

Patient Information Leaflet

Opioid leaflet

Produced By: Chronic Pain Service

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Your Pain Specialist has recommended treatment with strong pain killers (*opioids*). These are morphine-like medicines for relief of intense pain. Drug names include Morphine, Oramorph, Zomorph, Buprenorphine, Temgesic, Transtec, BuTrans, Fentanyl, Durogesic Oxycodone, OxyContin, Methadone, Pethidine and others.

There are some facts you should know about these medicines. It is important be well informed about what to expect and what may be unrealistic as well as the risks and side effects of longer term treatment.

Satisfactory relief of long-term (chronic) pain is often difficult to achieve and maintain and requires a tailored combination of specific medicines and other treatments. Do not expect complete pain relief, a 50% reduction is a more realistic long-term goal. Opioids can be included in these combinations, particularly when the pain is very intense and other pain killers have had an insufficient effect. Opioids should not be used as your only medicine for pain relief, but in combination with other drugs such as regular Paracetamol and very often further medicines.

Opioids can be very effective pain killers for some patients with chronic pain, but they will not work for everyone; they are available in different forms, e.g. tablets, capsules, liquids, skin patches, even lozenges and nasal sprays. For chronic pain, slow release formulations are preferred and we try to avoid or minimize use of short acting opioids (such as Temgesic, Oramorph, Pethidine or Sevredol etc).

Side effects

Typical (common) side effects of opioids are drowsiness and sickness, mostly at the beginning of treatment, as well as constipation, which often persists and sometimes skin itching. Long-term opioids (regular use over months or years) can affect hormone levels resulting in e.g. loss of libido, irregular/interrupted menstrual bleeding, infertility and depression. Sometimes long-term use can increase pain sensitivity (hyperalgesia) and actually worsen pain. High doses/overdoses of opioids can suppress breathing to a dangerous level. An early warning sign of this are small pupils. Rare and uncommon side effects are hallucinations, nightmares, muscle jerks, increased sweating, agitation or confusion. Opioids should be avoided in pregnancy. If you intend to become or are pregnant discuss with your pain specialist.

If your opioid provides good pain relief but causes side effects, it may be worthwhile to try to control them to enable you to go on with the treatment. For sickness, anti-sickness medication or opioid skin patches rather than tablets may be useful. The same goes for drowsiness or constipation – sometimes a different opioids is better tolerated. To deal with constipation, a well balanced fibre-rich diet with lots of daily fluid is often helpful; many patients need a more or less regular laxative. This should be started early if constipation becomes a problem.

Tolerance and addiction

Most patients taking opioids will become used to the effect over time (often after several months). This is called *tolerance* and means that there is a gradual loss of effect (lessening pain relief or shorter duration of relief or both). This needs to be approached with caution, as it may result in uncontrolled increase in dose and even addiction. To avoid this, we generally recommend to use an opioid only up to a reasonable dose (roughly 100mg per day of Morphine or equivalent dose of other opioids) and only as long as there is good relief of pain with increase in life quality (i.e. mobility, sleep, mood or social life) which should be measurable.

If the dose needs to be increased to more than about 100mg morphine-equivalent per day, or if the effect becomes increasingly marginal / short-lived you have become unresponsive to opioid treatment or developed hyperalgesia . At this stage we will discuss a withdrawal of opioid treatment by slowly weaning off. This may happen in connection with other pain relief treatments if appropriate. As the opioid has become ineffective do not expect to be worse off without; often patients actually feel better after an initial withdrawal period.

Sometimes, a return to an opioid after a “break” is possible; this needs to be considered carefully with your GP or Pain Specialist. More often, limited repeat treatment periods during flare-ups is a reasonable option, but sustainable relief of “average” pain between flare-ups remains elusive.

Resulting from the above, you can expect an opioid to provide useful pain relief for a limited while, but it is unlikely that the relief will be sustainable in the long term. This needs to be anticipated at the beginning of the treatment to avoid unrealistic expectations.

What you need to do

It is very important to plan what to do while better. It is usually essential to start a regular exercise/training programme to strengthen muscles and joint mobility. This can improve general mobility and can help to prepare a return to work or other activities that the pain stopped you from doing. It may also be important to plan a return to an enjoyable social life. If you don't use the opportunity to change restricted activities while better on opioid treatment this chance will likely pass as the effect is very likely coming to an end eventually.

We will ask you at regular reviews about these outcomes and measurable improvements in mobility, sleep or other activities relevant to your life. We regard reduced needs for other pain relief treatments as a sign of success. On the other hand an ongoing need for additional treatments is a sign of opioid failure. These signs of success will likely be required to qualify for ongoing treatment. If there is no demonstrable and sustainable improvement the opioid treatment will be withdrawn.

Precautions & rules

Remember, opioids are powerful drugs and need to be taken with care. You should follow some simple and common sense rules while taking opioids:

- Never share your opioids with other people, the wrong dose for the wrong purpose can kill. Make sure children and adolescents can't access them – best keep them locked away safely.
- You should have a maximum and a “normal” dose agreed with your GP and Pain Specialist. You may increase the dose to the agreed maximum for a limited while if your pain worsens. You are expected to return to your normal dose after a while. Never exceed the maximum dose on your own. Keeping a diary of pain levels and dose taken is very useful.
- Make sure that when better as result of other treatments such as physiotherapy, acupuncture or injections that you slowly reduce your opioid dose, potentially even wean-off completely if possible.
- Don't change the time between doses on your own. Always discuss this with your doctor.

- Do not come to rely on or request specific opioids. An appropriate drug will be chosen by your doctor tailored to your situation and needs.
- Take opioids only as long as they actually relieve your pain. If you feel the effect ceases to be useful, see and discuss this with your GP or Pain Specialist.
- Do not gather opioids at home - more than the prescribed amounts. If you have unused stock, return it to your doctor or Pharmacy.
- To avoid confusion and inconsistency you should see only one or two different prescribers in your GP practice or the Pain Clinic for repeat prescriptions as far as possible.
- Requests for early repeat prescriptions of opioids will likely be refused and will raise concern about potential misuse.
- Make sure to attend regular planned review appointments. Non-attendance will likely cause concern and may result in withdrawal of your treatment.
- You should avoid drinking alcohol while on opioid treatment. Discuss this with your GP or Pain Specialist.
- Combining opioids with drugs such as cannabis, benzodiazepines or others can be very dangerous. Never do this without discussing with your GP or Pain Specialist.
- Never stop opioids abruptly, particularly if on a higher dose and taking it for a longer period, otherwise you will have very unpleasant and potentially dangerous withdrawal symptoms. A slow wean-off usually does not cause problems. If there is no specific individual advice from your doctor wean off by reducing your dose stepwise, with 10-25% reduction every week. The following table gives an example for a regular dose of 30mg twice per day:

Weaning off/discontinuing opioids – examples:

Week no.	Morning dose	Evening dose
start	30mg	30mg
1	20mg	30mg
2	20mg	20mg
3	10mg	20mg
4	10mg	10mg
5	-	10mg
6	-	-

Or an example for skin patches

Week number	Patch size (dose)
Start: Day 0	50 mcg per hour (every three days)
Day 1-6	37.5 mcg per hour (every three days)
Day 7-12	25 mcg per hour (every three days)
Day 12-18	12 mcg per hour (every three days)

Driving, working and operating machinery while taking opioids

At the beginning of treatment or when changing your regular dose you should avoid driving or performing other tasks that need particular concentration and attention. This also applies if you start additional/other drugs that may make you drowsy.

You should only drive and work if you regard yourself fully capable while taking opioids. If your pain and general mobility improve, you may be able to drive or work better while on opioids. This depends on your individual response to treatment and its side effects.

We strongly recommend that you contact the DVLA and inform them of your opioid medication. If working, you may wish to let your employer know of this treatment.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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