

Opioids in Palliative Care



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What are strong opioids?

Strong opioids are painkillers which are used to treat pain when weaker painkillers such as paracetamol, ibuprofen or codeine have not fully helped. They can also be used to help breathlessness.

Commonly used medicines in this group include morphine, oxycodone, fentanyl and buprenorphine. These medicines may sometimes be called by different brand names depending on the company which produces them.

How should strong opioids be taken?

Your doctor, nurse or pharmacist will discuss with you how you should take or use the strong opioid you are prescribed. You might be prescribed tablets, capsules, liquids, patches or other forms of the painkiller depending on which one is thought to be best for you.

Modified release medications

Often, people are prescribed 'modified release' or 'slow release' opioids in the form of a twice daily capsule or tablet (for example Zomorph® or Oxycontin®). Other opioid products include fentanyl or buprenorphine patches which slowly release medication through the skin and are replaced every 3 or 7 days.

Immediate release medications

If you are taking a slow release opioid and experience 'breakthrough' pain (a flare up of pain that breaks through when pain is mostly controlled) an 'immediate release' opioid may also be prescribed. These are used as an extra top-up or rescue dose.

Sometimes people only need the immediate release form of strong opioids and don't need a slow release one as well.

Immediate release opioids may come in the form of liquids, tablets or capsules depending whether morphine or oxycodone is prescribed, (e.g. Oramorph® or Oxynorm® liquid, Sevredol® tablets or Oxynorm® capsules). They should work within about 30 minutes and last for 4-6 hours.

How well do strong opioids work?

Strong opioids can work well for treating pain, however, everyone is different in how they respond.

Doses may need to be raised or lowered depending on how well a medicine works or to manage any side effects that might occur. Changes in dose should be discussed with your nurse or doctor.

It might not be possible to control pain with opioid medications alone.

Sometimes other types of painkillers are also needed, for example, medicines for nerve pain such as gabapentin, pregabalin or amitriptyline.

Will I become addicted to morphine?

Some people worry that they may become 'addicted' to strong opioids - in fact, if used for pain relief in the correct way and monitored, addiction to opioids is extremely unlikely.

If I use opioids now, will they work in the future?

Some people worry that if they start strong painkillers too early they will not work as well in the future. In reality, whilst the side effects of opioids may reduce over time, the pain killing effects often do not. If pain does worsen, careful changes in the dose of opioid medication can be very effective.

Does taking a strong opioid mean I am coming to the end of my life?

No. These medications are used at different stages in many different conditions.

What if I miss a dose?

If you have missed a dose of a modified-release opioid medicine, do not take two doses together. You should take the next dose when it is due and use immediate release medicine if you have increased pain before this.

What are the common side effects?

- Constipation is very common. You should be prescribed a laxative while you are on an opioid medicine
- Feeling sick or nauseous is common when starting strong opioids or when the dose is increased, but this often improves with time. You may be prescribed anti-sickness medicine to help with this

- You may feel mildly drowsy or find it difficult to concentrate when you first start to take an opioid medicine; again, this often improves with time

If you experience side effects which do not settle ask your doctor, nurse or pharmacist for advice. Do not stop your painkillers abruptly.

When should I seek advice from a health professional?

You should contact your doctor / nurse if you experience any of the following:

- If you become more drowsy or sleepy than usual
- If you are vomiting or feeling sick for more than 24 hours
- If you feel confused
- If you experience hallucinations

In the event that you develop breathing difficulties or impaired consciousness while taking opioids you should seek urgent medical advice or dial 999 for an ambulance.

Can I drive whilst taking strong opioids?

You should discuss this with your doctor and you must not drive or operate machinery if you feel drowsy or unsafe to do so for any reason.

You should not drive until you know how your opioid medicine affects you (especially just after starting or changing the dose of the medicine).

Once you are on a stable regular dose of a 'modified release' strong opioid you may be able to continue to drive as long as you do not experience any side effects which could impair your driving ability.

You must inform the DVLA of any condition that could affect your ability to drive safely - for more information on this, visit:



<https://www.gov.uk/driving-medical-conditions>

You should inform the DVLA if your medication causes side effects likely to affect safe driving. You may also need to inform your insurance company about your medical condition(s) and medications you are taking to make sure that your insurance remains fully valid.

In 2015 there were changes to the law on driving whilst taking medicines including opioids. When driving, it may be helpful to keep with you evidence that the opioid you are taking is a medicine which has been prescribed by a healthcare professional.

Can I drink alcohol whilst taking strong opioids?

Using alcohol at the same time as taking strong opioids may increase drowsiness and affect concentration, particularly when a new opioid medication is started or the dose is being increased.

When you are taking a steady/stable dose of opioids, you should be able to drink alcohol in moderation though you may feel its effects a little more.

How should opioids be stored?

You should store opioids in their original packaging in a cool, dry place which is out of reach of children.

Can I take opioid medications abroad?

If you are planning a trip abroad you may need a letter from your doctor or a special licence. You should check the laws of the country/countries you are travelling to as different countries have different rules on the importation and use of opioid medicines. The UK-based embassy or consulate of a country may be able to offer advice on this.

Opioid medicines should be kept in the original containers in hand luggage and you should be aware of any restrictions on the amount of liquids you are allowed to carry in hand luggage.

How should I dispose of unwanted opioids?

You should return unused opioid medication to a pharmacy for safe disposal; do not flush them down the toilet or put them in a bin.

My medicines

Modified release medicine or patch and dose:

Immediate release medicine and dose:

It may be useful to keep a diary of pain (or breathlessness if prescribed for this)

Date	Time	Reason for Dose Taken	Breakthrough Dose

Contact details for further advice

My GP:

My Community Macmillan nurse:

Salford Royal Hospital Palliative Care Team

 **0161 206 4609**

 **www.srft.nhs.uk/palliativecare**

St. Ann's Hospice 24hr advice line:

 **0808 144 2860**

 **www.sah.org.uk**

This booklet is not an exhaustive list of all the possible questions and answers about opioids and you should talk to your nurse or doctor if you have any other questions or have any concerns.

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Urdu

اگر آپ کو اس ترجمانی کی ضرورت ہے تو مہربانی کر کے فون کریں۔

Arabic

إذا كنتم بحاجة الى تفسير او ترجمة هذا الرجاء الاتصال

Chinese

如果需要翻译，请拨打电话

Farsi

اگر به ترجمه این نیاز دارید ، لطفاً تلفن کنید

0161 206 0224

or Email:

InterpretationandTrans@srft.nhs.uk

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