

Strong Opioids

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 providing you with this booklet would be happy to explain the information it contains in more detail.

What are strong opioid medications?

Strong opioids are commonly used to relieve moderate, to severe pain and can also be used to relieve breathlessness or coughs.

Uncontrolled symptoms can have a negative impact on your whole life by affecting your emotions, mood and relationships. Your quality of life is therefore likely to improve, if good symptoms control is achieved.

Common examples of strong opioids are:

- morphine
- oxycodone
- diamorphine
- fentanyl
- buprenorphine

These medications are available in different forms (tablets, liquids, patches, sprays and injections). They are also available as different brands. Not all brands are the same, so if you notice that the medicine you are given looks different to your normal opioid medication then please discuss this with your pharmacist.

How do I take my opioid medication?

You will usually be prescribed a **regular opioid** but the dosage will differ depending on what you are prescribed, e.g. every 12 hours for slow release tablets / every 3 days for a patch.

This regular opioid is used to treat the pain you have all the time (which is called 'background pain'). It must be taken regularly as prescribed by your doctor.

You may experience pain before your next dose of regular opioid is due (which is called 'breakthrough pain'). For this pain you may be prescribed a **quick release** opioid which usually acts within 15-30 minutes. This medication can be used if your pain gets worse in between your regular opioid medication. We call this 'as required' or 'breakthrough' medication.

Do I have to monitor how much medication I need?

Some people may not need any 'as required' pain relief, however if you need more than 2 - 3 doses in a day let your doctor or nurse know, as your regular opioid dose may need to be changed, or some other form of treatment used if the pain does not respond to the opioid.

It is helpful to make a note of the number of 'as required' doses you are taking in a diary as it helps your healthcare team to adjust your pain medication more accurately.

Do I need to get regular prescriptions?

Strong opioids are 'controlled drugs' for which there are certain legal regulations. Only 30 days of medication can be supplied at a time, so it is important that you order your repeat prescriptions from the GP surgery in good time and ensure that you get your next prescription to the pharmacy a few days before your supply runs out. Remember to re-order after dose changes, as tablet strengths may also change.

Do not stop taking your strong opioid medication suddenly, as this may lead to you feeling ill.

Are there any expected side effects?

Constipation - this affects most people taking opioid painkillers. Your doctor will usually prescribe regular laxatives to avoid this becoming a problem. It is important to drink plenty of fluids to help prevent constipation.

Drowsiness - this is most common when you first take an opioid, or when the dose has been increased. Drowsiness usually improves after a few days, however until this has settled down, it is advisable not to drink alcohol, and avoid driving or operating machinery.

Sickness - some patients may experience nausea (and rarely sickness) when they first start a strong opioid. This should improve by itself after a few days but if it becomes problematic your doctor will be able to prescribe you some anti-sickness medications.

Others - Other less common side-effects include itching, heartburn, change in taste of some foods, or difficulty in passing urine. If you experience any of these side-effects please tell your healthcare professional.

What if I forget a dose?

Contact your doctor, nurse or pharmacist to discuss what to do.

When do I seek medical advice relating to opioids?

Seek prompt medical advice if you experience any of the following as you may require a blood test, or a review of your 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 or jumpy

Will I get addicted to opioids?

No. Many people are worried about becoming addicted to morphine and other opioids; however, when used correctly and according to medical advice there is no evidence that you can become addicted.

Are opioids just used at the end of life?

No. Although strong opioids are often used for controlling cancer pain or pain related to progressive disease, they are also used commonly for other reasons including longstanding chronic pain.

Being prescribed this medicine is not a sign of your disease getting worse, or that you are close to the end of life. Also, used correctly, there is no evidence that using strong opioid medicines shortens your life.

Will my opioids always relieve my pain?

Strong opioids are very good painkillers but they are not helpful for all types of pain. Other treatments may be needed and suggested by your doctor or nurse.

Can I drink alcohol whilst taking strong opioids?

A small glass of alcohol may help you feel better and improve your appetite. It is best to avoid taking more than this as you may become too drowsy.

Can I drive whilst taking strong opioids?

You are able to drive if your opioid dose has stayed at the same dosage for a while and you do not feel sleepy or impaired by the medication.

From 2015, there is new drug-driving legislation in place and the police can now carry out roadside testing for 'controlled drugs'. If you are taking a strong opioid medication and are tested for this whilst driving, there will be no action taken against you if your medication is taken in accordance with medical advice.

It is useful to keep information of your medication with you when driving to show you are taking it as per medical advice.

However, it remains an offence to drive if your driving is impaired by the medication e.g. drowsiness and it is your responsibility not to drive if this is the case. If you have any further questions you can discuss this with your healthcare team.

Please see the 'further information' section below.

How do I store my medication?

Store your medicines in a cool, dry, safe place out of the reach of children. You should return unwanted opioid medications back to your community pharmacy for safe disposal.

Who do I speak to about any questions or concerns?

Please contact your general practitioner, specialist palliative care nurse, or community pharmacy for further advice.

For urgent enquiries outside of normal working hours, please contact your local community pharmacy or your GP out of hour's service.

Where can I get further information?

Please refer to the Patient Information Leaflet provided with your medication.

NICE information for public regarding guidelines for opioids in palliative care:
<http://www.nice.org.uk/guidance/CG140/InformationForPublic>

"Facts about painkilling drugs", available from MacMillan Cancer Support at:
<http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Symptomssideeffects/Pain/Factsaboutpainkillers.aspx>

More information on the new drug driving legislation can be found online at:
<https://www.gov.uk/drug-driving-law>
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