014 [4]	Pro- spective	136 (57) 27 used opioid for breathlessness at admission and 36 2 days prior to death	Cancer (136)	≤ 18 (3) 19-35 (6) 36-50 (27) 51-64 (31) ≥ 65 (69)	Morphine	At admission: Mean 37.7 MED (SD 38.6) Prior to death: Mean 44.7 MED (SD 52.3)	Oral, parenteral, or combined	No data	Inpatient	RD: 1 (also at start of study) Decrease in RR to less than 10 times per minute.
Kanemoto, 2007 [5]	Retro- spective	337 (74) 92 reported breathlessness and received morphine	Cancer (212) IIP/CDPF (47) Pneumonia (41) COPD (22) Bronchiectasis (7) Tuberculosis (3) Pyothorax (2) PH (1) Thromboembolism (1) Pneumoconiosis (1)	Median 72 (range 22- 96)	Morphine	No data	Parenteral	No data	Inpatient	RD: 0
Kawabata, 2013 [6]	Retro- spective	95 (55) 44 administrations for episodes of	Cancer (95)	Mean 71.7 (range 47- 92)	Oxycodone ²	Mean 44.6 (range 5.5- 206.6)	Parenteral	Mean: 14.4 days	Inpatient	RD: 3

TABLE S2. P	TABLE S2. Patient characteristics, study design and results of observational studies										
Study	Design	N	Population (n)	Age (yr)	Opioid	Dose (mg/day)	Administration	Duration	Patient	Outcomes: difference	
		(% men)							setting	Definition of RD	
		breathlessness									
Oxberry,	Pro-	33 (85)	CHF (33)	Mean 71.9	Morphine or	Morphine: 20	Oral	3 months	Outpatient	SaO ₂ : -1% in users,	
2013 [7]	spective			(SD 9.1)	oxycodone vs.	Oxycodone: 10				+1% in non-users	
					placebo					RR: -1 breaths/minute	
										in users, -2 breaths/	
										minute in non-users	
Pang,	Pro-	16 (50)	Cancer (16)	Mean 63.6	Fentanyl	Responders:	Parenteral	24 hours	Inpatient	RR: -4 breaths/minute	
2016 [8]	spective			SD (13.5)		0.22 (0.17)				in responders; -2	
						Non-responders:				breaths/minute in	
						0.28 (0.20)				non-responders ³	
Sporer,	Retro-	319 (47)	ADHF (319)	Mean 77	Morphine	No data	No data	No data	Outpatient	SaO ₂ : no change (no	
2006 [9]	spective	20 received		(SD 12)						data shown)	
		morphine								RR: no change (no	
										data shown)	

ADHF: acute decompensated heart failure; AIDS: acquired immune deficiency syndrome; AN: opioids on "as needed" basis; BO: bronchiolitis obliterans; CDPF: collagen disease-related pulmonary fibrosis; CHF: chronic heart failure; COPD: chronic obstructive pulmonary disease; IIP: idiopathic interstitial pneumonia; ILD: interstitial lung disease; IPF: idiopathic pulmonary fibrosis; IR: immediate-release opioids; MED: morphine equivalent dose; ORD: obstructive respiratory disease; PaCO₂: partial pressure of arterial carbon dioxide; PaO₂: partial pressure of arterial oxygen; PH: pulmonary hypertension; RD: respiratory depressions; RR: respiratory rate; RRD: restrictive respiratory disease; SaO₂: arterial oxygen saturation; SR: sustained-release opioids

¹ intervention is started on an as needed basis and transitioned to standing immediate-release opioids or sustained release opioids (with or without immediate-release opioids as needed) as tolerated;

² application of opioid for breakthrough breathlessness possible

³ median change

TABLE S3. Patient characteristics and results of case reports										
Study	Gender	Diagnosis	Age (yr)	Opioid	Dose	Administration	Duration	Pre-treatment?	Patient setting	Outcomes
Ponitoz	Female	Lung cancer	67	Fentanyl ¹	1200 μg	Oral	Single dose	400 mg intravenous morphine/day	Inpatient	SaO ₂ : 90 to 91% RR: 22 to 14 breaths/minute
Benitez- Rosario,	Male	Lung cancer	52	Fentanyl ¹	400 μg	Oral	2 doses in 30 min	90 mg SR morphine/day	Inpatient	SaO₂: remained 93% RR: 20 to 18 breaths/minute
2005 [10]	Female	Colon cancer	57	Fentanyl ¹	400 μg	Oral	Single dose	15 mg intravenous morphine/day	Inpatient	SaO ₂ : remained 89% RR: remained 20 breaths/minute
	Male	IPF	73	Morphine	30-150 mg	Nebulized	3 months	No	Inpatient	RR: slight decrease RD: no
	Male	IPF	68	Morphine	30-105 mg	Nebulized	At least 2 weeks	No	Inpatient	RD: no
Farncombe, 1993 [11]	Male	CAD and COPD	74	Morphine	2.5 mg	Nebulized	Single dose	Intravenous morphine	Inpatient	PaCO ₂ : 7.2 to 6.4 kPa PaO ₂ : 8.5 to 9.9 kPa SaO ₂ : 87 to 93% RR: 32 to 28 breaths/minute RD: no
	Female	CHF and COPD	72	Morphine	2.5 mg	Nebulized	Single dose	Intravenous morphine	Inpatient	PaCO ₂ : 4.8 to 4.7 kPa PaO ₂ : 12.4 to 12.7 kPa SaO ₂ : remained 98% RR: 30 to 26 breaths/minute RD: no
Farncombe,	Male	Lung cancer, CHF and COPD	91	Morphine	60-90 mg/day	Nebulized	At least 2 days	30 mg nebulized morphine/day	Inpatient	RR: 36 to 26 breaths/minute
1994 [12]	Female	Lung cancer	61	Hydro- morphone ¹	48 mg/day	Nebulized	No data	± 480 mg oral hydro- morphone/day	Outpatient	RR: 34 to 26 breaths/minute
Lang, 1997 [13]	Female	Probably primary lung cancer with metastases	74	Morphine ¹	4 mg	Nebulized	Single dose	30 mg oral morphine/day	Inpatient	RD: yes
	Male	Lung cancer	73	Fentanyl ¹	150 μg	Nasal	Single dose	No data	Outpatient	SaO ₂ : 62 to 94% RR: 30 to 12 breaths/minute RD: no
Sitte, 2008 [14]	Female	CHF, COPD and PH	88	Fentanyl ¹	1000 μg	Nasal	Single dose	No data	Outpatient	SaO ₂ : 65 to 75% RR: 40-50 to 20 breaths/minute RD: no
	Male	ILD	72	Fentanyl ¹	400 μg/ administration	Nasal	Two weeks	No	Outpatient	RD: no
Sitte,	Male	COPD and lung	85	Fentanyl ¹	2000-4000	Nasal	No data	32 mg SR	Outpatient	RD: no

TABLE S3. Patient characteristics and results of case reports										
Study	Gender	Diagnosis	Age (yr)	Opioid	Dose	Administration	Duration	Pre-treatment?	Patient	Outcomes
									setting	
2009 [15]		cancer			μg/day			hydromorphone/day		
	Male	Lung cancer	53	Fentanyl	1200 μg/day +	Parenteral and	No data	No data	Outpatient	RD: no
					200 μg/episode	nasal				

CAD: coronary artery disease; CHF: congestive heart failure; COPD: chronic obstructive pulmonary disease; ILD: interstitial lung disease; IPF: idiopathic pulmonary fibrosis; PaCO₂: partial pressure of arterial carbon dioxide; PaO₂: partial pressure of arterial oxygen; PH: pulmonary hypertension; RD: respiratory depressions; RR: respiratory rate; SaO₂: arterial oxygen saturation; SR: sustained-release.

¹ intervention prescribed for an episode of breakthrough breathlessness

TABLE S4. Ch	TABLE S4. Characteristics and study design of ongoing studies												
Study name	Clinical-Trials	Design	Estimate	Population	Opioid	Dose	Administration	Comparison	Duration	Patient	Included outcomes		
	number		sample							setting			
			size										
-	NCT02454751	NRT, NB,	20	CHF	Fentanyl	50 μg	Nebulized	No treatment	Single dose	Outpatient	Secondary: SaO ₂ , RR		
		cross-over									pre- and post-exercise		
-	NCT03018756	RCT, DB,	20	IPF	Fentanyl	100 μg	Nebulized	Placebo	Single dose	Outpatient	Secondary: RR pre- and		
		cross-over									post-exercise		
MORPHILD	NCT02622022	RCT, DB,	36	ILD	Morphine	20-40	Oral	Placebo	One week	Unknown	Secondary: SaO ₂ in rest		
		parallel				mg/day							
MORDYC	NCT02429050	RCT, DB,	124	COPD	Morphine	20-30	Oral	Placebo	Four weeks	Outpatient	Primary: PaCO ₂ , PaO ₂ ,		
		parallel			SR	mg/day					SaO ₂ , RR in rest		
DYS-NOC	NCT02801838	NRT, SB,	50	ICU patients	Morphine	10 mg	No data	No treatment	Single or double	Inpatient	Secondary: blood gases		
		parallel							dose		in rest		
BEAMS	NCT02720822	RCT, DB,	171	COPD	Morphine	8, 16, 24	Oral	Placebo	Three weeks	Outpatient	Secondary: PetCO ₂ , SaO ₂		
		parallel			SR	or 32 mg					in rest		

TABLE S5. Risk of bias of randomi	zed cont	rolled tr	ials				
Above the 2002 [45]	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective outcome reporting (reporting bias)	Other sources of bias
Abernethy, 2003 [16]	+	+	+	+	+	_	
Allard, 1999 [17]	?	+	+	+	+	+	+
Beauford, 1993 [18]	?	?	+	?	+	_	_
Bruera, 1993 (part 1) [19]	?	?	?	?	+	+	_
Charles, 2008 [20]	+	+	+	+	+	+	_
Chua, 1997 [21]	?	?	+	?	+	+	
Cuervo Pinna, 2015 [22]	?	?	+	?	+	_	+
Eiser, 1991 (part 1) [23]	?	?	?	?	+	+	_
Eiser, 1991 (part 2) [23]	?	?	?	?	+	+	_
Gamborg, 2013 [24]	?	?	+	?	+	_	+
Grimbert, 2004 [25]	?	+	+	+	+	_	+
Harris-Eze, 1995 [26]	?	+	+	+	+	+	+
Hui, 2014 [27]	+	+	+	+	+	+	
Jankelson, 1997 [28]	?	+	+	+	+	+	
Jensen, 2012 [29]	?	+	+	+	-	+	+
Johnson, 2002 [30]	+	+	+	+	+	+	+
Krajnik, 2009 [31]	?	?	_	_	+	_	+
Light, 1989 [32]	?	?	_	_	+	+	_
Light, 1996 [33]	?	?	+	?	+	+	?
Masood, 1995 [34]	?	?	+	?	+	_	+
Mazzocato, 1999 [35]	?	?	+	?	+	+	+
Munck, 1990 (part 2) [36]	?	?	?	?	-	+	+
Natalini, 2011 [37]	+	+	+	+	+	+	+
Navigante, 2010 [38]	+	+	-	-	+	_	+
Noseda, 1997 [39]	?	?	+	+	+	+	+
Otulana, 2004 (phase 3) [40]	-	1	_	-	?	-	_
Oxberry, 2011 [41]	+	+	+	+	+	+	+
Poole, 1998 [42]	+	+	?	+	+	+	+
Rice, 1987 [43]	+	3	3	3	+	+	+
Robin, 1986 [44]	+	+	-	-	-	+	+
Schonhofer, 1998 [45]	_	-	-	-	-	+	_
Shohrati, 2012 [46]	?	?	+	?	+	+	_
Smith, 2009 [47]	?	?	+	+	ı	+	?
Williams, 2003 [48]	?	?	+	+	+	+	_
Woodcock, 1982 [49]	?	?	+	+	_	?	_
Llow rick of high high rick of his			of hins				

⁺ low risk of bias; - high risk of bias; ? unclear risk of bias.

TABLE S6. Risk of bias of non-randomized trials											
	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective outcome reporting (reporting bias)	Other sources of bias				
Allcroft, 2013 [50]	_	_	_	_	+	_	+				
Boyd, 1997 [51]	_	_	_	_	+	+	+				
Bruera, 1990 [52]	_	-	-	_	+	+	+				
Bruera, 1993 (part 2) [19]	_	_	_	ı	+	+	_				
Clemens, 2007 [53]	_	_	_	I	+	+	+				
Clemens, 2008.1 [54]	-	_	_	I	+	+	+				
Clemens, 2008.2 [55]	_	_	_	I	+	+	+				
Clemens, 2008.3 [56]	_	_	_	-	+	+	+				
Clemens, 2009 [57]	_	_	_	-	+	+	+				
Clemens, 2011 [58]	_	_	_	-	+	+	+				
Cohen, 1991 [59]	_	_	_	-	+	+	+				
Coyne, 2002 [60]	_	_	_	_	_	+	+				
Currow, 2011 [61]	_	_	_	_	+	+	+				
Gauna, 2008 [62]	_	_	_	_	+	+	-				
Munck, 1990 (part 1) [36]	_	_	_	_	+	_	+				
Otulana, 2004 (phase 4) [40]	_	_	_	_	?	_	-				
Tanaka, 1999 [63]	_	_	_	_	+	+	_				

⁺ low risk of bias; - high risk of bias; ? unclear risk of bias.

TABLE S7. Risk of bias of prospective observational studies											
	Representativeness of exposed cohort	Selection of non- exposed cohort	Ascertainment of exposure	Outcome of interest at start of study	Comparability of cohorts	Assessment of outcome	Length of follow-up	Adequacy of follow-up	Total		
Allen, 2005 [1]	*		*	*		*	*	*	6		
Hu, 2004 [4]	*		*					*	3		
Oxberry, 2013 [7]	*	*					*	*	4		
Pang, 2016 [8]	*		*	*			*	*	5		

Study	P	aCO₂ (kPa)	Pet	:CO₂ (kPa)	P	aO₂ (kPa)		SaO₂ (%)	RR (b	reaths/minute)	RD
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number <i>Definition</i>
Abernethy,	-	-	-	-	-	-	Excluded	-	At rest	I: 20 (5)	0
2003 [16]							(no data shown)			C: 21 (4)	
Allard, 1999 [17]	-	-	-	-	-	-	-	-	At rest	O: -1.6 (2.3) ¹ *	-
Beauford,	_	-	At rest and	No change (no	_	-	Excluded	-	-	-	-
1993 [18]			on	data shown)			(baseline				
			exertion (Emax)				data shown)				
Bruera,	_	_	-	_	_	_	At rest	1: 92 (2)	At rest	1: 24 (8)	_
1993							7101030	C: 92 (2)	7101000	C: 22 (10)	
(part 1) [19]											
Charles,	-	-	-	-	-	-	At rest	N: +1.9 (6.1) ¹	At rest	N: -3.7 (5.0) ^{1*}	-
2008 [20]								S: +0.2 (6.0) ¹		S: -4.7 (6.1) ¹	
								C: +2.1 (3.4) ^{1*}		C: -4.2 (4.5) ¹ *	
Chua,	-	-	At rest and	R-I: 5.0 (0.5)	-	-	At rest and	R-I: 99.3 (1.0) [‡]	At rest and	R-I: 14	-
1997 [21]			on	R-C: 4.6 (0.6)			on	R-C: 100 (0) [‡]	on	R-C: 18	
			exertion	E-I: 5.3 (0.9)			exertion	E-I: 98.9 (1.4)	exertion	E-I: 23	
			(Bruce), %	E-C: 5.0 (0.9)			(Bruce)	E-C: 99.5 (0.9)	(Bruce)	E-C: 26	
Cuervo	-	-	-	-	-	-		R-I: 93.2 (3.7)	Excluded	-	-
Pinna, 2015							on	R-C: 93.8 (3.9)	(no data		
[22]							exertion	E-I: 90.3 (5.6)	shown)		
							(6MWT)	E-C: 91.5 (6.1)			
Eiser, 1991	At rest,	2.5 mg: 5.4 (0.9)	At rest	2.5 mg: 4.4 (0.9)	At rest,	2.5 mg: 8.6 (1.3)	At rest	2.5 mg: 90 (6.3)	-	-	-
(part 1) [23]	arterial	5 mg: 5.0 (0.6)		5 mg: 4.5 (1.3)	arterial	5 mg: 9.7 (1.3)		5 mg: 89 (6.3)			
,		C: 5.2 (0.6)		C: 4.1 (0.9)		C: 9.0 (1.9)		C: 89 (6.3)			
Eiser, 1991	At rest,	I: 5.3 (0.3) [†]	-	-	At rest,	I: 8.6 (0.6) [†]	-	-	-	-	-
(part 2) [23]	arterial	C: 5.0 (0.3)			arterial	C: 9.2 (0.8)					
Gamborg,	-	-	-	-	-	-	At rest	No change	At rest	No change	0
2013 [24]								(no data shown)		(no data shown)	
Grimbert, 2004 [25]	-	-	-	-	-	-	At rest	0: 94.4 (3.3)	At rest	O: 21.2 (8.4)	-
Harris-Eze,	-	<u> </u>	On	No change (no	_	_	At rest and	R: no change	At rest and	R: no change	-
1995 [26]			exertion	data shown)			on	(no data shown)	on	(no data shown)	
1999 [20]			(Emax)	uata silowii)			exertion	E-2.5 mg: 85 (7)	exertion	E-2.5 mg: 40 (9)	
			(Cilidx)				(Emax)	• , ,		• • •	
							(Emax)	E-5 mg: 85 (6)	(Emax)	E-5 mg: 43 (11)	

TABLE S8. Re	esults of rand	omized controlled t	rials								
Study	Pa	aCO2 (kPa)	Pet	tCO2 (kPa)	P	aO₂ (kPa)		SaO ₂ (%)	RR (b	reaths/minute)	RD
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number <i>Definition</i>
								E-C: 84 (7)		E-C: 40 (12)	
Hui, 2014 [27]	-	-	-	-	-	-	At rest and on	R-I: 96.5 (2.6); -0.6 (1.1) ¹	At rest and on	R-I: 18.2 (1.6); -0.6 (3.3) ¹	-
							exertion	R-C: 96.2 (1.9); +1.2	exertion	R-C: 18.6 (1.6); 0	
							(6MWT)	$(2.1)^1$	(6MWT)	$(1.1)^1$	
								E-I: 96.8 (2.4); -1.2 (1.7) ¹		E-I: 21.0 (2.9); -2.4 (2.7) ¹ *	
								E-C: 96.1 (1.9); +0.8 (2.7) ¹		E-C: 23.4 (3.9); -1.2 (3.9) ¹	
Jankelson, 1997 [28]	-	-	-	-	-	-	On exertion (6MWT)	20 mg: 87.4 (6.6) 40 mg: 87.6 (6.2) C: 87.2 (4.6)	-	-	-
Jensen,	-	-	At rest and	R-I: 4.9 (0.5)	-	-	At rest and	R-I: 96.3 (1.7)	At rest and	R-I: 19.7 (4.2)	0
2012 [29]			on	R-C: 4.9 (0.6)			on	R-C: 96.5 (1.4)	on	R-C: 20.2 (4.2)	
			exertion	E-I: 5.8 (1.0)			exertion	E-I: 94.1 (3.1)	exertion	E-I: 33.8 (5.5)	
			(CWRT)	E-C: 5.8 (1.0)			(CWRT)	I-C: 93.4 (6.6)	(CWRT)	E-C: 35.1 (4.5)	
Johnson, 2002 [30]	-	-	-	-	-	-	-	-	At rest	I: 21 (6) C: 21 (6)	-
Krajnik, 2009 [31]	At rest, venous	No change (no data shown)	-	-	At rest, venous	No change (no data shown)	At rest	No change (no data shown)	-	-	-
Light, 1989 [32]	At rest and on exertion (Emax), arterial	R-I: 4.9 (0.9) R-C: 4.7 (0.6) E-I: 5.6 (1.0) E-C: 5.1 (1.1) [‡]	-	-	At rest and on exertion (Emax), arterial	R-I: 10.2 (1.6) R-C: 10.4 (1.9) E-I: 8.9 (1.5) E-C: 9.6 (2.1) [‡]	At rest and on exertion (Emax)	R-I: 93.5 (3.2) R-C: 94.1 (3.1) E-I: 89.9 (6.4) E-C: 91.4 (6.3) [‡]	At rest and on exertion (Emax)	R-I: 19.9 (4.2) R-C: 20.1 (1.7) E-I: 28.0 (4.8) E-C: 31.6 (6.1)	-
Light, 1996 [33]	-	-	On exertion (Emax)	I: +0.1 (0.2) ¹ C: -0.1 (0.2) ¹	-	-	-	-	-	-	-
Masood, 1995 [34]	-	-	-	-	-	-	On exertion (Emax)	O: 93.7 (3.6)	On exertion (Emax)	O: 53.7 (17.4)	-
Mazzocato, 1999 [35]	-	-	-	-	-	-	At rest	I: 0 (1.5) ¹ C: -0.8 (1.3) ¹	At rest	I: -2 (2.2) ¹ C: 0 (1.7) ^{1#}	0 Difference in SaO ₂
Munck,	At rest,	I: +0.2 (-0.3;0.8) ²	-	-	At rest,	I: -0.4 (-3.9;1.5) ²	At rest	O: 0 ³	Excluded	-	-
1990	arterial	C: -0.1 (-0.7;1.3) ²			arterial	C: -0.3 (-2.3;1.9) ²			(no data		

TABLE S8. Re	sults of rand	lomized controlled tr	ials								
Study	P	aCO₂ (kPa)	Pet	CO₂ (kPa)	P	PaO₂ (kPa)		SaO ₂ (%)	RR (b	reaths/minute)	RD
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number Definition
(part 2) [36]									shown)		_
Natalini, 2011 [37]	At rest, arterial	PSV-I: 6.27 (1.9)* PSV-C: 5.9 (1.9)	-	-	At rest, arterial	PSV-I: 14.4 (13.2;19.7) ⁴ ; -0.27 (-2.67;-1.33) ⁵ PSV-C: 12.0 (11.7;13.9) ⁴ ; no cfb data shown	-	-	At rest	PSV-I: 19 (5)*; +8 (4;12) ⁵ PSV-C: 29 (27;30) ⁴ ; no cfb data shown UB-I: 20 (18;23) ⁴ *; +9 (6;13) ⁵ UB-C: 31 (5); no cfb data shown	-
Navigante, 2010 [38]	-	-	-	-	-	-	At rest	FTP-I: 94.1 (3.7) FTP-C: 94.7 (2.9) FUP-I: 94.6 (2.8) FUP-C: 94.6 (3.1)	-	-	-
Noseda, 1997 [39]	-	-	-	-	-	-	At rest	10mg+O ₂ : 93 (6)* 20mg+O ₂ : 94 (4)* 10mg-O ₂ : 90 (8) C: 95 (4)*	At rest	10mg+O ₂ : 17.9 (5.3) 20mg+O ₂ : 19.1 (4.6) 10mg-O ₂ : 19.0 (3.9) C: 19.1 (3.9)	-
Otulana, 2004 (phase 3) [40]	-	-	-	-	-	-	At rest	No change (no data shown)	At rest	No change (no data shown)	-
Oxberry, 2011 [41]	-	-	-	-	-	-	At rest	1h-mor: -0.5 (1.7) ¹ 1h-oxy: -0.2 (1.5) ¹ 1h-C: -0.6 (1.6) ¹ 4d-mor: -0.7 (2.0) ¹ 4d-oxy: -0.5 (2.0) ¹ 4d-C: -0.3 (1.7) ¹	At rest	1h-mor: -1.1 (1.7) ¹ 1h-oxy: -1.6 (1.6) ¹ 1h-C: -1.1 (2.0) ¹ 4d-mor: -0.5 (2.7) ¹ 4d-oxy: -1.6 (2.5) ¹ 4d-con: -0.9 (2.7) ¹	-
Poole, 1998 [42]	-	-	-	-	-	-	At rest	I: +0.3 (1.5) ¹ C: +0.1 (0.9) ¹	-	-	-
Rice, 1987 [43]	At rest, arterial	24h-I: 5.59 (0.6)* 24h-C: 5.45 (0.3) 1m-I: 5.45 (0.5)* 1m-C: 5.20 (0.8)	-	-	At rest, arterial	4h-I: 7.81 (1.5) 24h-C: 8.65 (1.5) 1m-I: 8.45 (1.5) 1m-C: 7.99 (1.3)	-	-	-	-	-
Robin, 1986 [44]		No change (no data shown)	-	-	At rest	No change (no data shown)	-	-	-	-	-
Schonhofer, 1998 [45]	At rest, capillary	I: 5.41 (0.6)* [‡] C: 4.88 (0.7)	-	-	At rest, capillary	I: 7.77 (0.7)* [‡] C: 8.24 (0.8)	-	-	-	-	0

TABLE S8. Re	sults of rand	omized controlled tr	ials								
Study	Pa	aCO ₂ (kPa)	Pet	:CO2 (kPa)	Р	aO₂ (kPa)		SaO ₂ (%)	RR (b	reaths/minute)	RD
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number
											Definition
Shohrati,	-	-	-	-	-	-	-	-	At rest	I: -1.5 (1.1) ^{1#}	-
2012 [46]										C: -0.1 (0.3) ¹	
Smith, 2009	-	-	-	-	-	-	At rest	No change	At rest	No change	-
[47]								(no data shown)		(no data shown)	
Williams,	-	-	On	I: 5.2 (1.0)	-	-	-	-	On	I: 29 (4)	-
2003 [48]			exertion	C: 5.1 (0.9)					exertion	C: 31 (8)	
			(Emax)						(Emax)		
Woodcock,	At rest,	30mg: 4.67 (0.5) [‡]	-	-	At rest,	30mg: 9.57 (0.7)	-	-	-	-	-
1982 [49]	arterial	60mg: 4.77 (0.4) [‡]			arterial	60mg: 9.35 (1.0)					
		C: 4.42 (0.4)				C: 9.45 (0.6)					

Results are displayed as post-treatment scores + standard deviation are presented, unless stated else.

C: change in control group; cfb: change from baseline; CWRT: constant work rate test; E: measured on exertion; Emax: maximal exercise test; I: change in intervention group; N: change in nebulized group; O: overall change (no specification of change in intervention and control group); PaCO₂: partial pressure of arterial carbon dioxide; PaO₂: partial pressure of end-tidal carbon dioxide; PSV: pressure support ventilation; R: measured at rest; RD: respiratory depression; RR: respiratory rate; S: change in systemic group; SaO₂: arterial oxygen saturation; UB: unassisted breathing.

^{*} significant different change between baseline and post-treatment

[‡] significant difference between post-treatment of intervention and control group

[†] trend for a difference

 $[\]ensuremath{^{\#}}$ significant different change between intervention and control group

¹ mean change from baseline + standard deviation

² median change from baseline + range

³ median change from baseline

 $^{^{4}}$ median post-treatment score + interquartile range post-treatment scores

⁵ median change from baseline + interquartile range change from baseline

TABLE S9. Resu	Its of non-randor	mized trials									
Study	PaCO ₂	(kPa)	PetC	CO ₂ (kPa)	PaO ₂	(kPa)	SaC	2 (%)	RR (brea	aths/ minute)	RD
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number <i>Definition</i>
Allcroft, 2013 [50]	-	-	At rest	No change (no data shown)	-	-	Excluded (baseline data only)		-	-	0
Boyd, 1997 [51]	-	-	-	-	-	-	-	-	At rest	0	-
Bruera, 1990 [52]	-	-	At rest	4.40 (1.2)	-	-	At rest	86 (11)	At rest	31 (9)	-
Bruera, 1993 (part 2) [19]	-	-	-	-	-	-	-	-	-	-	0
Clemens, 2007 [53]	-	-	-	-	-	-	At rest	95 (4.0)	At rest	29 (5)*	0
Clemens, 2008.1 [54]	At rest, trans- cutaneous	5.71 (0.7)	-	-	-	-	At rest	93.3 (2.8)	At rest	-29.0 (4.0)*	0 Increase in PaCO ₂
Clemens, 2008.2 [55]	At rest, trans- cutaneous	4.52 (0.8)	-	-	-	-	At rest	94.8 (4.0)	At rest	29.0 (3.1)*	0 Increase in PaCO ₂ >6.0 kPa or ≥0.5 kPa above baseline, decrease in RR < 10 breaths/ minute and decrease in SaO ₂ < 90%
Clemens, 2008.3 [56]	At rest, trans- cutaneous	ON: 4.99 (8.8) PT: 4.52 (1.1)	-	-	-	-	At rest	ON: 95.1 (4.5) PT: 94.3 (3.7)	At rest	ON: 28.0 (3.0)* PT: 28.3 (3.1)*	0 Increase in PaCO ₂ >6.0 kPa or ≥0.5 kPa above baseline, decrease in RR < 10 breaths/ minute and decrease in SaO ₂ < 90%
Clemens, 2009 [57]	At rest, trans- cutaneous	Hypoxic/ON: 5.20 (0.7) Hypoxic/PT: 4.67 (1.2) Non-hypoxic/ ON: 5.07 (0.8) Non-hypoxic/	-	-	-	-	At rest	Hypoxic/ON: 91.0 (1.2)* Hypoxic/PT: 87.0 (6.0)* Non-hypoxic/ ON: 95.0 (3.5) Non-hypoxic/	At rest	Hypoxic/ON: 24.5 (4.4)* Hypoxic/PT: 26.3 (4.6)* Non-hypoxic/ ON: 27.0 (4.0)* Non-hypoxic/	0 Increase in PaCO ₂ >6.0 kPa or ≥0.5 kPa above baseline, decrease in RR < 10 breaths/ minute and decrease in SaO ₂ <

	lts of non-randon		DotC	(IrDe)	DeQ. //	·Da\	Col	2 (0/)	DD /hvo	atha/minutal	RD
Study	PaCO ₂		1	O ₂ (kPa)	PaO ₂ (I			D ₂ (%)		aths/ minute)	
	Measure	Result	Measure	Result	Measure	Result	Measure	Result	Measure	Result	number <i>Definition</i>
		PT: 4.80 (0.8)						PT: 95.0 (3.0)		PT: 27.0 (3.4)*	90%
Clemens, 2011 [58]	At rest, transcutaneous	5.03 (0.7)	-	-	-	-	At rest	95.2 (3.5)	At rest	32.0 (4.0)*	0 Increase in PaCO ₂ >6.0 kPa or ≥0.5 kPa above baseline, decrease in RR < 10 breaths/ minute and decrease in SaO ₂ < 90%
Cohen, 1991 [59]	At rest, unclear place of measurement	Increase (no data shown)	-	-	At rest, unclear place of measurement	Increase in patients with PaO ₂ <8.0 kPa; decrease in patients with PaO ₂ >8.0 kPa (no data shown)	-	-	At rest	Fluctuation in RR; only in 1 patient the RR fell below 10 breaths/ minute (no data shown)	-
Coyne, 2002 [60]	-	-	-	-	-	-	At rest	96.7 (1.2)*	At rest	24.1 (1.7)*	-
Currow, 2011 [61]	-	-	-	-	-	-	-	-	-	-	0
Gauna, 2008 [62]	-	-	-	-	-	-	At rest	95.3 (3.2)	At rest	22.6 (5.5) *	-
Munck, 1990 (part 1) [36]	At rest, arterial	No change (no data shown)	-	-	At rest, arterial	No change (baseline data only)	At rest	SaO ₂ declined temporarily from 93 to 92 after 1 hour on day 2 (120 mg)*	At rest	No change (no data shown	0
Otulana, 2004 (phase 4) [40]	-	-	-	-	-	-	-	-	At rest	No change (no data shown)	-
Tanaka, 1999 [63]	-	-	-	-	-	-	At rest	No change (no data shown)	At rest	No change (no data shown)	0 Decrease in RR > 10% and reduction of SaO ₂ > 5.

Results are displayed as post-treatment scores + standard deviation are presented, unless stated else.

ON: opioid-naïve; PaCO₂: partial pressure of arterial carbon dioxide; PaO₂: partial pressure of oxygen; PetCO₂: partial pressure of end-tidal carbon dioxide; PT: pre-treated; RD: respiratory depression; RR: respiratory rate; SaO₂: arterial oxygen saturation.

* significant change from baseline

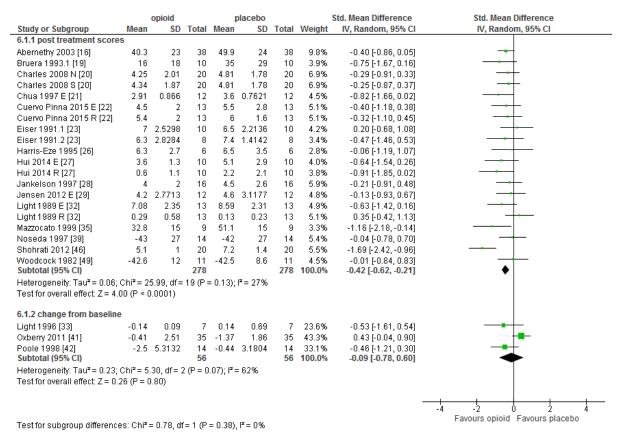


FIGURE S1. Effect of opioid treatment in patients with advanced disease on breathlessness. E: measured on exertion; N: nebulized administration; R: measured at rest; S: systemic administration.

References

- 1. Allen S, Raut S, Woollard J, Vassallo M. Low dose diamorphine reduces breathlessness without causing a fall in oxygen saturation in elderly patients with end-stage idiopathic pulmonary fibrosis. *Palliative medicine* 2005; 19: 128-130.
- 2. Colman R, Singer LG, Barua R, Downar J. Outcomes of lung transplant candidates referred for comanagement by palliative care: A retrospective case series. *Palliative medicine* 2015; 29: 429-435.
- 3. Farncombe M, Chater S, Gillin A. The use of nebulized opioids for breathlessness: A chart review. *Palliative medicine* 1994; 8: 306-312.
- 4. Hu WY, Chiu TY, Cheng SY, Chen CY. Morphine for dyspnea control in terminal cancer patients: Is it appropriate in taiwan? *Journal of pain and symptom management* 2004; 28: 356-363.
- 5. Kanemoto K, Satoh H, Kagohashi K, Kurishima K, Ishikawa H, Ohtsuka M. Psychotropic drugs for terminally ill patients with respiratory disease. *Tuberkuloz ve Toraks* 2007; 55: 5-10.
- 6. Kawabata M, Kaneishi K. Continuous subcutaneous infusion of compound oxycodone for the relief of dyspnea in patients with terminally ill cancer: A retrospective study. *The American journal of hospice & palliative care* 2013; 30: 305-311.
- 7. Oxberry SG, Bland JM, Clark AL, Cleland JG, Johnson MJ. Repeat dose opioids may be effective for breathlessness in chronic heart failure if given for long enough. *Journal of palliative medicine* 2013; 16: 250-255.
- 8. Pang GS, Qu LM, Tan YY, Yee AC. Intravenous Fentanyl for Dyspnea at the End of Life: Lessons for Future Research in Dyspnea. *The American journal of hospice & palliative care* 2016; 33: 222-227.
- 9. Sporer KA, Tabas JA, Tam RK, Sellers KL, Rosenson J, Barton CW, Pletcher MJ. Do medications affect vital signs in the prehospital treatment of acute decompensated heart failure? *Prehospital Emergency Care* 2006; 10: 41-45.
- 10. Benitez-Rosario MA, Martin AS, Feria M. Oral transmucosal fentanyl citrate in the management of dyspnea crises in cancer patients. *Journal of pain and symptom management* 2005; 30: 395-397.
- 11. Farncombe M, Chater S. Case studies outlining use of nebulized morphine for patients with end-stage chronic lung and cardiac disease. *Journal of pain and symptom management* 1993; 8: 221-225.
- 12. Farncombe M, Chater S. Clinical application of nebulized opioids for treatment of dyspnoea in patients with malignant disease. *Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer* 1994; 2: 184-187.
- 13. Lang E, Jedeikin R. Acute respiratory depression as a complication of nebulised morphine. *Canadian journal of anaesthesia = Journal canadien d'anesthesie* 1997; 45: 60-62.
- 14. Sitte T, Bausewein C. Intranasal fentanyl for episodic breathlessness. *Journal of pain and symptom management* 2008; 36: e3-6.
- 15. Sitte T. Nasal application of fentanyl citrate as symptom control against breathlessness in palliative care--overview and case report. *Wiener medizinische Wochenschrift (1946)* 2009; 159: 566-570.
- 16. Abernethy AP, Currow DC, Frith P, Fazekas BS, McHugh A, Bui C. Randomised, double blind, placebo controlled crossover trial of sustained release morphine for the management of refractory dyspnoea. *BMJ* (*Clinical research ed*) 2003; 327: 523-528.
- 17. Allard P, Lamontagne C, Bernard P, Tremblay C. How effective are supplementary doses of opioids for dyspnea in terminally ill cancer patients? A randomized continuous sequential clinical trial. *Journal of pain and symptom management* 1999; 17: 256-265.
- 18. Beauford W, Saylor TT, Stansbury DW, Avalos K, Light RW. Effects of nebulized morphine sulfate on the exercise tolerance of the ventilatory limited COPD patient. *Chest* 1993; 104: 175-178.
- 19. Bruera E, MacEachern T, Ripamonti C, Hanson J. Subcutaneous morphine for dyspnea in cancer patients. *Annals of internal medicine* 1993; 119: 906-907.
- 20. Charles MA, Reymond L, Israel F. Relief of incident dyspnea in palliative cancer patients: A pilot, randomized, controlled trial comparing nebulized hydromorphone, systemic hydromorphone, and nebulized saline. *Journal of pain and symptom management* 2008; 36: 29-38.
- 21. Chua TP, Harrington D, Ponikowski P, Webb-Peploe K, Poole-Wilson PA, Coats AJ. Effects of dihydrocodeine on chemosensitivity and exercise tolerance in patients with chronic heart failure. *Journal of the American College of Cardiology* 1997; 29: 147-152.
- 22. Cuervo Pinna MÁ, Bruera E, Redondo Moralo MJ, Sánchez Correas MÁ, Mota Vargas R. A randomized crossover clinical trial to evaluate the efficacy of oral transmucosal fentanyl citrate in the treatment of dyspnea on exertion in patients with advanced cancer. *American Journal of Hospice & Palliative Medicine* 2015; 32: 298-304 297p.

- 23. Eiser N, Denman WT, West C, Luce P. Oral diamorphine: lack of effect on dyspnoea and exercise tolerance in the "pink puffer" syndrome. *The European respiratory journal* 1991; 4: 926-931.
- 24. Gamborg H, Riis J, Christrup L, Krantz T. Effect of intraoral and subcutaneous morphine on dyspnea at rest in terminal patients with primary lung cancer or lung metastases. *Journal of opioid management* 2013; 9: 269-274.
- 25. Grimbert D, Lubin O, de Monte M, Vecellio None L, Perrier M, Carre P, Lemarie E, Boissinot E, Diot P. Dyspnea and morphine aerosols in the palliative care of lung cancer. *Revue des maladies respiratoires* 2004; 21: 1091-1097.
- 26. Harris-Eze AO, Sridhar G, Clemens RE, Zintel TA, Gallagher CG, Marciniuk DD. Low-dose nebulized morphine does not improve exercise in interstitial lung disease. *American journal of respiratory and critical care medicine* 1995; 152: 1940-1945.
- 27. Hui D, Xu A, Frisbee-Hume S, Chisholm G, Morgado M, Reddy S, Bruera E. Effects of prophylactic subcutaneous fentanyl on exercise-induced breakthrough dyspnea in cancer patients: A preliminary double-blind, randomized, controlled trial. *Journal of pain and symptom management* 2014; 47: 209-217.
- 28. Jankelson D, Hosseini K, Mather LE, Seale JP, Young IH. Lack of effect of high doses of inhaled morphine on exercise endurance in chronic obstructive pulmonary disease. *The European respiratory journal* 1997; 10: 2270-2274.
- 29. Jensen D, Alsuhail A, Viola R, Dudgeon DJ, Webb KA, O'Donnell DE. Inhaled fentanyl citrate improves exercise endurance during high-intensity constant work rate cycle exercise in chronic obstructive pulmonary disease. *Journal of pain and symptom management* 2012; 43: 706-719.
- 30. Johnson MJ, McDonagh TA, Harkness A, McKay SE, Dargie HJ. Morphine for the relief of breathlessness in patients with chronic heart failure--a pilot study. *European journal of heart failure* 2002; 4: 753-756.
- 31. Krajnik M, Podolec Z, Siekierka M, Sykutera M, Pufal E, Sobanski P, Makarewicz R, Neef C, Punt N, Zylicz Z. Morphine inhalation by cancer patients: A comparison of different nebulization techniques using pharmacokinetic, spirometric, and gasometric parameters. *Journal of pain and symptom management* 2009; 38: 747-757.
- 32. Light RW, Muro JR, Sato R, I., Stansbury DW, Fischer C, E., Brown SE. Effects of oral morphine on breathlessness and exercise tolerance in patients with chronic obstructive pulmonary disease. *The American review of respiratory disease* 1989; 139: 126-133.
- 33. Light RW, Stansbury DW, Webster JS. Effect of 30 mg of morphine alone or with promethazine or prochlorperazine on the exercise capacity of patients with COPD. *Chest* 1996; 109: 975-981.
- 34. Masood AR, Reed JW, Thomas SH. Lack of effect of inhaled morphine on exercise-induced breathlessness in chronic obstructive pulmonary disease. *Thorax* 1995; 50: 629-634.
- 35. Mazzocato C, Buclin T, Rapin CH. The effects of morphine on dyspnea and ventilatory function in elderly patients with advanced cancer: a randomized double-blind controlled trial. *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO* 1999; 10: 1511-1514.
- 36. Munck LK, Christensen CB, Pedersen L, Larsen U, Branebjerg PE, Kampmann JP. Codeine in analgesic doses does not depress respiration in patients with severe chronic obstructive lung disease. *Pharmacology & toxicology* 1990; 66: 335-340.
- 37. Natalini G, Di Maio A, Rosano A, Ferretti P, Bertelli M, Bernardini A. Remifentanil improves breathing pattern and reduces inspiratory workload in tachypneic patients. *Respiratory care* 2011; 56: 827-833.
- 38. Navigante AH, Castro MA, Cerchietti LC. Morphine versus midazolam as upfront therapy to control dyspnea perception in cancer patients while its underlying cause is sought or treated. *Journal of pain and symptom management* 2010; 39: 820-830.
- 39. Noseda A, Carpiaux JP, Markstein C, Meyvaert A, de Maertelaer V. Disabling dyspnoea in patients with advanced disease: lack of effect of nebulized morphine. *The European respiratory journal* 1997; 10: 1079-1083.
- 40. Otulana B, Okikawa J, Linn L, Morishige R, Thipphawong J. Safety and pharmacokinetics of inhaled morphine delivered using the aerx system in patients with moderate-to-severe asthma. *International journal of clinical pharmacology and therapeutics* 2004; 42: 456-462.
- 41. Oxberry SG, Torgerson DJ, Bland JM, Clark AL, Cleland JG, Johnson MJ. Short-term opioids for breathlessness in stable chronic heart failure: a randomized controlled trial. *European journal of heart failure* 2011; 13: 1006-1012.
- 42. Poole PJ, Veale AG, Black PN. The effect of sustained-release morphine on breathlessness and quality of life in severe chronic obstructive pulmonary disease. *American journal of respiratory and critical care medicine* 1998; 157: 1877-1880.

- 43. Rice KL, Kronenberg RS, Hedemark LL, Niewoehner DE. Effects of chronic administration of codeine and promethazine on breathlessness and exercise tolerance in patients with chronic airflow obstruction. *British journal of diseases of the chest* 1987; 81: 287-292.
- 44. Robin ED, Burke CM. Single-patient randomized clinical trial. Opiates for intractable dyspnea. *Chest* 1986; 90: 888-892.
- 45. Schonhofer B, Kohler D. Value of orally administered retard morphine for therapy of severe pulmonary emphysema of the pink-puffer type. A pilot study. *Deutsche medizinische Wochenschrift (1946)* 1998; 123: 1433-1438.
- 46. Shohrati M, Ghanei M, Harandi AA, Foroghi S, Harandi AA. Effect of nebulized morphine on dyspnea of mustard gas-exposed patients: a double-blind randomized clinical trial study. *Pulm Med* 2012; 2012: 610921.
- 47. Smith TJ, Coyne P, French W, Ramakrishnan V, Corrigan P. Failure to accrue to a study of nebulized fentanyl for dyspnea: Lessons learned. *Journal of palliative medicine* 2009; 12: 771-772.
- 48. Williams SG, Wright DJ, Marshall P, Reese A, Tzeng BH, Coats AJ, Tan LB. Safety and potential benefits of low dose diamorphine during exercise in patients with chronic heart failure. *Heart (British Cardiac Society)* 2003; 89: 1085-1086.
- 49. Woodcock AA, Johnson MA, Geddes DM. Breathlessness, alcohol, and opiates. *The New England journal of medicine* 1982; 306: 1363-1364.
- 50. Allcroft P, Margitanovic V, Greene A, Agar MR, Clark K, Abernethy AP, Currow DC. The role of benzodiazepines in breathlessness: a single site, open label pilot of sustained release morphine together with clonazepam. *Journal of palliative medicine* 2013; 16: 741-744.
- 51. Boyd KJ, Kelly M. Oral morphine as symptomatic treatment of dyspnoea in patients with advanced cancer. *Palliative medicine* 1997; 11: 277-281.
- 52. Bruera E, Macmillan K, Pither J, MacDonald RN. Effects of morphine on the dyspnea of terminal cancer patients. *Journal of pain and symptom management* 1990; 5: 341-344.
- 53. Clemens KE, Klaschik E. [symptomatic treatment of dyspnoea in patients receiving palliative care: Nasal delivery of oxygen compared with opioid administration]. *Deutsche medizinische Wochenschrift (1946)* 2007; 132: 1939-1943.
- 54. Clemens KE, Klaschik E. Morphine in the management of dyspnoea in als. A pilot study. *European journal of neurology* 2008; 15: 445-450.
- 55. Clemens KE, Klaschik E. Effect of hydromorphone on ventilation in palliative care patients with dyspnea. *Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer* 2008; 16: 93-99.
- 56. Clemens KE, Quednau I, Klaschik E. Is there a higher risk of respiratory depression in opioid-nave palliative care patients during symptomatic therapy of dyspnea with strong opioids? *Journal of palliative medicine* 2008; 11: 204-216.
- 57. Clemens KE, Quednau I, Klaschik E. Use of oxygen and opioids in the palliation of dyspnoea in hypoxic and non-hypoxic palliative care patients: a prospective study. *Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer* 2009; 17: 367-377.
- 58. Clemens KE, Klaschik E. Dyspnoea associated with anxiety--symptomatic therapy with opioids in combination with lorazepam and its effect on ventilation in palliative care patients. *Supportive care in cancer:* official journal of the Multinational Association of Supportive Care in Cancer 2011; 19: 2027-2033.
- 59. Cohen MH, Anderson AJ, Krasnow SH, Spagnolo SV, Citron ML, Payne M, Fossieck Jr BE. Continuous intravenous infusion of morphine for severe dyspnea. *Southern Medical Journal* 1991; 84: 229-234.
- 60. Coyne PJ, Viswanathan R, Smith TJ. Nebulized fentanyl citrate improves patients' perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *Journal of pain and symptom management* 2002; 23: 157-160.
- 61. Currow DC, McDonald C, Oaten S, Kenny B, Allcroft P, Frith P, Briffa M, Johnson MJ, Abernethy AP. Once-daily opioids for chronic dyspnea: a dose increment and pharmacovigilance study. *Journal of pain and symptom management* 2011; 42: 388-399.
- 62. Gauna AA, Kang SK, Triano ML, Swatko ER, Vanston VJ. Oral transmucosal fentanyl citrate for dyspnea in terminally ill patients: An observational case series. *Journal of palliative medicine* 2008; 11: 643-648.
- 63. Tanaka K, Shima Y, Kakinuma R, Kubota K, Ohe Y, Hojo F, Matsumoto T, Ohmatsu H, Goto K, Nagai K, Nishiwaki Y. Effect of nebulized morphine in cancer patients with dyspnea: A pilot study. *Japanese journal of clinical oncology* 1999; 29: 600-603.