

Patient information

Strong Oral Opioids in Palliative Care

Palliative Care Department

This leaflet is designed to help patients and their carers understand opioids.

What is an opioid?

Opioids are medicines that provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals. They are considered to be the strongest pain-relieving medicines available. They are effective for cancer pain, where it is common to start at a low dose and gradually increase until the pain is controlled.

Examples of opioids include codeine (including co-codamol), tramadol, fentanyl, buprenorphine, morphine, oxycodone, hydromorphone, methadone and tapentadol. Opioids can be given in several forms including tablets, capsules, liquid, patches and injections.

Why do I have two opioids prescribed?

Pain is often described as **background pain** (chronic, persistent pain) or **breakthrough pain** which is a short-lived increase in pain intensity.

A long-acting medicine is used on a regular basis to control your pain. This is known as a **slow-release opioid**.

Opioids that last for twelve hours (e.g. MST®, Oxycontin®, Zomorph®) should be taken at the same time morning and evening (e.g. 10am and 10pm).

They should be swallowed whole. If you have difficulty swallowing please inform your doctor or nurse so that they can prescribe the opioid in an appropriate preparation. Opioids that last for 24 hours (e.g. MXL®) should be taken once a day at the same time.

A short acting medicine is used as and when it is needed to treat any additional pain you may be having. **This is known as an immediate release opioid.** They may be in liquid or tablet/capsule form. They should start to relieve your pain approximately 20 minutes after taking and last on average for four hours. You should not take immediate release opioids more than hourly unless your doctor or nurse advises you to do so.

It is usual to have both a slow release opioid and an immediate release opioid prescribed (e.g. MST® and Oramorph® or Oxycontin® and Oxynorm®).

If you are requiring a lot of your immediate release medication you should advise your doctor or nurse so that they can review your slow-release opioid and increase if necessary.

What are the side effects from opioid medications?

(Please refer to the patient information leaflet supplied with your medication for more details)

Side effects may include:

- **Constipation** – Most people become constipated when commenced on opioids if they are not prescribed a laxative. It is important that you take your laxative regularly and as prescribed. It is also important that you drink plenty of fluids. If your bowel pattern becomes problematic, please inform your doctor or nurse.
- **Nausea** – Nausea is a feeling of wanting to be sick. It is common to experience nausea when an opioid is commenced or increased. This often settles in time. If you are experiencing nausea, you should inform your doctor or nurse so they can commence an antiemetic (sickness medication).
- **Drowsiness** – It is usual to feel slightly drowsy when opioids are commenced or increased. This often settles in time. It is important you do not drive or operate machinery at these times. If drowsiness persists it is important that you discuss this with your doctor or nurse.

Occasionally they may change your opioid to another opioid if you are experiencing burdensome side effects.

What do I need to tell my doctor or nurse?

You need to inform your doctor or nurse if you are requiring a lot of breakthrough medication or if there is anything else you are concerned about.

You also need to inform them if:

- You are more tired than usual and have difficulty staying awake.
- You are feeling sick more than usual.
- You feel twitchy or jumpy.
- You are experiencing nightmares or hallucinating.
- If you feel confused or more 'muddled' than usual.

Any of these may indicate that the dose or type of painkiller may need to be altered.

Can I drive?

In 2015 the law on drugs and driving changed, stating that if your driving is impaired for any reason, including taking prescribed medications, it is illegal to drive.

All opioid medicines have the potential to impair driving. You are responsible for making sure you are safe on each occasion that you drive. The law in the UK allows you to drive if you are taking prescribed opioid medicines in accordance with the instructions, however **you should never drive if you feel unsafe.**

It is unsafe to drive in the first few days after starting an opioid and for a few days after dose change (up or down). Drinking alcohol reduces the amount of opioid medicine you can take and drive safely so do not drive if you have drunk alcohol and taken opioid medicines.

Individuals who take their medication in accordance with the advice of the prescribing doctor or nurse are entitled to raise the statutory 'medical defence' if their oral fluid sample screening shows positive to drug use.

It is illegal to drive if you feel your driving is impaired and 'medical defence' will not stand if you have previously been told by the prescribing doctor or nurse that it is safe for you to drive on the medication. You should never drive if you feel unsafe to do so. You should inform your insurance company of your illnesses and medication. If you feel that your driving is impaired in any way due to taking your medication you should not drive.

You cannot legally drive against medical advice. It is advisable that when you drive you have evidence with you that your medication is legally prescribed in case you are stopped by the police.

Further information on the new law can be found at:

<http://www.gov.uk/government/collections/drug-driving>

The DVLA has guidance on the current medical standards of fitness to drive at:
<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>

Will I become addicted?

You may be concerned about how you will tolerate your medication or if you may become 'addicted'. When opioids are used correctly for pain control it is very rare for people to become addicted. Your opioid dose will only be increased if necessary. There is no 'top limit' to the dose of these types of medications. Sometimes the dosage can even be decreased if the pain settles.

If you have had a drug or alcohol addiction in the past, you may be slightly more at risk of addiction. It is important you discuss your concerns with your doctor or nurse.

What do I do with unused opioids?

Unused opioids should be returned to your local pharmacy.

Can I drink alcohol?

Drinking alcohol whilst taking opioids may make you feel the effects of alcohol sooner than usual. You may need to reduce your alcohol intake.

Can I take opioids abroad?

Yes, but you will require a letter from your doctor, and you must check the laws of the country you are travelling to. Please see the home Office website for more information:
<https://www.gov.uk/guidance/controlled-drugs-personal-licences>

NHS UK also provides information on travelling abroad with opioids which is available at: <https://www.nhs.uk/common-health-questions/medicines/can-i-take-my-medicine-abroad/>

Can I take any other painkillers?

You may take analgesia (painkillers) with your opioids if it has been approved by your doctor or nurse. Generally it is safe to take paracetamol with opioids.

Where should I store my medication?

In hospital, unless directed to do so, you should not take your own opioids. In hospital opioids are stored in a locked controlled drug cabinet.

At home your medication should be stored in a safe place out of the reach of children.

What if I miss a dose of the slow-release opioid?

If you forget to take your slow release opioid but remember within 4 hours of the time your medicine was due, take it straight away.

If you are more than four hours late, do not take the missed dose. Take your next dose at your normal time. If you develop pain before your next dose is due, use your immediate-release opioid to relieve any pain until the next dose of your slow-release opioid.

Do not take two doses of the slow-release opioid at the same time to make up for your missed one.

Do not stop taking your medication suddenly without seeking medical advice.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For further information please contact:

**Telephone 0151 529 2637 (IMPACT Line 0300 100 1002)
Monday to Friday 9:00 to 17:00**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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