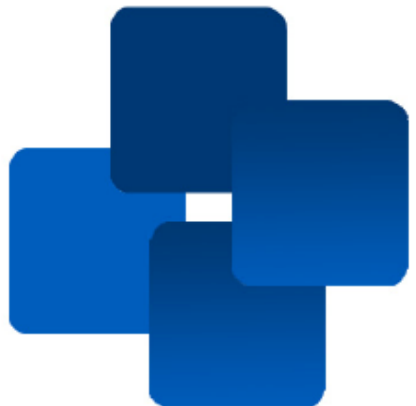


# **Patient Information**

## **Strong Opioids (Painkillers)**

Pharmacy Department



## Introduction

This leaflet explains what opioids are and what we think you may want to know about them. It does not replace conversations with your doctor, nurse or pharmacist, but reading this may help you decide what questions to ask when you next speak to someone from your medical team.

Usually, the first step to deal with pain is to try a simple pain medicine like paracetamol on a regular basis. Sometimes this is combined with a further medicine like ibuprofen, an anti-inflammatory painkiller. If this is not effective then the next step is generally a stronger pain relief medicine like codeine or tramadol. If your pain is still not well controlled then your doctor will usually prescribe a **strong opioid**.

## What are opioids?

Opioids are a group of medicines that have been used for many years to treat pain. They provide pain relief by imitating the body's natural pain relievers. Morphine is the best example of an opioid as it is made from the opium poppy; other opioids are synthetic medicines chemically related to medicines made from opium.

Examples of **weak** opioids include **codeine**, **dihydrocodeine** and **tramadol**. Sometimes they are combined with paracetamol to make them work better. Codeine is available at low doses over the counter within the UK in combination with paracetamol (co-codamol). It is converted to morphine in our bodies, so many people have already been on a low dose of morphine. It has been found that 10% of people cannot convert codeine, so the pain killing action of codeine is reduced in these patients.

**Morphine** is a **stronger** opioid drug. Other examples of strong opioids include **diamorphine**, **oxycodone**, **fentanyl**, **methadone** and **buprenorphine**. Opioid medicines come in many forms including tablets, capsules, liquids, skin patches and injections.

## **When are strong opioids used?**

Most people who are prescribed a strong opioid have a lot of pain. This pain can be present for various reasons such as cancer, heart or lung disease, or following an accident or operation. Codeine and other simple pain medicines are often not enough to control the pain and this is when morphine can be a better option. Opioids are also occasionally prescribed to reduce breathlessness in palliative care.

## **What are the benefits of taking strong opioids?**

They may help to reduce your pain or distress and improve your ability to function both physically and socially. They may also allow you to sleep and eat better. Sometimes pain can be a big reason for people not wanting to move, for example, after a bone fracture. By reducing this pain, morphine can help you to achieve goals like rehabilitation, walking and being more independent.

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

It is very rare for people to become addicted when they are taking opioids for pain relief, even if they take them for a long time. However, as your body becomes used to the opioid medicine, you may experience symptoms of withdrawal (sweating, muscle cramps, diarrhoea, aching muscles) and the return of your pain if you either, lower the dose too quickly, or stop taking it suddenly.

If you feel you no longer need a strong opioid, please discuss this with your doctor who will work with you to reduce the dose gradually. You should **not** stop taking your opioid medicine except under the advice from your doctor.

## What are the usual doses of opioids and how should I take them?

It is important to find the most effective dose to relieve your pain. The amount needed to control pain varies from person to person. There is no standard dose of an opioid as pain is a very personal experience. You will usually start with a low dose and gradually build it up until you find the dose that suits you.

Your doctor, nurse or pharmacist will explain how to take your medication. A typically prescribed opioid (like morphine) is usually used in a combination of two forms: a **long-acting** (sustained-release) form and a **fast-acting** (immediate release) form:

- **Fast-acting** morphine is often prescribed as a liquid (Oramorph) or a tablet (Sevredol). It starts working quickly, after about 15 to 20 minutes, and will wear off after about three to four hours. If you get additional pain you can take **rescue** or **breakthrough** doses of the same medicine at the same dose.
  - The term '**rescue**' dose refers to a dose of pain medicine for acute pain that will work quickly.
  - The term '**breakthrough**' refers to an acute fast-acting painkiller that is used in addition to a background long-acting painkiller to deal with more intense 'bursts' of pain such as dressing changes.
- **Long-acting** preparations of morphine are used to control **background** pain which is constant and continuous. Doses are taken at regular times each day to prevent the pain recurring. These preparations will take a few hours to start reducing pain and are likely to last for up to twelve hours. If the pain is not controlled by this long-acting preparation alone, you can take additional rescue doses of the fast-acting version for any breakthrough pain.

## Can I take opioids with other medicines?

Yes, morphine does not usually cause problems with your other

regular medicines. In fact, it is often prescribed in addition to other pain medicines such as regular paracetamol or ibuprofen, as they work in different ways to help reduce your pain.

## What about side effects?

There are several common side effects with opioids. Some get better after a short time, but others last longer. Your doctor, pharmacist or nurse will be able to advise you how to manage these side effects:

- **Constipation** - Most people taking opioids will have constipation. Your doctor will prescribe a laxative right from the start of opioid administration to overcome this. It is much easier to prevent constipation than to sort it out once it has taken hold.
- **Sickness or nausea and vomiting** - Some people may feel sick when they first start taking an opioid medicine, in most cases it should wear off after a few days. However, if you do feel sick your doctor can offer you a medicine to stop this.
- **Drowsiness** - You may find you cannot concentrate or that you feel more sleepy than normal when you first start taking an opioid medicine or the dose is increased. This should wear off after a few days.
- **Dry mouth** - Frequent sips of cool drinks may help if your mouth is dry. Sucking boiled sweets, ice cubes, frozen segments of pineapple and melon or chewing gum may also help. Medicines are also available to treat a dry mouth by replacing saliva in the form of oral gel and mouth sprays.

Occasionally, opioid medicine can cause other side effects such as prolonged sleepiness, muddled thoughts, bad dreams, hallucinations or muscle twitching. If these occur, your doctor may decide to reduce your dose or change your opioid medicine to a different one.

## What if I can't take morphine?

Most people find that morphine suits them well. However, other strong pain medicines may suit a few people better. It is difficult to predict from the outset who will get side effects from morphine.

There are a number of other medicines similar to morphine available. Your doctor may suggest stopping the morphine and trying other oral opioid medicines like **oxycodone** or **fentanyl**.

**Buprenorphine** and **fentanyl** are opioids available as patches which release medication through the skin. They are useful for people who cannot swallow normally. Pain relief can last from 3 - 7 days depending on the type of the patch. There are also short-acting preparations of these opioids for breakthrough pain. These include tablets that dissolve under the tongue (buprenorphine and fentanyl) or on the inside of your cheeks, and a mouth lozenge.

## Can I drink alcohol?

Taking alcohol and opioids together will cause sleepiness and reduce your ability to concentrate. When you first start taking opioids, or when your dose is increased, you should be more careful. When you are on a steady dose of opioid, you should be able to drink a modest amount of alcohol (1-2 units per day) without experiencing any extra unusual effects.

When you are taking opioids you should **not** drink alcohol if you are going to drive or operate machinery.

## Can I continue to drive?

It is important to continue to take your medications as prescribed but take note of the following recommendations:

- **It is illegal to drive with prescribed medication in your body if it impairs your ability to drive.** There is a medical defence for people taking the drugs for medical reasons, if their ability to drive **was not** impaired.

- Check the leaflet that comes with your medicine for information on how your medicine may affect your driving ability.
- Do not drive while taking this medicine until you know how it affects you (especially just after starting or changing the dose of the medicine).
- Do not drive if you feel sleepy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.
- For further information see the following website:  
[www.gov.uk/drug-driving-law](http://www.gov.uk/drug-driving-law)

## How do I store morphine?

You should store morphine safely, in a cool place away from direct sunlight. Make sure it is kept well out of reach of children, vulnerable adults and pets, ideally in a locked cupboard. If you do not have access to a lockable cupboard and you have concerns about the safe storage of your medicine, please seek further advice from a nurse, doctor or pharmacist. It is important that **only you** take the opioids prescribed for your pain.

Opioid medicines should be kept in their original containers and clearly labelled.

## What should I do with unused opioid medicines?

Do **not** flush tablets or liquids down a toilet or throw them away in the rubbish bin. Fold the patches in half and take them, with any liquids or tablets, to a community pharmacy for safe disposal.

## How do I get further supplies of my medicines?

You will have been given a two week supply for pain medicine that you are taking regularly. Any medicines that you are taking for breakthrough pain may run out sooner. You can get further supplies of these medicines from your GP. Your GP and local pharmacist may also be able to provide help and advice about your medicines.

## Contact telephone numbers

If you need further help or advice, please contact:

**Pharmacy Dedicated Patient Helpline:** 01438 286150

Monday to Friday, 2pm - 4pm

Or e-mail: [medinfo.enhtr@nhs.net](mailto:medinfo.enhtr@nhs.net) (for a response by next working day).

**East and North Hertfordshire Community Macmillan Team:**

01462 427034

**Specialist Palliative Care Teams:**

• Lister Hospital 01438 284035

**24 Hour Palliative Care Advice Lines:**

• North Hertfordshire 01462 679540

• East Hertfordshire 01707 382575

• Mount Vernon Cancer Centre 02038 262020

• Michael Sobell House 02038 262373

## Additional Information

[www.gov.uk/drug-driving-law](http://www.gov.uk/drug-driving-law)

Date of publication: November 2014

Author: Philip Sharratt/R. Holland

Reference: Strong opioids Version: 04 (Sept 2017)

Review Date: September 2020

© East and North Hertfordshire NHS Trust

[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

You can request this information in a different format or another language.