

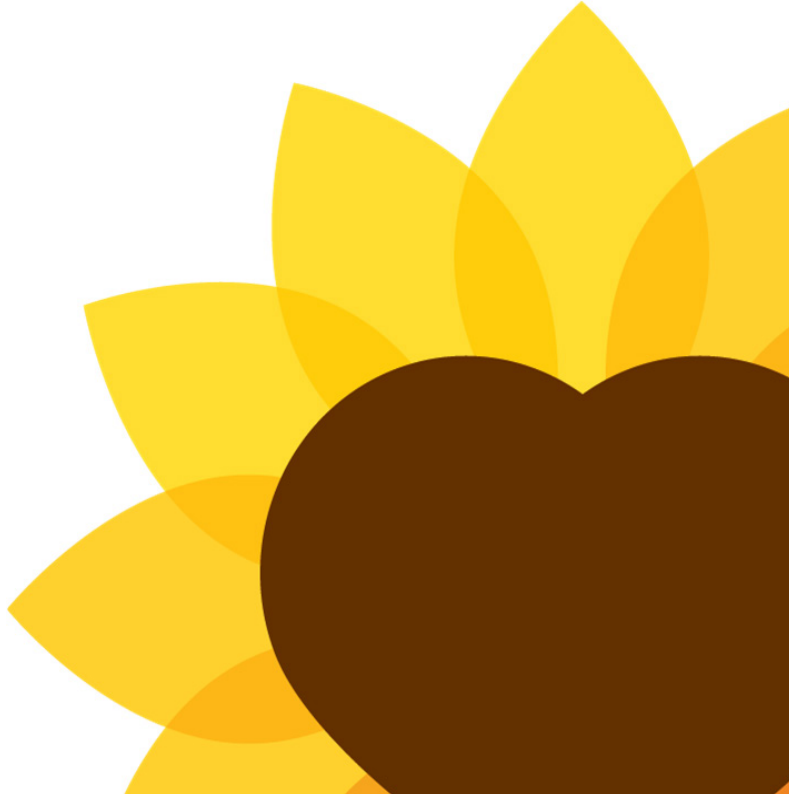


**East Cheshire
Hospice**

Where people come to live

Taking Opioids (Morphine & Morphine-Type Medication) to Manage Pain in Palliative Care

A Guide For Patients



Introduction

The doctors and nurses looking after you have recommended that you try opioids (morphine-type medication) to help to relieve your pain. This information leaflet may help answer some questions you may have regarding the medication prescribed to you.

People living with serious illness (such as cancer, heart disease, kidney disease and lung disease) may experience pain as part of their illness. There are many different types and strengths of painkillers suitable for different types of pain e.g. paracetamol and codeine. Sometimes strong pain relieving medication is required and in this situation strong opioids such as morphine or morphine-type medicines (e.g. oxycodone, fentanyl, diamorphine, buprenorphine) may be recommended.

Common concerns or worries about using strong opioids

Some people worry that they may become addicted to or dependent on strong opioids. However when strong opioids are prescribed for pain and monitored correctly this is unlikely to happen.

Others worry about potential harmful side effects. The team looking after you will monitor you carefully for any side effects.

Occasionally people think that they are coming to the end of their life if strong opioids are being prescribed. Strong opioids may be prescribed at any stage of someone's illness if they have pain or other symptoms such as breathlessness which are severe enough to require them.

Starting treatment with strong opioids

There are many types of strong opioids that can be given in different ways. The first opioid you should be offered is morphine. Morphine can be taken by mouth in the form of tablets, capsules, liquids or powder.

You will be offered one of two types of morphine:

IMMEDIATE RELEASE; a short acting type that you may need to take several times a day (this begins to work after about 30 minutes and lasts for up to or around 4 hours).

SUSTAINED/MODIFIED RELEASE: a slow release type that is taken less frequently (usually twice daily and releases slowly over 12 hours).

If you are taking sustained release morphine you should also be offered a supply of immediate release morphine which you can take as needed to help you manage any breakthrough pain.

There is no standard dose of strong opioids; the amount needed to control pain varies between individuals. Over the first few days the amount of morphine you are taking will be monitored and adjusted to find the lowest dose that controls your pain with the fewest side effects.

Managing pain with strong opioids

Your pain will be different from other people's pain, even if you have the same type of illness. When you feel pain, and how much pain you feel will vary from day to day and from hour to hour. Often how 'bad' a pain is depends on many different factors; for example how tired you are, how active you have been the day before, and whether you are bored or enjoying what you are doing. This means that the same dose of medicine each day may not 'match' your pain fully. When you start taking strong opioids you should be offered regular reviews of your pain control and any side effects. This should happen throughout your treatment, but is particularly important at the beginning when your dose may need to be adjusted.

Pain relief is usually given for two main types of pain:

BACKGROUND PAIN: This is pain which is present nearly all the time, at a predictable level. It is treated with a regular long acting strong opioid at a set dose.

BREAKTHROUGH PAIN: This is when your pain levels suddenly increase. For these occasions you will be prescribed a short acting 'immediate release' opioid which will add to your 'background' dose for a few hours to cover the extra pain you are experiencing.

Take only the amount of breakthrough medication prescribed for you. If you need more than three breakthrough doses a day you must contact your healthcare professional who may need to adjust your regular long acting medicine.

Managing side effects

All medicines can cause side effects and these can vary from person to person.

CONSTIPATION (when stools become painful or difficult to pass or less frequent). This is the most common side effect as opioids slow down the movements of the gut. You will be given laxatives to relieve any constipation. Laxatives work by making the stool looser or by stimulating the bowel to move. They do not work immediately, it is important to continue to take them on a regular basis.

NAUSEA (feeling sick): Usually occurs when starting strong opioids and wears off after a few days. You may be given an anti-sickness medication to help with this.

DROWSINESS: Often experienced when starting strong opioids or when the dose is increased. This may affect your ability to carry out certain manual tasks such as driving. If you experience drowsiness that is severe or long-lasting you should report this to the person who prescribed your medication.

Someone who has taken too much strong opioid may become drowsy, unable to stay awake, may develop twitching or jerking movements, hallucinations or confusion. If this happens, medications need to be discussed immediately with a health care professional, with your GP in normal working hours or the emergency/ out of hours service.

Driving with strong opioids

When you first start taking strong painkillers, they can sometimes make you feel tired and drowsy. You may not be able to concentrate and your reactions may be slow. If this happens, you should not drive or operate machinery. It's a good idea not to drive for at least five days when you first start taking strong painkillers, or if the dose has been increased. If you are not drowsy and feel able to drive after five days, you should be okay to drive. Keep your first drive short and easy, take a driver with you in case you feel drowsy while you are out. Ask a doctor for advice if you're worried whether you're safe to drive. It is an offence to drive with certain drugs above certain limits in your body. This includes some prescription medicines. However most people taking strong painkillers will not be breaking the law as long as:

- The painkillers are not affecting your ability to drive safely.
- The painkillers have been prescribed to treat a medical problem.
- You have followed the instructions you were given by the prescriber or the information that came with the painkillers.

The police can stop drivers and use tests to check whether they have taken any drugs. This may include a blood or urine test at the police station. So it's a good idea to carry a copy of your prescription and the packaging the painkillers come in. Remember you aren't breaking the law as long as you have taken the painkillers as they have been prescribed and are driving safely. If you're not sure if you are able to drive, you should not drive and should speak to your doctor, specialist nurse or pharmacist for advice.

What if I can't swallow my tablets?

If you cannot take your strong opioids by mouth and your pain is fairly stable, you may be offered an opioid patch that sticks to the skin and releases the medication through the skin. These are changed every few days or once a week depending upon the type of patch used.

If your pain is unstable or fluctuating, subcutaneous injections (injection into the skin) may be considered. This may be in the form of single injections or as a continuous infusion delivered under the skin through a fine needle.

What if I miss a dose of medications?

Do not take an extra dose of your long acting strong opioid. Use your 'breakthrough' medicine as necessary to manage your pain until the next dose of your long acting medicine is due. (If you are using opioid patches which last several days you should discuss what to do with the healthcare professional responsible for your care).

Alcohol and strong opioids

The effect of drinking alcohol i.e. sleepiness and poor concentration, will add to any side effects experienced from your strong opioids.

You should avoid alcohol when you first start taking opioids or when there has been an increase in opioids. You should avoid alcohol if you are taking strong opioids and are going to drive or use tools or machines. Once established on a steady dose you should be able to drink alcohol in moderation without getting any extra side effects.

Taking other medications with strong opioids

The doctor or nurse prescribing your strong opioids will check what other medicines you are taking. Most people can take strong opioids alongside their other medicines without any problems. If there are potential interactions your health care professional will advise you.

Storage

You should store medications in the containers in which they are given to you. Keep them in a cool, safe place out of sight of children and vulnerable adults. Any medicine that you do not use should be returned to the pharmacy for safe disposal.

Follow up and future prescription

Details of the medicine you have been prescribed will be shared between your hospital teams, your GP and community teams. If you are an inpatient, your Hospice team will renew your medicines and change prescriptions as needed. When you are at home, your GP is responsible for your prescriptions and will renew them, alongside other health care professionals involved in your care on a regular basis.

Who to contact

If you have any further questions relating to strong opioids or if you are having problems in controlling your pain you should contact the person responsible for your care, such as your GP, Hospice Team or palliative care nurse specialist.

Useful contact numbers

East Cheshire Hospice 24hr Advice line 01625 666999
Hospital Specialist Palliative Care Team 01625 663177
(9am-5pm, Mon to Fri)

GP.....

GP Out of hours.....

District nurses.....

Other.....

For large print, audio, Braille version or translation,
contact the Hospice Engagement Team. 01625 666991 or
rallcock@echospice.org.uk

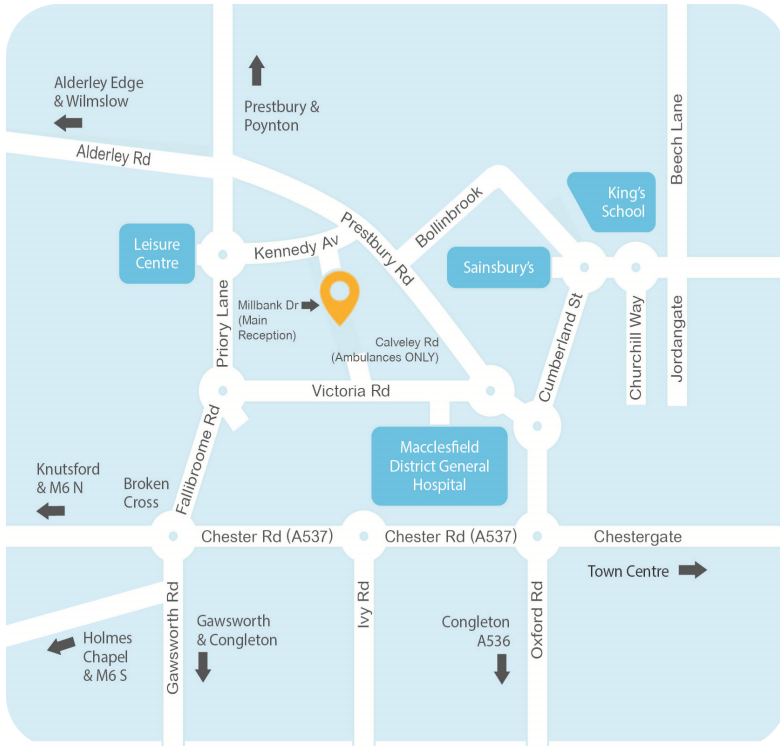
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Where people come to live



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