

Morphine or other strong opioid medications in palliative care

Information for patients, families and carers

Who can I contact if I have further questions?

North London Hospice
0800 3687848 Option 1

There is a separate leaflet available that offers important information regarding driving (Driving Information Leaflet).

The aim of this leaflet is to help answer some commonly asked questions that people often have when starting to take opioid medications. Please feel free to ask your palliative care profession

What are opioid medications?

Opioids are a group of medications that include morphine and newer alternatives like oxycodone, fentanyl and buprenorphine. Weaker opioids like codeine and tramadol are not specifically discussed in this leaflet, however many of the principles still apply.

Opioid medications come in many different forms including tablets, capsules, liquids and patches. They can come in both fast-acting (immediate release) and long-acting (slow release) forms. You may be given a long-acting opioid (by mouth or as a patch), alongside a

fast-acting opioid (usually a liquid) that you can take as needed for quick relief of breakthrough pain.

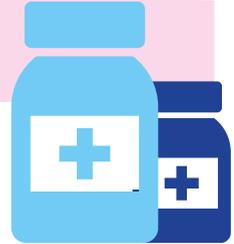
Your palliative care professional will help you to find a plan to best suit you, aiming to find a medicine that works well for you, and to manage any side effects that might occur.

How do I take strong opioids?

Strong opioids can be taken by mouth (tablets, capsules or liquid) or sometimes through the skin (patches). As mentioned above, there are long-acting and fast-acting forms. The long-acting form provides pain control throughout the day, and the fast-acting form helps to quickly get on top of pain that breaks through from time to time. They come in various brand names and not all brands are the same. In some cases you may be asked to keep to the same brand.

Long-acting medications are usually tablets that last for 12 hours at a time, so it is important that you take these tablets every 12 hours in the morning and evening to stay on top of the pain. Sometimes you will have a patch that delivers medicine through the skin. Your healthcare team will give you instructions on how often these need changing.

Fast-acting medications can be liquids or tablets that you take



when you need them. They work quickly and wear off after 3-4 hours.

In the long term there is no maximum dose of these medicines, and your palliative care professional will be able to adjust them to control your pain.

Why are opioids used?

Opioids have proven over time to be one of the most effective ways to relieve moderate to severe pain, especially pain caused by advanced cancer. Experienced clinicians sometimes recommend other uses, including management of shortness of breath.

Outside of palliative care and cancer, opioids are generally recommended only for short-term use, such as after surgery or under the care of a specialist pain team, to ensure the side effects and long-term effects do not outweigh the benefits.

What are the most common side effects from opioids?

Constipation: Feeling that you cannot pass stools regularly, having to strain, or having hard poo is the most common side effect of opioid medications. Laxatives are extremely helpful in treating this, and they work best when taken regularly. Your palliative care professional will suggest starting laxatives at the same time as opioids to avoid constipation.

Sickness (nausea): Some people experience nausea and even vomiting when starting or increasing the dose of an opioid medication. There are medications that can be used to help this, but in most cases the sensation goes away by itself after a few days.

Drowsiness: People sometimes feel a bit sleepy or drowsy when they start taking opioid medications, but this is usually mild and wears off after about a week. Manual tasks that involve operating machinery, driving or using sharp tools should be avoided if your concentration is impaired.

When should I contact a healthcare professional about side effects?

- If you have hallucinations (seeing or hearing things that are not really there).
- If you develop new twitching of the arms or legs.
- If you are worried that you are becoming too sleepy or if you begin to feel confused.
- If you develop breathing difficulties or have impaired consciousness, then seek urgent medical advice or dial 999.

Can I drink alcohol whilst taking opioids?

Alcohol may make you sleepier and should be avoided particularly when a new opioid medication is started, or the dose is increased. Once you are on a stable dose of opioids, you should be able to drink alcohol in small amounts.

Can I drive whilst taking opioids?

If you are started on an opioid medicine, or your dose is changed, you should not drive until you are sure your ability to drive is not impaired. Seek the advice of your palliative care professional or those close to you to help make a judgement. You must be fully alert and capable of performing an emergency stop. Do not drive if you feel drowsy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.

Please see leaflet regarding legal information for driving whilst taking opioids.

What is opioid tolerance?

Most people using opioid medications in palliative care need only low or medium doses of the medication. Occasionally, people who take these medicines over months or years do find they need higher doses of the

medications to treat their pain. Sometimes this is because the pain itself has increased over time, but the body can also become used to the medicines, leading to what is called opioid tolerance.

Some people worry that if they start strong painkillers too early

then the medication may not work in the future. Thankfully, this is not the case and careful changes to doses and medications can be extremely effective if pain worsens at some point.

Should I be worried about addiction/dependence?

Sometimes people worry that they may become addicted to opioids and there has been much media coverage about this. Addiction is a psychological craving or compulsion to take the medicine, for reasons other than treating pain. Addiction is extremely unlikely when medicines are taken as prescribed.

If your pain improves, your clinician may work with you to carefully reduce (or even stop) your medication. Stopping opioid medications too quickly after taking them regularly for some time can lead to withdrawal symptoms (such as feeling generally unwell, being agitated,

or having diarrhoea), so please contact your palliative care professional before making any changes yourself. Do not stop these medications suddenly.

Anyone who has become addicted to any substance in the past (including alcohol) is at higher risk of addiction, so please highlight any history of addiction to your palliative care professional.

Does using opioids mean that I am approaching the end of my life?

People may use strong opioid medications for symptom relief under palliative care at many stages of their illness. This may be ongoing for months or even years, so using opioid medications does not necessarily mean that you are nearing the end of your life. In fact, after starting medications to treat their pain effectively, people often feel more able to do the things that matter to them.



Top Tips

- Take your laxative(s) as prescribed on starting opioids. Your palliative care professional will be able to advise on how to adjust the dose of your laxative medication(s) if your bowel movements either become too loose or frequent or if bowels have not opened after two days.
- Remember to plan in advance with your palliative care professional when going away for a holiday, especially when going abroad. You should take a medical letter with you e.g. discharge or clinic letter, stating the medicines and doses you are prescribed. Ensure you check the laws of the country/countries you are travelling to, because different countries have different rules on the importation and use of opioids.



- Anyone picking up opioid medications from a pharmacy must show proof of their own ID (such as a driving licence).
- Store your medication out of sight and reach of children and pets – Keep them in their original containers in a cool, dry place.
- To dispose of any unwanted medications, always return them to a pharmacy. Do not put them in the bin or flush them away down the sink or toilet.

- Make sure your palliative care professional knows all the medications you are taking, including any over-the-counter medicines, herbal remedies or non-prescribed drugs.
- If you have missed a dose of long-acting (slow-release) medication, don't worry. Simply take one dose of the medicine as usual when it is next due and use fast-acting (immediate release) pain relief as needed in the meantime. Never take two long-acting doses at once. If you have forgotten to change your patch, simply change it as soon as you remember. If these issues are occurring regularly, please tell your palliative care professional.



- Do not suddenly stop your opioid medication. Always speak to your palliative care professional or pharmacist, who will be able to help you change doses safely.
- Always ask for help if you are confused or worried about taking your medication.



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North London Hospice

North London Hospice
47 Woodside Avenue,
London, N12 8TT

Phone: 020 8343 6806

Fax: 020 8343 7672

Email: nh@northlondonhospice.co.uk
www.northlondonhospice.org

Charity No. 285300. Registered Address - 47 Woodside Avenue, London, N12 8TT. Company Reg No: 01654807