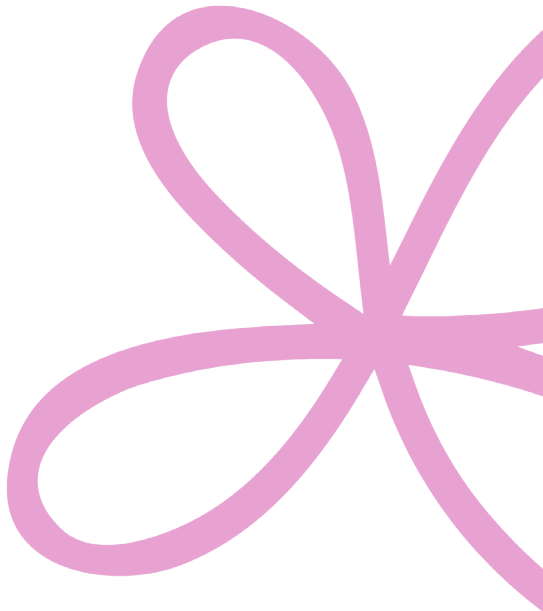
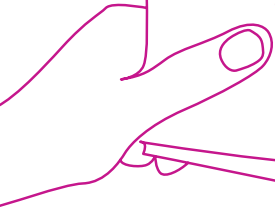




BIRMINGHAM  
ST MARY'S  
HOSPICE

# OPIOID THERAPY

Important  
information  
for you



## What is a strong opioid?

There are many different strengths of painkiller suitable for different types of pain. Usually the first step to manage pain is to start a simple painkiller like paracetamol. If this is not effective then the next step is to add a stronger painkiller from the 'opioid' family. This group of painkillers includes 'weak' opioids, like codeine or tramadol, and 'strong' opioids, like morphine and fentanyl.

The dose of opioid can be adjusted up or down to match the level of pain. People are sometimes anxious about starting on opioid therapy but we know when prescribed and monitored properly these are safe and very effective painkillers.

Strong opioids are commonly used to relieve pain and can also be used to relieve breathlessness or cough.

Common examples of strong opioids are:

**Buprenorphine**

**Diamorphine**

**Fentanyl**

**Morphine**

**Oxycodone**

These opioids come in different forms including tablets, capsules, liquids, patches and injections. You and your doctor or nurse will have the opportunity to discuss the differences between these and which will suit you best.

Strong opioids also come in different brands and not all brands are the same. It is therefore recommended that you stick to the same brand so if you notice that your opioid medicine changes, please discuss this with your doctor or pharmacist.

## How to take opioids

You will usually be prescribed a regular opioid for which the frequency will differ depending on what you are prescribed, e.g. every 12 hours for slow release tablets / every 3 days for a patch.

This regular opioid is used to treat the pain you have all the time which is called 'background pain'.

**Write name of medication here:**

**Write when to take/apply it here:**

However, you may experience pain before your next dose of regular opioid is due. This is known as 'breakthrough pain'. The duration and cause of this pain will vary from person to person.

For 'breakthrough pain' you may be prescribed an 'immediate release' opioid, which usually acts within 15-30 minutes. This medication can be used if your pain gets worse in between your regular medication. We call this 'as required' medication. "As required medication" is available in capsule, tablet, liquid and injection. Your health care professional will discuss with you how to take it and when to take it.

## Monitoring

It is helpful to make a note of the number of 'as required' doses you are taking, as it helps your healthcare team adjust your pain medication more accurately. Often patients write these down in a notebook or diary as a record to share with their doctor or nurse.

## Prescriptions

Your GP, your hospital doctor or a nurse prescriber can provide you with prescriptions for your opioid medication. Strong opioids are called 'controlled drugs' for which there are certain regulations with regards to their dispensing. These prescriptions are only valid for 28 days after the date on the prescription and only up to 30 days can be supplied to you at a time.

If you need advice or have problems out of normal hours, contact your out of hours GP or district nurse.

## Side Effects

### Drowsiness

This should improve after a few days of taking these drugs or after a dose increase. Until this has settled it is best to avoid drinking alcohol. It is also advised to stop driving or operating machinery during this period.

### Nausea

Some patients may experience nausea (and rarely vomiting) when they first start a strong opioid. This should improve by itself after a few days but if it becomes problematic your doctor will be able to prescribe you some anti-sickness medication.

### Constipation

This affects most people taking any type of opioid. Your doctor will usually prescribe a laxative for you to take to prevent constipation becoming a problem. It is important to drink plenty of fluids and to take laxatives regularly.

## **Others**

Other less common side-effects include itching, heartburn, change in taste of some foods and a difficulty in passing urine. If you experience any of these side-effects please tell your healthcare professional.

## **When to seek medical advice**

Seek medical advice if you experience one or more of the following:

- If your pain gets worse and is not controlled by your current medication
- If you become more drowsy or sleepy than usual
- If you are being sick for more than 24 hours
- If you feel confused or not quite yourself
- If you experience hallucinations or bad dreams
- If you feel restless

## **Other common questions**

### **Isn't Morphine just used in the last stages of life?**

No. Morphine and other strong opioids are widely used for pain control, not only by those who are very ill, but also by those who still have a lot of living to do. In fact, some people are on the same dose of morphine for many years, as it helps them with their everyday life.

Although strong opioids are often used for controlling cancer pain or pain associated with progressive disease, being prescribed this medicine is not a sign that your disease is getting worse.

## **Will I become addicted to opioids?**

No. Many people are frightened about becoming addicted to morphine or other strong opioids.

However, when this type of medication is prescribed appropriately to relieve symptoms, there is no evidence that it causes problems with addiction. If you feel you no longer wish to continue taking a strong opioid, please discuss this with your doctor who will work with you to reduce the dose gradually. You should not suddenly stop a strong opioid.

## **Storage**

Store your medicines in a cool, dry, safe place out of the reach of children. It is important to remember that this medication is for your use only and should not be shared.

## **Further information**

Do not hesitate to discuss any concerns with your doctor or health care professional. You can also refer to:

- The Patient Information Leaflet provided with your medication.
- “Opioids in palliative care (patient version), NICE Guidance (2012) [nice.org.uk/guidance/cg140](https://www.nice.org.uk/guidance/cg140)” is downloadable at [www.nice.org.uk/guidance/cg140/resources/palliative-care-for-adults-strong-opioids-for-pain-relief-pdf-35109564116677](https://www.nice.org.uk/guidance/cg140/resources/palliative-care-for-adults-strong-opioids-for-pain-relief-pdf-35109564116677)
- “Different types of painkillers” information leaflet produced by MacMillan Cancer Support, available at [www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/pain/levels-pain-different-strengths-painkillers.html#8367](https://www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/pain/levels-pain-different-strengths-painkillers.html#8367)

From support in your home, in your community and at the Hospice, all of our services are free of charge.

Our staff provide expert care directly and also partner with other healthcare professionals to ensure care is co-ordinated for each person.

Many people benefit from our services. Every day, we support and care for more than 500 people living with life-limiting illnesses across Birmingham and Sandwell.

We are committed to improving the quality of life for people living with life-limiting illnesses, as well as supporting their families and loved ones during one of the most challenging periods they will face.

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