

## LETTERS TO THE EDITOR

### Nebulized Fentanyl Provides Subjective Improvements for Patients With Dyspnea

I read with interest the article titled “The Use of Nebulized Opioids in the Management of Dyspnea: Evidence Synthesis” (Vol. 31, pp. 551–559) by Margaret Joyce, RN, MSN, AOCN®, Maryellen McSweeney, PhD, Virginia L. Carrieri-Kohlman, RN, DNSc, FAAN, and Josephine Hawkins, RN, MSN, AOCN®. It was an excellent overview of morphine in this situation; however, the role of nebulized fentanyl was not discussed. Coyne, Viswanathan, and Smith (2001, 2002) treated 32 patients with cancer with nebulized fentanyl. The primary endpoint of their study was the patients’ perceptions of breathing—better, worse, or unchanged. Eighty-one percent of the patients had a subjective improvement in breathing. The main benefit of fentanyl, unlike morphine, is that fentanyl does not cause bronchospasm. In addition, 70% of fentanyl is not absorbed systemically. The Massey Cancer Center in Richmond, VA, has an ongoing phase III, double-blind, placebo-controlled crossover study with fentanyl in cancer-related dyspnea. Results of the study will be available in the near future. At my institution, nebulized fentanyl has been very useful in many patients in a palliative setting. Thus, the precise role of nebulized opioids for relief of dyspnea in patients with terminal cancer is yet to be determined.

Christian P. Schultheis, MD  
Hematology/Oncology  
Medical Associates Clinic  
Dubuque, IA

### References

- Coyne, P., Viswanathan, R., & Smith, T.J. (2001). Fentanyl by nebulizer reduces dyspnea [Abstract 1605a]. *Proceedings of the American Society of Clinical Oncology*. Retrieved December 2, 2004, from [http://www.asco.org/ac/1,1003,12-002640-00\\_18-0010-00\\_19-001605,00.asp](http://www.asco.org/ac/1,1003,12-002640-00_18-0010-00_19-001605,00.asp)
- Coyne, P.J., Viswanathan, R., & Smith, T.J. (2002). Nebulized fentanyl citrate improves patients’ perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *Journal of Pain and Symptom Management*, 23, 157–160.

### The Author Responds

Thank you for the opportunity to append our evidence synthesis to include the work of Coyne, Viswanathan, and Smith (2002). The article was published at the cut-off point of our literature search and, unfortunately, was not included in the synthesis.

Coyne et al.’s (2002) study contributes to the body of favorable evidence that supports the use of nebulized opioids to treat dyspnea. It was an open-label, nonrandomized design and would rank as 2 on the PRISM (Priority Symptom Management) level of evidence. They tested 25 mcg of fentanyl citrate with 2 ml of normal saline via nebulizer in 32 patients with life-limiting diseases who complained of dyspnea. At one hour post-treatment, 81% reported improvement, 9% did not perceive a change, and 9% were unsure of any change. Coyne et al. did not report whether patients were opioid-naïve or -tolerant. Our analysis of PRISM level 2 and 3 evidence notes that a positive effect from nebulized opioids is reported in some groups of patients such as those already receiving systemic opioids or experiencing dyspnea at rest. Our synthesis found that if patients could be stratified or isolated by prior opioid experience, that would further clarify the confusing evidence to date. Coyne et al. acknowledged a limitation of their study: “The impact of nebulized saline (the carrier) is unknown” (p. 159). Our synthesis agrees. We also raise the question of whether a placebo of nebulized saline as reported in some studies may have a therapeutic effect.

Dr. Schultheis mentioned that a double-blind, placebo-controlled, crossover study with nebulized fentanyl in cancer-related dyspnea is ongoing at the Massey Cancer Center in Richmond, VA. This data will add to the existing evidence on the use of nebulized opioids in the management of dyspnea, and I look forward to seeing the results.

Margaret Joyce, RN, MSN, AOCN®  
Advanced Practice Nurse  
Cancer Institute of New Jersey  
New Brunswick, NJ

### Reference

- Coyne, P.J., Viswanathan, R., & Smith, T.J. (2002). Nebulized fentanyl citrate improves patients’ perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *Journal of Pain and Symptom Management*, 23, 157–160.

### How Does Certification Validate Us as Nurses?

I am coming up on my time to “questionably” renew my certification in oncology nursing and am wondering why. I have read and heard how certification validates who we are as nurses. My feeling is, if my 25 years as an oncology nurse do not validate who I am, then being certified and having OCN® after my name do not either. I have heard that it

gives our patients satisfaction and feelings of comfort to know we have been tested and are knowledgeable in our area of expertise. In the eight years I have been certified, only two patients have asked what it meant, and, truthfully, it made no difference to them whether I was certified or not.

Other than having OCN® after my name, I have gained no recognition from either workplace at which I have been employed. Nor has it made a difference in my being offered four different positions in the oncology field in the past year. I have maintained my professional integrity and current knowledge base by attending programs and lectures that are valid to my work setting and to the patient population with whom I work on a daily basis. In my current workplace, I am required to take an annual competency test in chemotherapy and oncology nursing. That is my “official” validation for competency in my field and a requirement to maintain my current position.

So could someone please justify to me why I should go through the anxiety and financial hardship to be recertified in 2005? I would greatly appreciate your thoughts.

Paula M. DeAvies, RN, BSN  
OCN®, MOM, WIFE,  
SISTER, and DAUGHTER  
Fairfax Northern Virginia  
Hematology/Oncology, P.C.  
Alexandria, VA

### The Oncology Nursing Certification Corporation Responds

We would like to thank the *Oncology Nursing Forum* for the opportunity to respond to this letter. We applaud the writer for her years of commitment to oncology nursing.

It is unfortunate that her current employer does not recognize certification. Many employers do recognize certification, through pay differentials, reimbursement of examination costs, recognition events, and formal awards. Certification also is a major component of receiving Magnet Hospital status through the American Nurses Credentialing Center. An increasing number of employers want certified nurses as employees. The Oncology Nursing Certification Corporation (ONCC) regularly features stories about such employers in *ONCC News*.

The writer is correct that certification does not validate who we are as nurses or people; we do that through our behavior and demeanor. However, oncology nursing certification does

Digital Object Identifier: 10.1188/05.ONF.15-16