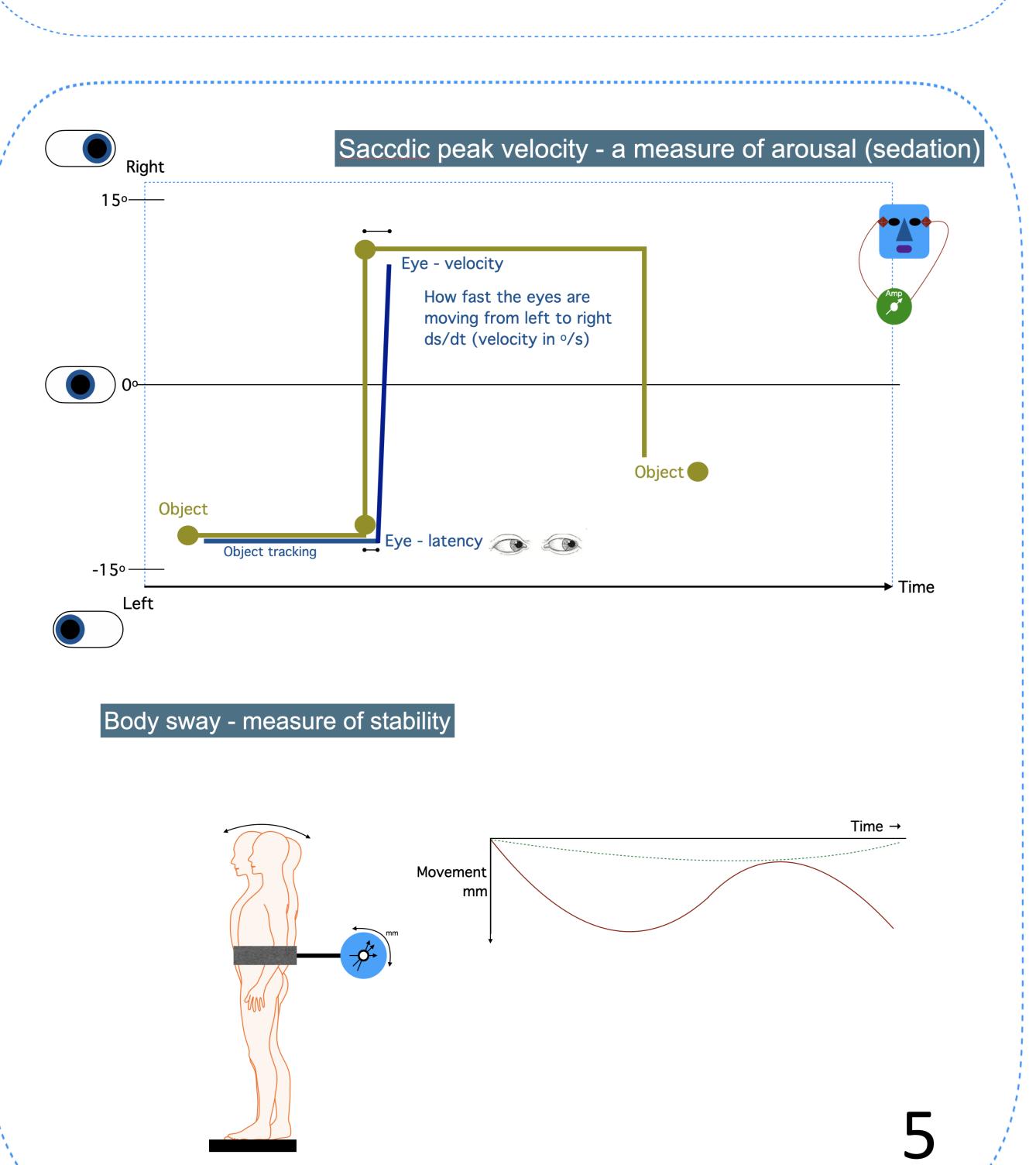
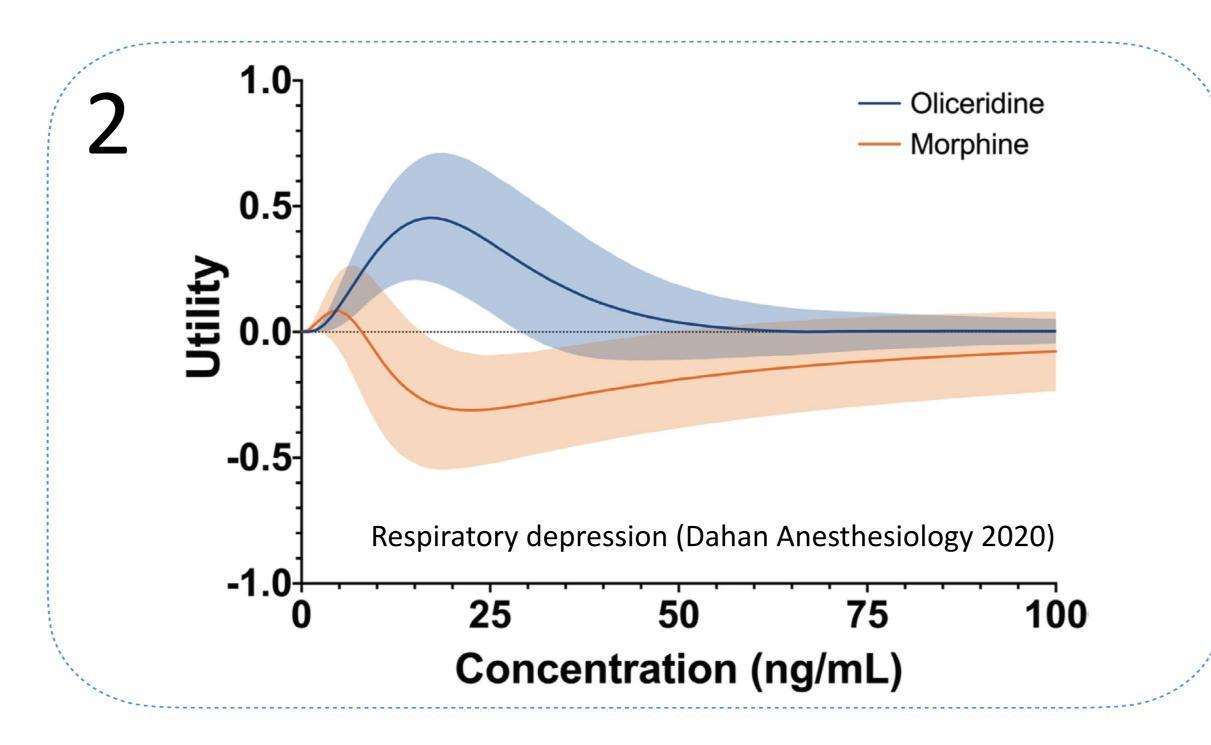
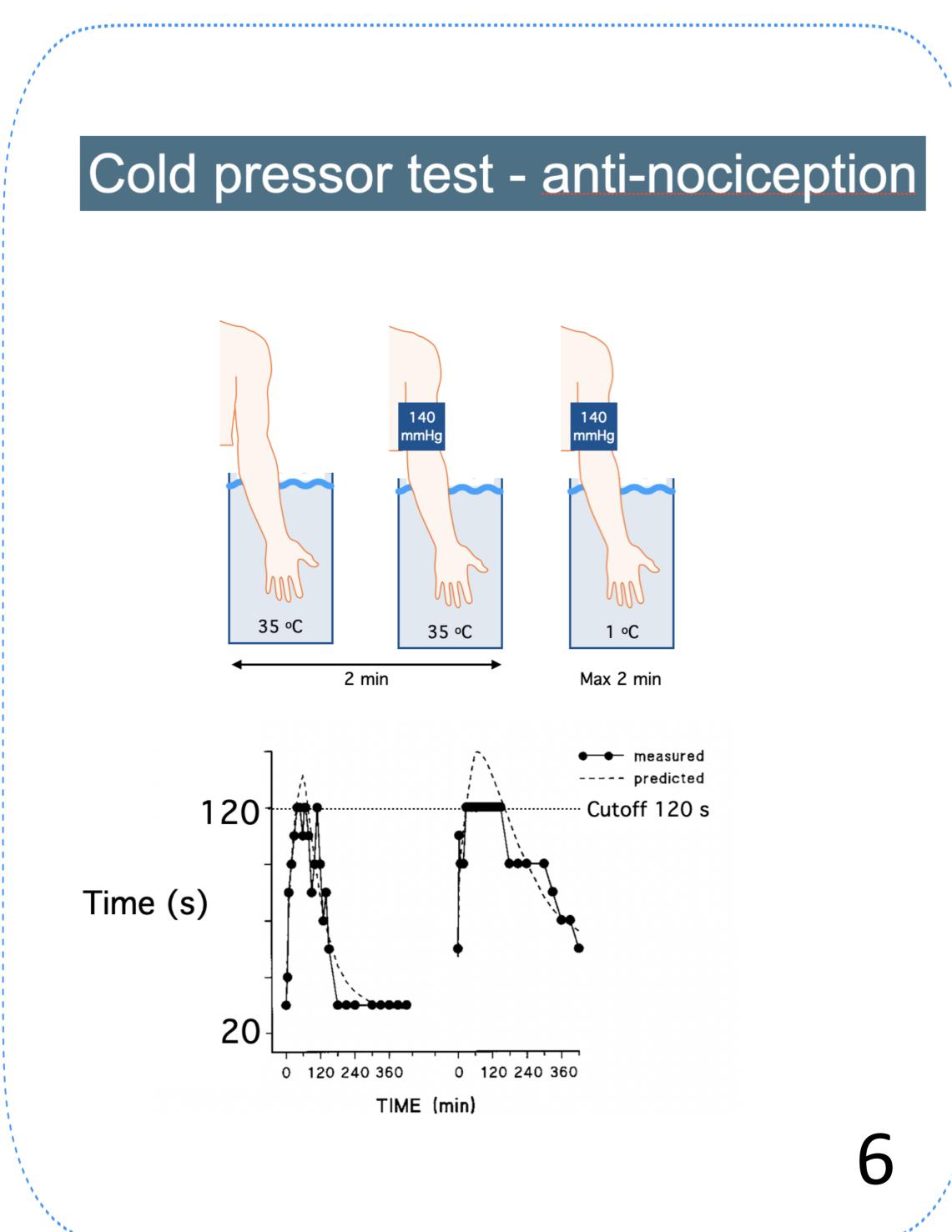
Antinociception *versus* neurocognitive effect of biased mu-opioid receptor oliceridine *versus* morphine – Utility Function Analyses

- 1 Morphine and oliceridine have different molecular effects despite both acting at the mu-opioid receptor:
- Morphine activates TOLL-like receptor 4 on microglia cells, causing a proinflammatory response, possibly causing neurocognitive effects.
 Oliceridine has a lesser effect at these receptors.
- Oliceridine, but not morphine, is biased towards the G-protein intracellular pathway, causing less respiratory depression (See diagram 2)







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O077-8923/78/0304-0112 \$01.75/0 © 1978 New York Academy of Sciences THE UTILITY FUNCTION OF ANTIHYPERTENSIVE THERAPY *

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U = Gains - Losses

U = Benefit - Risk

Risk = harm of untoward event x probability of event

Risk = expected medical harm

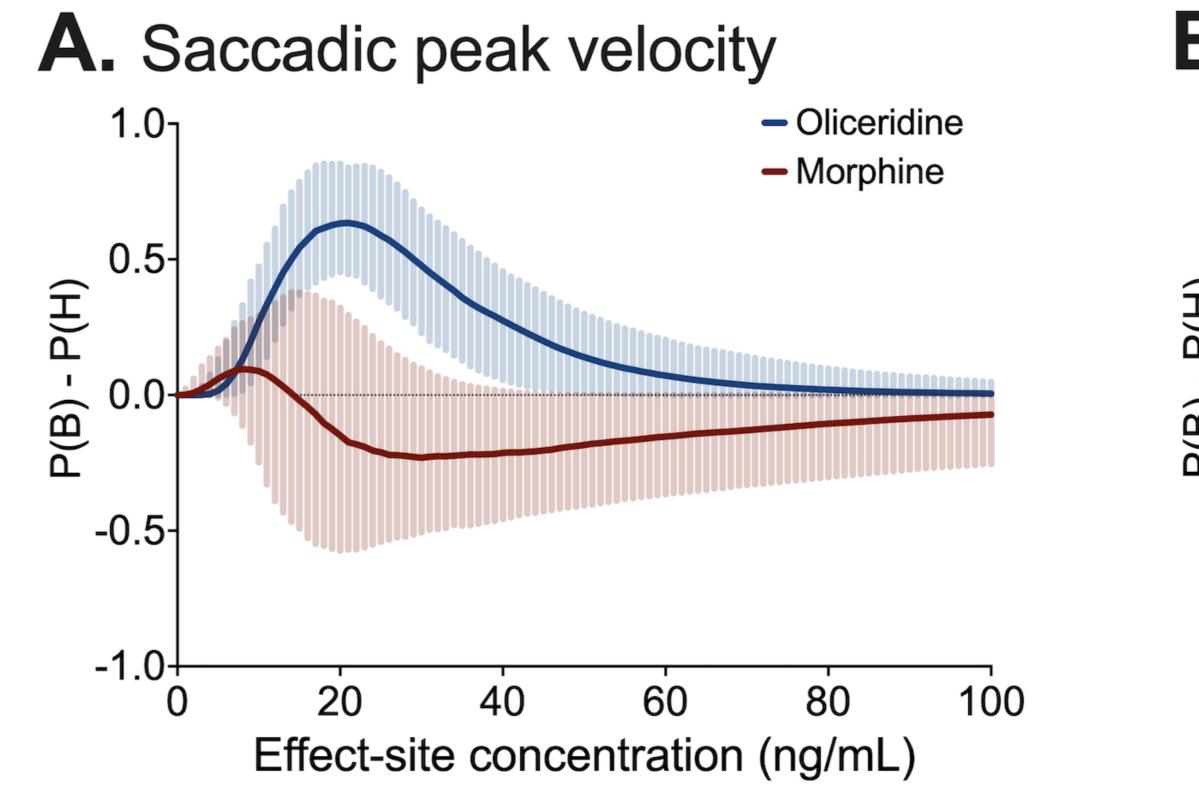
Utility = Benefit - Harm

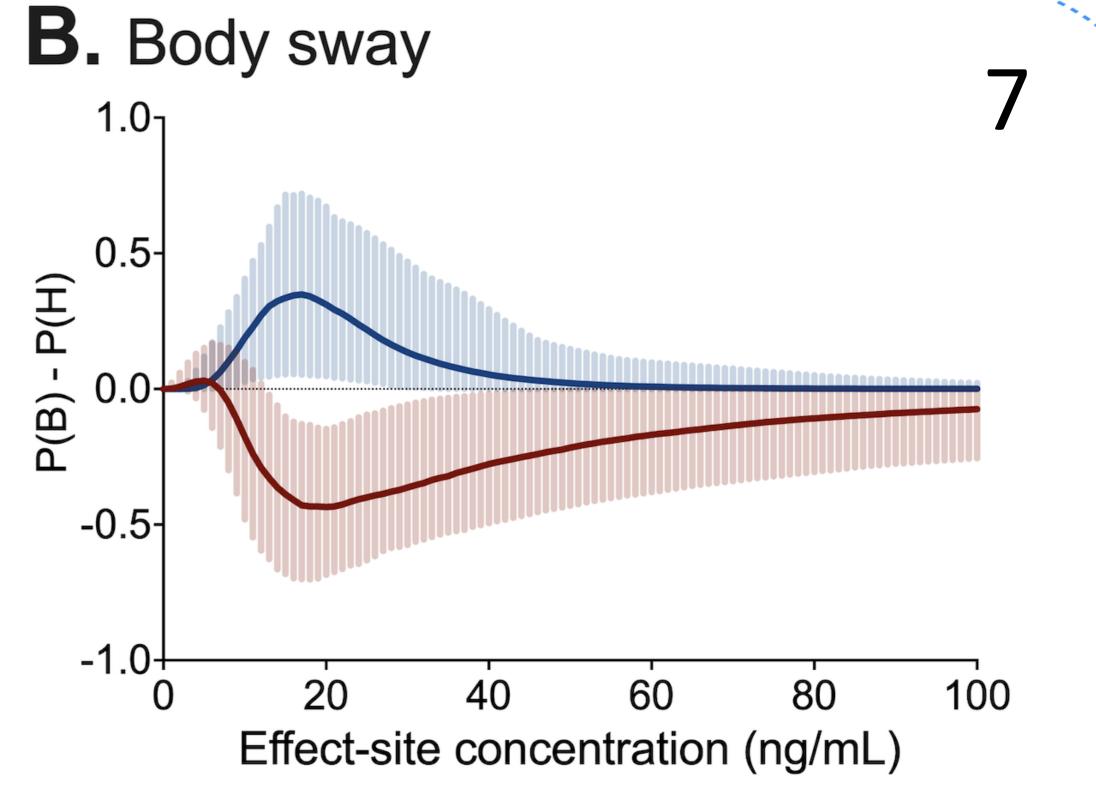
Utility = P(B) - P(H)

FIGURE 1. The general definition of utility (U).

Opioid-induced neurocognitive dysfunction is an important opioid adverse effect

- motor instability (inability to mobilize or a high likelihood of falling)
- dizziness/lightheadedness
- memory loss and confusion
- delirium
- progression of already existing cognitive impairment





Conclusions: These utilty data indicate that over the clinical concentration range, oliceridine is an analgesic with a favorable safety profile over morphine when considering analgesia and neurocognitive function.





