

Strong opioids for palliative care patients

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

What are strong opioids?

Strong opioids are powerful medicines used to control pain where other pain medicines have not been effective. This can occur in a number of situations, including after operations and for illnesses such as cancer. They can also reduce the feeling of breathlessness in patients with severe lung problems.

Without a strong opioid, it may be difficult to control your pain. Uncontrolled pain can have a negative impact on your whole life by affecting your emotions, mood and relationships. Good pain control makes you more able to do things and can improve the quality of your life.

Types of strong opioids

Most patients are prescribed a 'modified release' (MR) preparation e.g. morphine MR (Zomorph) or oxycodone MR to keep the pain under control and an 'immediate release' (IR) preparation e.g. morphine IR (Oramorph) or oxycodone IR to be used when breakthrough (sudden/extra) pain occurs.

Modified release (MR) opioids

These are 'long acting' opioids which come in a variety of strengths and forms. Modified release medication is released slowly into the body to provide pain relief throughout the day and night. Each oral dose lasts for 12 hours. Examples of modified release opioids include morphine, oxycodone and fentanyl patches.

Modified release morphine and oxycodone should therefore be taken every 12 hours to keep a stable level of medicine in your body e.g. 8am and 8pm. Modified release opioid patches should be worn continuously and changed at the prescribed frequency.

Modified release morphine and oxycodone is not suitable for any breakthrough (sudden/extra) pain between these doses because it is too slow to start working and to wear off.

Immediate release (IR) opioids

These are 'fast acting' opioids suitable to be taken for breakthrough (sudden/extra) pain because they act quickly. Most work 30 minutes to 1 hour after taking a dose and usually last for about 4 hours. Examples of immediate release opioids include oramorph liquid, Sevredol tablets and oxycodone IR liquid or capsules.

If the medication has not worked after 1 hour, a second dose can be taken.

If you need more than 2-3 doses of immediate release opioids each day, tell your doctor or nurse, as it may be necessary to increase the modified release opioid.

Immediate release opioids may also be prescribed at regular intervals throughout the day when you first start taking strong opioids, to help decide what dose of modified release opioid you need.

How will you choose which drug I take?

The majority of patients will be given morphine as their strong opioid pain medicine.

Oxycodone and fentanyl are common alternatives and may suit some people better, depending on individual circumstances and response to treatment.

You may also be offered other medications alongside a strong opioid to get the best control of your pain e.g. paracetamol.

Monitoring

Once you have started your pain medication, you will have a follow up with a nurse or doctor to monitor your pain, your response to medication and any side effects. Your dose may be adjusted accordingly. It will help if you keep a record of any breakthrough (sudden/extra) pain and extra doses used. This will guide you and your doctor or nurse regarding changes in medication.

Repeat prescriptions

Repeat prescriptions should be ordered from your GP surgery in good time so you do not run out. Remember to re-order after dose changes as tablet strengths may also change.

Possible side effects

- **Constipation**

Almost everyone will experience constipation with morphine or oxycodone. Taking a prescribed laxative regularly is important to prevent this. Drinking plenty of fluid and eating fruit and vegetables can also help.

- **Nausea and vomiting**

Some people taking opioid medicines can feel sick and may vomit after starting them or after an increase in dose. This usually settles down within 2 weeks. Taking medicine with food can sometimes alleviate these symptoms, or you can ask your doctor to prescribe anti-sickness medication.

- **Drowsiness**

People can feel drowsy for a few days after starting opioid medication, or after an increase in dose. For most people, this quickly wears off. If it affects you, you should not drive or operate dangerous machinery at this time.

Precautions

The following symptoms require a **prompt review** by your doctor or specialist palliative care nurse:

- Feeling more sleepy than usual (on your normal opioid dose)
- Feeling sick most of the time
- Restlessness or jumpiness
- Bad dreams or hallucinations
- Confusion

You may need to have your medication reduced, have a blood test or take other treatments for your pain. Do not stop taking opioid medicines suddenly, as this will also give you side effects.

Used correctly, there is no evidence that using strong opioid medicine shortens your life or causes addiction.

Safe storage

Your medication needs to be kept in a safe place, out of the reach of children. It needs to be stored in the original container. Unused medication should be returned to a pharmacy.

Frequently asked questions

- **What if I miss a dose of modified release opioid?**

Take a dose as soon as you remember. Do not take a double dose for the missed one. If you vomit the medication, repeat the dose once you feel better.

- **Is it safe to drink alcohol while taking opioid medicines?**

The combination of strong opioids and alcohol may make you feel sleepy or drunk sooner than usual so it is sensible to drink much less than you are used to until you know what effect it has on you.

- **Does taking opioid medicines mean I am at the end of my life?**

No. The right time to start taking strong opioids is the time when you have pain bad enough to need them. This is not affected by how long you will live for. You will be able to continue to take these medicines for as long as they are needed.

- **Will I need increasing doses to control my pain?**

Sometimes it is necessary to steadily increase the dose of pain medicines, particularly when starting, in order to get the correct dose for you. Further increases in dose may be needed if the pain gets worse. The effects of strong opioids do not lessen over time.

- **Do strong opioids work for all pain?**

No. These are very good pain medicines but they do not work for all pain. Sometimes you will need to take other pain relief treatments, as suggested by your doctor or nurse, either with, or instead of, a strong opioid.

- **Why do I have to provide identification when collecting these medicines at the pharmacy?**

All strong opioids are classed as controlled drugs. This means, by law, you need to show identification and sign whenever you collect strong opioids from a pharmacy.

- **What about driving?**

Taking strong opioids does not automatically mean that you cannot drive. You should discuss this with your doctor, use common sense and re-assess following any medication changes.

You should not drive for at least five days after starting strong opioids or changing the dose of strong opioids.

Other times when you should not drive include:

- If you feel drowsy
- If you are in pain
- If you have drunk any alcohol
- If you have taken an extra dose of strong opioids for breakthrough pain (Do not drive that day)
- If you take other medication from your doctor or chemist which can cause drowsiness e.g. hayfever medication
- Some illegal drugs can increase drowsiness e.g. cannabis
- If your illness makes it difficult to do an emergency stop

If you do drive:

- Drive short journeys on familiar roads
- Drive at quieter times of the day
- Avoid driving in bad conditions or poor light

If you or your doctor are concerned that your ability to drive is affected by either your illness or your treatment, then you should inform the DVLA and your insurance company.

DVLA Telephone: 0300 790 6806

Who to contact

People to contact if you have any problems or concerns about your medication:

- Your GP
- The 'Out of hours' GP service on 111
- Your community palliative care nurse specialist
- Out-of-hours palliative GP service 0845 504 9113

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

© Northern Devon Healthcare NHS Trust
This leaflet was designed by the Communications Department.
Please contact 01271 311575 to help us improve our leaflets