

Using strong opioids for pain in palliative care

What are strong opioids?

They are strong medicines used to control pain when weaker painkillers have not been effective. (They can also sometimes be used to help reduce the sensation of breathlessness in patients with severe breathing problems).

Used correctly, there is no evidence that using strong opioid medicines will shorten your life or cause addiction. Being offered strong opioids to control pain can happen at different stages in the course of a disease and it does not mean you are close to the end of your life.

Types of strong opioids

Most patients requiring strong opioids will be prescribed morphine although in some cases other strong opioids could be used, such as oxycodone or fentanyl. Morphine and oxycodone preparations are usually given by mouth, while fentanyl is given as a patch which is applied to the skin. If you are prescribed fentanyl products you will be given additional information on the use of this.

You may have been prescribed a 'modified release' (MR) preparation to keep the pain under control and/or an 'immediate release' (IR) preparation to be used regularly or in between doses of MR preparation if pain occurs.

Modified/Slow Release Opioids

These are long acting oral opioids which come in a wide variety of strengths and forms. They are released slowly into the body to provide pain relief throughout the day and night. Each dose should last for 12 hours; they should therefore be taken every 12 hours (e.g. 8.00am and 8.00pm) to keep a stable level of medication in your body. Modified release preparations are not suitable to be taken for breakthrough (sudden/extra) pain between these doses because they work too slowly and take a long time to wear off.

Examples of modified release opioids are:-

Zomorph®, MST continus®, Oxycontin®, Longtec® and Targinact®

Immediate Release Opioids

These are quick acting opioids that usually work within 30 minutes and last for about 4 hours. They are taken if you have an episode of breakthrough pain. If pain is not relieved within 1 hour you may repeat the dose. If you require more than 2-3 extra doses a day then inform your doctor or specialist nurse as it may be necessary to increase the strength of the modified release opioid.

Sometimes, when you first start needing strong opioids, they may be prescribed at regular times throughout the day to help work out what dose of modified release opioid you need.

Examples of immediate release opioids are:-

Oramorph®, Sevredol®, Oxynorm® & Shortec®

Choosing the right drug

Everybody is different and may react differently to taking strong opioids but the majority of patients will be given morphine as their first line strong opioid pain medication.

Oxycodone and fentanyl are alternatives that may suit some people better depending on individual circumstances and response to treatment. You may also be offered other types of pain relieving medications alongside a strong opioid to maximise your pain control e.g. paracetamol.

There is no standard dose of strong opioid: the amount needed to control pain varies from person to person. Over the first few days the amount of opioid you are taking should be frequently monitored and adjusted to find the lowest dose that controls your pain with the least side effects.

When you are prescribed a modified release opioid you should also be prescribed an immediate release opioid to be used for breakthrough pain.

- If you are taking Zomorph® or MST® you should also be prescribed Oramorph® or Sevredol®
- If you are taking Oxycontin® or Longtec® you should also be prescribed Oxynorm® or Shortec®

Your Opioids

Name of Modified Release Medication: _____

When to take it: _____

Name of Immediate Release Medication: _____

How to take it: _____

What are the side effects?

Constipation

This is a very common side effect of strong opioids and affects nearly all patients. You should also be prescribed a laxative and it is recommended that you take this regularly to prevent constipation. Drinking plenty of fluids, eating fruit and vegetables and exercising (if possible) may also help.

Nausea and vomiting

Some people taking opioid medication can feel sick and may occasionally vomit after starting them or after a dose is increased; this usually resolves within a few days. Taking your medication with food may help. If nausea remains a problem then speak to your doctor or specialist nurse who will prescribe an anti-sickness medication.

Drowsiness

Mild drowsiness and/or impaired concentration may occur when starting strong opioid treatment or following an increase in dose but usually settles within a few days.

Other side effects

Less common side effects include itching, heartburn, dry mouth or changes in the way some foods taste and difficulty in passing urine. If you experience any of these side effects please tell your doctor or specialist nurse.

Can I take opioids with other medicines?

Generally opioids do not cause problems with your other regular medicines. 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.

Can I drink alcohol?

Taking opioids and alcohol together will increase sleepiness and reduce your ability to concentrate. When you first start taking opioids or when your dose is increased you should be more careful.

When you are taking opioids you should **NOT** drink alcohol if you are going to drive or operate machinery.

Can I drive or operate machinery?

New legislation has come into effect which makes it illegal to drive with high levels of certain substances in the blood. One of the medications included in this legislation is morphine. If the medication has been prescribed by a healthcare professional and it is being taken in accordance with that prescription (i.e. at the dose and frequency recommended); you will not be prosecuted (as long as your driving is not impaired).

It may be helpful to carry a copy of your prescription in your vehicle as evidence that your medication has been legitimately prescribed for you to take.

It is an offence to drive if impaired by drugs, so if your medication impairs your ability to drive (e.g. makes you drowsy) **you must not drive**.

For more information see: www.gov.uk/drug-driving-law

Can I travel abroad?

If you are travelling for less than 3 months and you are carrying less than 3 months' supply of prescribed controlled drugs listed under Schedules 2, 3, 4 Part I and 4 Part II to The Misuse of Drugs Regulations 2001; you will not need a personal import or export licence to enter or leave the United Kingdom.

The Home Office advise you to obtain a letter from your doctor which should confirm your name, travel itinerary, names of prescribed controlled drugs, dosages and total amounts of each to be carried.

For more information see: www.gov.uk/controlled-drugs-licences-fees-and-returns

When to seek medical help?

The following symptoms require a **prompt review** by a doctor or specialist nurse:-

- If your pain gets worse and is not controlled by your current medication
- You feel more sleepy than usual
- You feel sick most of the time or are being sick for more than 24 hours

- You feel restless or experience jumpiness
- You experience bad dreams/hallucinations
- Your family notice that you are confused or acting differently to normal

Do not stop taking opioid medicines suddenly as this will also give you side effects.

What if I forget or miss a dose of my modified release opioid?

If the dose is up to 4 hours late take the dose when you remember then take the next dose at the normal time. If the delay is longer than 4 hours do not take the dose and instead use your immediate release drug every 4 hours until the next dose is due.

Never take two doses together.

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. Return unused medication to pharmacy.

Repeat prescriptions

It is important that you do not run out of your medicines. Ensure you have enough supply of your medication prior to public holidays. Repeat prescriptions should be requested from your GP.

Follow up

During the initial phase of taking strong opioids you will usually be reviewed frequently by one of the medical team – this may be your GP, specialist nurse, oncologist or hospital doctor.

Who to contact for advice

- If you are in hospital speak to the nurse or doctor looking after you.
- If you are at home contact your GP or out of hours service (number available on your GP surgery's answer phone).
- Medicines Information Patient Helpline – open Monday to Friday 9.00am to 5.30pm
 - Tel: (01323) 413785 or (01424) 757067
- Hospital Specialist Palliative Care Teams – Monday to Friday 8.00am to 4.00pm
 - Conquest Hospital - (01424) 755255 ext: 8787
 - Eastbourne DGH - (01323) 413788 or (01323) 413789-
- Your community Specialist Palliative Care Nurse
- St Michaels Hospice – 24 hour telephone support - Tel: (01424) 445177
- St Wilfrid's Hospice – 24 hour telephone support - Tel: (01323) 434222

If you, your family or carer are worried there is something seriously wrong, you must call 999 immediately

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital

Email: esh-tr.palsh@nhs.net - Telephone: **01424 758090**

Eastbourne District General Hospital

Email: esh-tr.palse@nhs.net - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Farida Malik, Debbie Benson (at least one from each site if appropriate)

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