



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Information about opioids

Rehabilitation and Support

A guide for patients and carers



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The first step in reducing pain is to try a simple pain medicine like Paracetamol. Sometimes this is combined with a second medicine such as Ibuprofen. If this is not effective then the next step is to try a stronger pain relief medicine like Co-codamol. If your pain is still not controlled then your doctor may prescribe a strong opioid. Opioids are medicines to help reduce pain so that you can do the things that you want to do.

This leaflet explains what opioids are and gives advice for taking opioids. It isn't a replacement for conversations with your doctor, nurse or pharmacist. However, it may help you decide what questions to ask.

What am I being offered?

A strong opioid is a painkiller used to treat moderate or severe pain. There are many different types available including Morphine, Oxycodone, Hydromorphone and Fentanyl.

Opioids that are taken by mouth are used in two different ways:

- a long acting (or sustained-release) form and
- a fast acting (immediate-release) form which start working within 20-30 minutes

Most people using opioids will take a long acting tablet in the morning and at night (12 hours apart), and use a fast acting opioid to 'top up' if they get pain in-between. Some people, however, just use a fast acting opioid when they need it. Your doctor will explain which option might be best for you.

Aren't opioids just used in the last stages of life?

No. Opioids are widely used for pain control in lots of different situations and are not only for people who are very ill. People may associate them with the last stages of life because of reports in the newspapers and stories they hear from others. Some people are on the same dose of opioid for many years, as it helps them with their everyday life.

Will I become addicted to opioids?

No. Patients taking an opioid to help with their pain will not become addicted to them. If you feel you no longer need the medicine, please discuss this with your doctor who will work with you to reduce the dose gradually. You should not suddenly stop your opioids.

Will the effects wear off over time, meaning I will need higher doses?

This idea is called 'tolerance' meaning that as our bodies get used to a medicine over time, our bodies will stop responding to it. This **does not** happen with opioids. When these drugs are used for moderate to severe pain the effects do not wear off over time.



If your pain gets worse, you may need higher doses. Alternatively, if your pain gets better, the dose can be reduced. Some people find that once they are on the correct dose for their pain, they stay on that dose for some time.

What are the side-effects?

All opioids have side-effects and the most common ones are described below. There will also be information in the leaflet that comes with your medication.

Constipation: Nearly everyone taking opioids will get constipated, so it is important that you start taking a regular laxative before you become constipated. A diet high in fibre is not usually sufficient to prevent constipation caused by opioids.

Sickness: Some people will feel sick or vomit when they first start taking opioids. This usually goes away after a few days. However, if you do feel sick, your doctor can offer you a medicine to stop this.

Drowsiness: Many people feel tired or find they cannot concentrate as well when they first start taking opioids or when the dose is increased. This usually wears off after a week or so. If your concentration is impaired, you should avoid driving, operating heavy machinery or using sharp objects. Tell your doctor if your opioids are making you drowsy.

Can I still drive if I am taking opioids?

You may well be able to drive when you have been taking the same dose of opioid for five days or more. If you are sleepy or the side-effects are bothering you, it is best not to drive and to speak to your doctor or nurse. Your doctor can help you make a judgement about your fitness to drive. If your doctor expresses concern, you should contact the DVLA. You can also discuss with your insurer, if you are not sure. For more advice about driving and opioids visit:

www.stelizabethospice.org.uk/documents/document_library/Strong_painkillers_and_driving.pdf

There is also some more general advice from the DVLA available via their website.

www.dft.gov.uk/dvla/medical/ataglance

Alternatively, you can speak to someone on their helpline:
Telephone: **0300 790 6801**

How and when do I take my opioid?

Your doctor, nurse or pharmacist will explain how to take your medication. You will usually be given one of two options. Both options are used to work out the correct dose of pain medication specifically for you. This process is sometimes called 'titration'.

The first option is a fast acting (or immediate-release) medicine which can be in liquid or tablet form. It starts working after



about 15 to 20 minutes. It wears off after about three to four hours. Your doctor may suggest that you take this regularly every four hours over a 24 hour period. You can also have 'rescue or breakthrough doses' of the same medicine at the same dose, if you get additional pain or the pain does not go away.

The second option is a **long acting** medicine (so-called 'sustained-release'). These tablets are taken by mouth every 12 hours to help prevent pain. In addition to this long acting painkiller, you should be given a fast-acting medicine for any pain you get in-between times.

Can I use 'long-acting' and 'fast-acting' opioid preparations together?

Yes. Long acting opioids aim to prevent your pain and are gradually released into your system. The short acting form is taken when you have pain that is not controlled, even if you are already on a long acting one.

Why does the doctor keep increasing my dose of opioid?

Different people need different doses of pain relief medication. Your doctors and nurses will work with you to decide the right dose for you. Keeping a pain diary will help you and your doctor.

Being on a higher dose does not mean you are more ill. People are very different in how they absorb and process this medicine.

How many doses of 'rescue' (also called 'breakthrough' or 'as needed') fast-acting opioid can I take in a 24 hour period?

Often people need one or two doses of the fast-acting 'rescue doses' of opioid over a 24 hour period, in addition to their regular opioids. If you need three or more extra 'rescue' doses, please do take them but you should also let your doctor know. This is because your regular opioid dose may not be sufficient and may need to be reviewed. Some people keep a diary of their extra-doses and this is really useful for the doctor or nurse looking after you.

Can I take opioids with other medication?

Yes, opioids do not usually cause problems with your other regular medication. In fact, they are often prescribed in addition to other pain medicines, such as Paracetamol or Ibuprofen, as they work in different ways to help reduce your pain. Your doctor may also prescribe it alongside other types of painkillers. However, you should not take codeine and a strong opioid together unless specifically advised to by your doctor.

Do opioids always work for pain?

Although opioids are strong pain-relieving medicines, they do not work for all types of pain. Other treatments may be needed and if you have tried opioids and they have not worked, your doctor can



discuss other options with you. The local palliative care team, who are specialists in the control of pain, will also be able to guide your treatment. You can ask your doctor or nurse to refer you to the local palliative care specialist, if you wish.

Who will keep a check on the opioids?

The doctor or nurse who first prescribes the medicine should give you information on follow-up. Initially they may assess you frequently, to establish the right dose for you. Ask your medical team about follow-up, if you are unsure. Your medical team might be your GP practice, an oncologist or your specialist palliative care team. It is helpful to keep a record of your key professionals, and your GP should always be informed about medication changes.

What if something goes wrong outside normal working hours, when my 'usual' team are not around?

If you are in hospital, call the nurse and explain what you are experiencing.

If you are at home, contact your Out-of-Hours GP service. Their phone number is available locally and your GP surgery's answer-phone message should provide you with their phone number. Your doctor may also provide you with contact details for your local

specialist palliative care team. **If you, your family or carer(s) are worried that there is something seriously wrong, you must call 999 straight away.** It is worth writing all these local contact numbers down and keeping them close to hand, ideally by your landline phone or stored in your mobile telephone.

Can I share my medicines?

Do not share your medication with anyone. It has been selected for you and your pain. It may cause harmful effects if shared with others.

Collecting my medicines from the pharmacy

When collecting opioid medicines from the pharmacy, you or your representative will be required to show identification. This is to ensure that your medicines get to you safely.

How do I dispose of opioid medicines?

Please return any unused or left-over opioid medicines to your community pharmacy.



Keeping a Pain Diary

It is helpful if you can keep a diary of any pain that you get and how often you take your opioid medicine. Your doctor will give you a pain diary that you can use at home. You should bring this with you to your appointments.

This leaflet has been written with the guidelines on strong opioids from the UK's National Institute of Clinical Excellence (NICE) in mind. You can find more information, including a patient section, on their website:

www.nice.org.uk/cg140

Their patient leaflet is here:

<http://guidance.nice.org.uk/CG140/PublicInfo/doc/English>

Other languages

NICE have offered a space for these leaflets on their shared learning websites, and you can find the English original, plus translations if you use the link below and click on 'Supporting Material'.

**[http://www.nice.org.uk/usingguidance/
sharedlearningimplementingniceguidance/
examplesofimplementation/eximpresults.jsp?o=627](http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=627)**

Any other questions?

Please write down any further questions you have and bring them to your doctor's or nurse's attention



Your GP:

Your Community District Nursing Service:

GP Out-of-Hours Service:

Community Palliative Care Team:

The Clatterbridge Cancer Centre Hotline:

Other (state who):

Acknowledgements

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How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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