

Further information

If you require further information whilst you are still an inpatient, please speak to the ward pharmacist or one of your nursing or medical team.

If you have queries on discharge, or would like more explanation, please call the hospital pharmacy department patient helpline:

Tel: 01923 436 237 (Monday to Friday 2.00pm- 5.00pm)

Alternatively please contact your community pharmacist, GP or nursing team.



**West Hertfordshire
Hospitals**
NHS Trust



A guide to...

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.net



Strong Opioids

Information for patients who are prescribed strong opioid medication such as morphine, oxycodone or fentanyl

Patient information

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Watford General Hospital
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St Albans City Hospital

This leaflet explains what opioids are and what we think you may want to know about them

Our leaflet does not replace conversations with your doctor, nurse or pharmacist, but reading it may help you decide what questions to ask when you next speak to them.

Usually, the first step to deal with pain is to try a simple pain medicine like paracetamol on a regular basis. Sometimes this is combined with a further medicine like ibuprofen. If this is not effective then the next step is generally a stronger pain relief medicine like codeine or tramadol. If your pain is still not well controlled then your doctor will usually prescribe a stronger opioid.

What are opioids?

Opioids are a group of medicines that have been used for many years to treat pain. They provide pain relief by imitating the body's natural pain relievers and are used when the pain is moderate to severe after an operation, accident or in the course of an illness.

Examples of weak opioids include codeine, dihydrocodeine and tramadol. Sometimes they are combined with paracetamol to make them work better:

- Codeine and paracetamol (Co-codamol)
- Dihydrocodeine and paracetamol (Co-dydramol)
- Tramadol and paracetamol (Tramacet[®])

Codeine is available at low doses over the counter within the UK. It is converted into morphine in our bodies, so many people have effectively already been on a low dose of morphine. Stronger opioid drugs include morphine, diamorphine, oxycodone, hydromorphone, buprenorphine, fentanyl and tapentadol.

Opioid medicines come in many forms including tablets, capsules, liquids, skin patches and injections.

How do I store opioids?

You should store opioids safely in a cool, dark place. Make sure it is well out of reach of children, vulnerable adults and pets.

It is important that only **YOU** take the opioids prescribed for your pain. Opioid medicines should be kept in their original containers and clearly labeled.

What should I do with unused opioid medicines?

Do **NOT** flush them down a toilet or throw in the rubbish bin. Return them to a pharmacist for safe disposal.

How do I get further supplies of my medicines?

You will have been given a suitable supply of your pain medicine. You can get further supplies of these from your GP. Your GP and local pharmacist may also be able to provide help and advice about your medicines.

What if I can't take the opioid prescribed for me?

Most people find that morphine suits them and this is usually the drug of choice when starting on opioids. However, other strong pain medicines may suit a few people better. It is difficult to predict who will get side-effects from morphine.

There are a number of other medicines similar to morphine which are available, some of which are mentioned earlier in this leaflet. Your doctor may suggest stopping the morphine and trying another oral opioid medicine like oxycodone. Fentanyl and buprenorphine are opioids available as patches which release medication through the skin. They are useful for people who cannot swallow normally.

Pain relief of this kind can last from 3 to 7 days depending on the type of patch. There are also short-acting preparations of these opioids for treatment of breakthrough pain.

Can I drink alcohol?

Taking alcohol and opioids together will cause 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 on a steady dose of opioid, you should be able to drink a modest amount of alcohol (1-2 units per day) without experiencing any extra unusual effects. When you are taking opioids you should **NOT** drink alcohol if you are going to drive or operate machinery.

Can I continue to drive?

UK law allows you to drive if you are taking opioid medicines, as long as you are taking them as prescribed. You are advised to keep a copy of your prescription with you in case you are asked to prove you are taking them legally.

However you are responsible for making sure you are fit to drive. Because opioid medicines can make you feel sleepy, you should not drive or operate machinery until you see how it affects you as your reactions and alertness may be affected.

You should only consider driving if you are confident that your concentration is not impaired. You should **NOT** drive if your dose has recently been increased or you feel unsafe.

What are the benefits of taking opioids?

Opioid medicines can help to manage pain when other pain medicines are not suitable or do not provide enough pain relief. They may help to reduce your pain or distress and improve your ability to function both physically and socially. They may also allow you to sleep and eat better.

Why am I being prescribed a strong opioid?

Most people who take opioids have a lot of pain. The pain can be present for various reasons such as cancer, heart or lung disease, or following an accident or operation. Codeine and other simple pain medicines are sometimes not enough to control the pain and this is when stronger opioids such as morphine can be a better option. Sometimes pain can be a big reason for people not wanting to move, for example after a bone fracture. By improving this pain, opioids can help to achieve goals like walking, rehabilitation and being more independent.

Low doses of morphine are sometimes used for controlling the sensation of breathlessness in people with long term respiratory and cardiac problems.

But aren't these drugs only used in the last stages of life?

No. Morphine is widely used for pain control, not only by those who are very ill, but also by people who have a lot of living to do. Some people are on the same dose of morphine for many years, as it helps them with their everyday life.

Will I become addicted?

It is very rare for people to become addicted when they are taking opioids for pain relief, even if they take them for a long time.

However, as your body may become used to the medicine, you may experience withdrawal symptoms (sweating, muscle cramps, diarrhoea, aching muscles) and the return of your pain if you stop taking it suddenly or lower the dose too quickly.

If you feel you no longer need morphine, please discuss this with your doctor who will work with you to reduce the dose gradually. You should **NOT** stop taking your opioid medicine except under advice from your doctor.

What are the usual doses of opioids and how should I take them?

It is important to find the most effective dose for you to relieve your pain. The amount needed to control pain varies from person to person. There is no standard dose of an opioid as pain is a very personal experience. You will usually start with a low dose and gradually build it up until you find a dose that suits you. Your doctor, nurse or pharmacist will explain how to take your medication.

A typically prescribed opioid, like morphine, is usually used in a combination of two forms: a long-acting (sustained-release) form and a fast-acting (immediate-release) form:

Fast-acting morphine is often prescribed as a liquid (e.g. Oramorph®) or a tablet (Sevredol®). It starts working after about 15 to 20 minutes and can wear off after about three to four hours. If you get additional pain you can take rescue doses of the same medicine at the same dose.

Other examples of fast-acting opioids are oxycodone immediate-release (Oxynorm® capsules or liquid), and fentanyl (e.g. tablets for under the tongue, or lozenges)

Long-acting preparations are used to control background pain. Examples of these are MST Continus® tablets, Morphgesic® SR tablets and Zomorph® capsules. Doses are taken at regular times each day to prevent the pain recurring. These preparations will take a few hours to start reducing pain and are likely to last for up to twelve hours. In addition to this long-acting preparation you should also have a supply of the fast-acting version to take as rescue medication when the pain is bad.

Other examples of long acting opioids are oxycodone SR tablets (Oxycontin®, Reltebon® or Longtec®) and fentanyl skin patches.

Can I take opioids with other medicines?

Yes, opioids do not usually cause problems with your other regular medicines. In fact, they are often prescribed in addition to other pain medicines, such as regular paracetamol or ibuprofen, as they work in different ways to help reduce your pain.

What about side-effects?

There are several common side effects with opioids. Some get better after a short time, but others last longer. Your doctor, pharmacist or nurse will be able to advise you how to manage these side effects:

Constipation

Most people taking opioids will have constipation. Your doctor or nurse specialist will prescribe a laxative right from the start of opioid treatment to overcome this. It is much easier to prevent constipation than to sort it out once it has taken hold.

Sickness or nausea and vomiting

Some people may feel sick when they first start taking an opioid medicine; in most cases it should wear off after a few days. However if you do feel sick your doctor or nurse specialist can offer you a medicine to stop this.

Drowsiness

You may find you cannot concentrate or that you feel more sleepy than normal when you first start taking an opioid medicine or when the dose is increased. This should wear off after a few days.

Dry mouth

Opioids can sometimes give you a very dry mouth. Frequent sips of cool drinks may help with this, as may sucking boiled sweets, ice cubes, frozen segments of pineapple and melon, or chewing gum. Medicines are also available to treat a dry mouth by replacing saliva in the form of oral gel and mouth sprays.

Other possible side-effects

Occasionally opioid medicine can cause other side effects such as prolonged sleepiness, muddled thoughts, bad dreams, hallucinations, muscle twitching, or itching. If these occur, contact your doctor or nurse specialist for advice; it may be necessary to reduce your dose or change your opioid medicine to a different one.

If you are unable to swallow your usual opioid dose, your team may look at providing an alternative way to receive the medication. This could be a patch or a syringe pump.

Please discuss any concerns with your team.