



Royal College
of Psychiatrists

Opioid Medicines for Persistent Pain

Information for patients

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Introduction

Opioids are a group of medicines that come from the opium poppy or are closely chemically related to it. Opioids have been used for many years for managing pain. There are many different medicines in this group. They differ in the ways that they can be used and in their strengths. Some can be taken by mouth, and others are used by applying a patch to the skin. Opioids have traditionally been classified as weak e.g. dihydrocodeine or strong e.g. morphine. This division is artificial in some cases, but is still in common use; this is explained in more detail in this leaflet.

Persistent pain is pain that has been present, either constantly or intermittently, for more than 3 months. Opioids may be used for some, but not all, persistent pain.

Your doctor (your general practitioner or hospital specialist) feels that you might benefit from using opioids to help to reduce your pain and to return to a more normal life.

Please take your time to read this leaflet. Having read it, if you have further questions, do ask your doctor, practice/specialist nurse or pharmacist.

Only after you have read this leaflet, and talked with your doctor and other health care professionals, will you really know whether opioids are the right choice for you.

If you do decide to start taking opioids to help treat your pain, please read the information leaflets that come with the medication; these summarise the characteristics of the medicine and provide information for you about effects and side effects.

What is opioid medication?

There are many different opioids and your doctor may need to try different ones before finding one that suits you. Opioids are generally classified as being 'weak' or 'strong'. Weak opioid is a misleading term because these drugs can be very effective for a variety of pains.

Weak opioids include codeine and dihydrocodeine. These may be taken on their own or used in combination with other drugs such as paracetamol. There are many examples of preparations where weak opioids, such as

codeine, and paracetamol are combined e.g. Co-codamol, Kapake, Solpadol, Tylex, Co-dydramol, Remedeine, and Co-proxamol.

Strong opioids include the following medicines; buprenorphine (Temgesic, Transtec), diamorphine (heroin), fentanyl (Durogesic, Actiq), hydromorphone (Palladone), methadone, morphine (Oramorph, Sevredol, MST Continus, Zomorph, MXL), oxycodone (OxyNorm, OxyContin) and pethidine.

Some opioids e.g. tramadol (Zydol, Zamadol) are difficult to classify, this is because they can act like a weak or a strong opioid depending on the dose used and the circumstances.

In general side effects are less of a problem when low doses of weak opioids are used. Even with weak opioids, side effects can become a problem with high doses.

All drugs have a proprietary name e.g. morphine or fentanyl. Drugs are manufactured by different pharmaceutical companies and then sold using a variety of trade names e.g. morphine as Oramorph, MST Continus or MXL. Sometimes different drug formulations can behave differently e.g. Oramorph is quick acting and has a short duration of effect, and MST Continus is slow to take effect, but lasts for longer.

Might opioids be useful for me?

Some people with persistent pain get inadequate help from mild painkillers. You may have tried many such medicines already. Opioids might help you, but everyone is different. It is difficult to tell if a particular person will benefit until they try these medicines. Opioids used under your doctor's supervision, and with the support of your health care team, may be worth trying. You need to find out if they help the pain, if they allow you to lead a more normal life, and what side effects they cause.

It is important not to expect too much of these medicines. Opioids need to be only part of an overall plan aimed at returning to more normal life. This plan might include regular activity and setting some attainable goals in terms of what you are doing in your life.

Are there any side effects from opioids?

Some people may feel drowsy, confused, or sick when they first start to take opioids. In most, but not all people, these side effects wear off after a few days. You may need some medicine from your doctor if you feel sick when you first start opioids, or if sickness persists. Some people feel itchy; this may persist and may need treatment. Occasionally sickness or itching that is not helped by treatment may mean that a different opioid should be tried, or that opioids do not suit you.

Many people are constipated when taking opioids (even weak opioids commonly do this). If you do become constipated, it is important that it is treated quickly. Your doctor will advise you about this, and will prescribe some laxatives for you. Simple remedies like senna and lactulose usually help.

Weight gain or weight loss sometimes occurs when taking long-term opioids. You may want to discuss this with your healthcare professionals, or with a dietician.

There are some rare side effects that you should be aware of. Firstly, a small number of people who use opioids for a long time at high dose find that they become less sexually active or even infertile. These problems usually go away when opioids are stopped, but of course stopping the medicines may not be easy. If the opioids give you pain relief and improve your general level of activity, then it is a difficult decision to stop them.

Some babies born of women who take long-term opioids can find it difficult to breathe at birth, and the baby will need specialist help, though usually for just a short time. If you are taking opioids, then you need to seek medical advice before planning pregnancy. In some situations opioids should be stopped, however sometimes they can be continued under medical supervision. If an unplanned pregnancy occurs whilst you are taking opioids, you must seek medical advice and you should not suddenly stop taking the opioids. If the decision is taken to stop the opioids, then the medicines should be slowly reduced and stopped to prevent side effects occurring.

What about driving?

Once you have reached a stable dose of opioids you are generally fit to drive. You should not drive during dose changes or at any time that you feel

unsafe. You are responsible for ensuring your own fitness to drive. The only body that can advise you about your legal right to hold a driving licence is the Driving and Vehicle Licensing Authority (DVLA). If you have any doubts about your driving ability then you should contact the DVLA and your motor insurance company; this is not the responsibility of health care professionals.

What about drinking alcohol?

Alcohol and opioids taken together have an additive effect.

What about work and activity?

Once you are taking a regular and stable dose of opioid you should be able to carry out normal activities. If you do not feel safe at work or at home, you should share this with your family and your employer. You need to speak to your health care team if you are having problems with normal activity.

How do I start to use opioids?

Decide what you reasonably feel that you would like to achieve in your life and think about how using opioids can help you. Set yourself some realistic goals.

Opioids will probably not take your pain away completely. The aim is for them to be part of an overall plan aimed at reducing your pain enough for you to lead a more normal life.

Discuss your plans with your doctor or other health care professionals and come to a joint decision about the best ways forward.

During the first few weeks of taking opioids, you should assess your pain and notice if you can take part in every day activities more easily. You should tell your doctor, and other health care professionals, about any problems that you have with opioids. Your doctor may ask to see you regularly to discuss progress. Your doctor may alter the dose of opioids during the first few months of treatment. This will depend on how much help the medicine is to you, and if you are having side effects.

Your doctor and other health care professionals will need to supervise your use of opioids carefully. Your doctor will almost certainly give you a fixed dose of your opioid medicine and will ask you to take it at fixed times. If you feel that you need to take more medicine, discuss this with your doctor or

other health care professional before doing so. Taking extra opioid medicines between the fixed doses may lead to a need for higher and higher doses.

What if I run into problems?

If you develop side effects from opioids, or become concerned about your use of opioids, most general practitioners have close links with specialised clinics where you can get further help. You may already be under the care of such a clinic; all the people who are treating you will be working together.

What about addiction?

Addiction to opioids that have been prescribed and taken for pain relief or pain reduction appears to be rare, although the exact risk is not known. There is much confusion amongst patients, carers and health care professionals about what addiction means and how it happens.

Addiction means a strong feeling of needing to take opioids despite the fact that they may be interfering with the user's physical or psychological health. Addiction is a situation that occurs only rarely when opioids are used to reduce pain, when the aim of taking opioids is to improve the user's pain and physical and psychological health.

Regular or frequent use of opioids, or using a high dose of opioids, or suffering withdrawal symptoms if the opioids are suddenly stopped or cut down are not the same as addiction. It is important to take the correct dose of your opioid and not to under dose or miss doses because of fear of addiction.

Although it seems to be uncommon, addiction is a serious problem if it does occur, so your doctor will expect you to be particularly careful and clear about taking the correct dose, at the time specified, and to look after the drugs e.g. keep them in a locked cupboard. This also means keeping your opioid drugs where nobody else, especially someone who has an addiction problem, could find them. You should also keep them away from children.

Will I need opioids forever?

Some people take opioids long term. You may find that if opioids give you pain relief, you will feel that you rely on them. This is normal, but if you wish to try reducing your opioid dose, you should discuss this with your doctor and follow a plan of gradual dose reduction. Many people find that after a

few months they can reduce their dose without an increase in pain. Opioids must be reduced slowly to avoid withdrawal symptoms. Your doctor and health care team will help you with this.

Need further help?

Firstly do ask your healthcare professionals.

The Pain Society is the UK representative body for health care professionals and scientists involved in pain management and research. One of the many roles of the Pain Society is to produce a variety of documents for professionals and patients about pain and its management.

If you have access to a computer a list of publications is available on the Pain Society website (www.painsociety.org) together with other information about persistent pain.

How this information was developed

This information leaflet has been developed by a Pain Society working group, together with representatives from interested bodies such as the Royal College of Anaesthetists, the Royal College of Psychiatrists, the Royal College of General Practitioners, the Association for Palliative Medicine and the Royal Pharmaceutical Society. The document has been prepared in consultation with the Pain Society Patient Liaison Group; this group is concerned with the welfare and interests of patients and communicates with patients and their carers.

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