

Opioid therapy

This leaflet has been given to you because you are either being started on, or are already taking, a medicine known as a strong opioid. The healthcare professional who provides you with this leaflet will explain the important information contained in it.

Controlling pain

There are many different types and strengths of painkillers suitable for different types of pain. Usually, the first step to manage pain is to try a simple painkiller like paracetamol. If this is not effective, then the next step is generally a moderately strong painkiller like co-codamol or tramadol. If your pain is still not well controlled, then your doctor will usually prescribe a strong painkiller. The strongest painkillers used for controlling cancer pain or pain associated with progressive disease are called strong opioids.

What are opioids?

Opioid medicines are commonly used to relieve pain and can also be used to relieve breathlessness or cough. Common examples of strong opioids are:

- Morphine
- Oxycodone
- Buprenorphine
- Diamorphine
- Fentanyl

These opioids come as different brands and not all brands are the same. Therefore, once you have started on one brand, it is recommended that you stick to that brand. If you notice that the opioid medicine you have been given looks different in any way to what you have previously received, please discuss this with your pharmacist.

Taking opioids for background pain

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 modified-release tablets / capsules. This is used to treat the pain you have all the time, which is called '**background pain**'.

Name of medication _____

When to take / apply it _____

Taking opioids for breakthrough pain

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 differ from person to person. You will also be prescribed a faster acting medicine for breakthrough pain. This is for when your pain suddenly gets worse and you need something extra.

Name of medication _____

How to take it _____

If you experience pain before your next dose of regular opioid is due, then you should take an additional dose of the quick acting opioid that you have been prescribed. Examples of these quick acting opioids are Oramorph or Oxynorm. If you find you are having to take a lot of additional doses, let your healthcare professional know.

Monitoring

It is helpful to make a note of the amount of breakthrough doses you are having to take, as it helps your doctor or nurse to adjust your pain medication more accurately. Often, patients write these down in a notebook or diary, which they can then show to their doctor or nurse.

Prescriptions

Your GP or your hospital doctor will provide you with prescriptions for your opioid medication. Strong opioids are 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 prescribed and issued to you.

It is very important that you never run out of your medication and ensure that you get your next prescription to your local pharmacy a few days in advance, to ensure they have adequate supply in stock. When you or a representative collect your medication, a signature and identification may be requested.

You should not stop taking these drugs unless on the advice of a doctor or specialist nurse as this would be likely to make you feel ill for a few days afterwards. This is called a withdrawal reaction. If your pain improves and you no longer require them, you may be able to stop them. This should only be done under the supervision of a healthcare professional.

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 down it is advisable not to drink alcohol and to avoid driving or operating machinery.
- **Sickness:** Some patients may experience nausea (feeling sick), and more rarely, be sick (vomit) when they first start a strong opioid. This should improve by itself after a few days but if it becomes problematic, your doctor can prescribe you some anti- sickness medication.

- **Constipation:** This affects most people taking strong painkillers and the 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 take any laxatives regularly that are prescribed to you by your doctor.
- **Other side effects:** Less common side effects include itching, heartburn, a 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.

Addiction

Many people are frightened that they will become addicted to their strong painkillers. This is extremely unlikely to happen whilst you are taking the medication for pain.

Storage

Store your medicines in a cool, dry, safe place, out of the reach of children.

Further information

Please refer to the patient information leaflet provided with your medication.

References

- Opioids in palliative care (patient version)
<https://www.nice.org.uk/guidance/cg140/resources/palliative-care-for-adults-strong-opioids-for-pain-relief-pdf-35109564116677>
- “Facts about painkilling drugs”, available from MacMillan Cancer Support at:
<https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/pain>

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Please ask if you need this information in another language or format.

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