

Using strong opioids to manage pain in palliative care

A patient's guide

The doctors and nurses looking after you have recommended that you try strong opioids (morphine-type medicines) to relieve your pain.

The following information may answer some questions you have, and will add to the information given to you by your team.

People living with serious diseases (such as heart disease, lung disease, kidney disease and cancer) may experience pain as part of their illness. Pain often responds to measures such as heat, stretching, massage, repositioning and pain relief medication (for example paracetamol, codeine).

Sometimes stronger pain relieving medication is necessary, and in this situation strong opioids such as morphine or morphine-type medicines (for example oxycodone, fentanyl or buprenorphine) may be recommended.

Common worries or concerns about strong opioids

- Sometimes people worry that using strong opioids will cause them to become 'dependent' or 'addicted' to the medicine but when strong opioids are prescribed for you to manage your pain and are monitored correctly this does not become a problem.
- Starting strong opioids does not mean you will have to take them for the rest of your life. If your pain settles because of a change in your disease or its treatment; you will be able, with guidance from your doctor or healthcare professional, to reduce and often stop the opioids. You should not stop taking your opioid medication suddenly.
- Occasionally people think that being prescribed strong opioids means that 'nothing else can be done' or that they are 'coming to the end of their life': opioids may be prescribed

at any stage of someone's illness if they have pain which is severe enough to require them.

Will they work for my pain?

Strong opioids are good at relieving many types of pain, and you will have been prescribed them because your healthcare professional believes they will help.

The dose will need to be adjusted to achieve the maximum benefit for you.

Strong opioids alone may not resolve your pain completely and you may need other pain relieving medicines as well.

How often will I take them?

You will be told how often to take your medicines depending on how long they 'act' or 'last' in your body, and the type of pain you have described.

Commonly morphine is available in two forms:

- A liquid or a tablet which begins to work after about 20 to 30 minutes (known as 'immediate release'), and lasts for about four hours ('short-acting').
- A longer acting tablet or capsule (known as 'sustained release' or 'prolonged release') which lasts 12 hours.

Other strong opioids may last longer or shorter times depending on their formulation. Your medicines will have clear instructions on the label to match the advice from the person prescribing.

Background pain and breakthrough pain

Your pain will be different from other people's pain, even if you have the same type of illness.

When you feel pain, and how much pain you feel will vary from day to day and from hour to hour. Often how 'bad'

a pain is depends on many different factors, for example how tired you are, how active you have been the day before, and whether you are bored or enjoying what you are doing. This means that the same dose of medicine each day may not 'match' your pain fully.

A pain which is present nearly all the time, at a predictable level, is usually referred to as 'background' pain and can be treated with a regular long acting strong opioid at a set dose.

For those occasions when, for whatever reason, your pain levels increase for a while (known as 'breakthrough pain'), you will be prescribed a short acting 'immediate release' opioid which will add to your 'background' dose for a few hours to cover the extra pain you are experiencing.

Take only the amount of breakthrough medication prescribed for you. If you need more than three breakthrough doses a day you must contact your healthcare professional who may need to adjust your

regular long acting medicine.

It is important that you know which type of preparation you are taking and how to take it. Your doctor, nurse or pharmacist will explain this to you.

What if I can't swallow tablets or capsules?

If you are not able to swallow tablets or capsules you may be given the opioid in a patch which sticks to the skin and slowly releases the pain relieving medicine through the skin. The patch is changed every few days or once a week depending on the type of opioid used.

What do I do if I have forgotten a dose?

Do not take an extra dose of your long acting strong opioid. Use your 'breakthrough' medicine as necessary to manage your pain until the next dose of your long acting medicine is due.

If you are using opioid patches which last several days

you should discuss what to do with the healthcare professional responsible for your care.)

Will I get side effects, and how would I know if I had taken too much?

All medicines can cause side effects. Side effects vary from person to person.

The most common side effect from strong opioids is **constipation**. Opioids slow down the movement of the gut - your healthcare professional can recommend drink and diet changes to lessen the effect, but you will probably be prescribed a laxative (constipation relieving) medicine which will work only if taken regularly.

When you start a strong opioid, because it slows the gut, you may experience **sickness**. Usually this wears off after a few days but you may need anti-sickness tablets during this time.

Some people experience **drowsiness** - this can be a side

effect of the medication and may be a result of catching up with sleep previously lost due to pain at night, or it may be due to feeling relaxed after a period of pain and tension.

If the drowsiness lasts more than a few days and prevents you concentrating: for example you find you cannot read the newspaper or follow the plot of a TV programme, you should report this to the person prescribing your medication.

Signs that the opioid dose is too strong are; increased drowsiness, 'twitching' or jerking movements, hallucinations (seeing or hearing things that are not there) or confusion.

If this happens it needs to be discussed immediately with a healthcare professional:

- In working hours (Monday to Friday 09:00 to 17:00) contact your GP practice
- Outside of these hours contact the 'Out-of-Hours' (emergency) services, for advice. (Your doctor or nurse can tell you how to

contact your local emergency service).

Is it safe to take other medicines with strong opioids?

The doctor or nurse prescribing your strong opioids will check what other medicines you are taking. Most people can take strong opioids with their existing medicines without any problem.

If it is possible there will be a problem your healthcare professional will advise you, but do ask them directly if you are concerned.

Can I drink alcohol whilst taking strong opioids?

The effects of drinking alcohol (sleepiness and poor concentration) will add to the side effects of your opioid medicine especially when you first start taking it. This will also occur if the dose is increased or if you take 'breakthrough' medicine.

Once you are taking a stable

dose of opioid you may drink alcohol in moderation, but you should not expect to drink as much as you did before you were taking strong opioids.

Can I continue to drive whilst on strong opioids?

Yes, however it is illegal to drive if you are unfit to do so because of drugs which may impair your ability to drive.

While the doctor or nurse may advise you about this decision, the responsibility lies with the driver. It is worth noting it is illegal to drive even if unimpaired with opioids if they are above a certain level in the bloodstream, but if they are taken according to a medical prescription this provides an exception.

You should carry your prescription or medication with you as proof. A more detailed leaflet about opioids and driving is also available

Can I take my opioids abroad?

There are specific rules on

taking strong opioids abroad and you may require a licence to do so depending on how long you are travelling for. Please speak with your doctor to help you make the necessary arrangements.

For further advice, please visit: [gov.uk/travelling-controlled-drugs](https://www.gov.uk/travelling-controlled-drugs)

Storage

Store medicines in the containers in which they are given to you. Store them in a cool, safe place out of the sight and reach of children and vulnerable people.

Any medicine you no longer need or use should be returned to the pharmacy for safe disposal.

Follow-up and further prescribing

Details of which medicines you have been prescribed will be shared between your hospital teams, your GP and community teams.

In the hospital your team

doctors will review your medicines and change your prescription as necessary.

When you are at home your GP is responsible for your prescriptions and will review how well your pain has responded and any changes needed.

Who should I contact if I have problems?

When you are at home, if you have problems with your medicines you should contact your GP via their surgery.

If your GP is not available the pharmacist may be able to help, but you must speak to someone who knows about strong opioids, particularly if you are showing signs of overdose.

If you call the 'Out-of-Hours' service you will either be put through to, or asked to telephone, an emergency number - there will be doctors available on the emergency number who can advise you.

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