What is an opioid?
Opioids are strong pain medications. Some of the more common strong opioid medications are;
- Morphine Sulphate (MST, Oramorph)
- Oxycodone (Oycontin, Oxynorm)
- Buprenorphine (Butrans)
- Tapentadol (Palexia)
- Fentanyl (Durogesic)
- Methadone (Physeptone)

When used in Chronic Pain opioids are available in tablets and capsules, liquid or skin patches.

Why have I been prescribed a strong opioid?
Your doctor or specialist nurse may prescribe you an opioid drug to try and help relieve some of your pain.

Opioid side effects.
It is important to understand the side effects associated with opioids and issues with longer term use. Some of the more common side effects you may experience from opioids are;
- Nausea
- Constipation
- Itching
- Tiredness
- Sweating
- Headache
- Weight gain

Tiredness and nausea often improve once you have become more established on the drug.
If constipation becomes a problem you should increase fibre in your diet and drink more water. If this does not help, please speak to your GP, Pain Consultant or nurse for advice.

Until recently opioids were only used following surgery or injury and in end of life care. It is now recognised that using strong opioids in the longer term can affect our overall health and cause the following problems;
- Problems with hormonal balance, including (but not exclusively) lack of libido, interrupted menstrual cycle and infertility
- Depression
- Reduced immunity
- Increased pain sensitivity (hyperalgesia)

Sometimes high doses of opioids, used over a long time, can cause an increase in pain. This is called Opioid Induced Hyperalgesia. Your doctor will advise you if they think that this applies to you and you may be asked to begin reducing your opioid based drug to see if this problem then improves.
How much benefit can I expect from an opioid drug?
There is no clear cut answer to this as everyone responds differently. Opioid drugs can be very helpful and effective for relieving pain following an injury or surgery. Some patients who have chronic pain (pain that lasts longer than 6 months) find them useful. However, they are often unhelpful for people with chronic pain. It is important to have a realistic idea about how much benefit opioids can provide. If you do find an opioid is helpful for you, then you can expect around a 30% reduction in your pain.

Your doctor or nurse will work with you to gradually increase your dose of the drug to a predefined and safer limit. You will need to follow their advice on how to increase your opioid very carefully. If you are unsure please contact the Specialist Pain Nurses on 0151 556 3686.

You should not take more opioids than your doctor or nurse recommends.

The most important points to consider when starting strong opioids are:

- Is the medicine helping my pain and if so by how much?
- Is the medication allowing me to do more or sleep better due to less pain?
- Are there any side effects? And if so are they acceptable?

Making a note of your pain scores, activity levels and side effects will help us to evaluate your progress. A pain diary has been included at the back of this leaflet.

What will happen if the opioid does not work?
Sometimes despite increasing the dose of your opioids, some people still do not find that their pain has been improved. Sometimes people experience more side effects than benefit.

If this happens your doctor or nurse may be able to suggest an alternative. You will be advised how to slowly reduce the opioid and stop it. After which, some people may find their pain does not change all that much.

Can I become addicted?
Addiction implies a need to repeatedly take a drug for the feeling of pleasure and well-being it gives, even though it is causing harm. This is very different from taking a medicine which helps your pain and allows you to have a more active life. However, your body can develop a physical dependency whilst taking opioid drugs regularly and therefore you may find your body will tell you when you are getting near to your next dose. Some people can experience agitation, hot sweats, shaking or cramps if a dose of their opioid drug is missed or very late. These are all signs that your body has become very accustomed to the drug and has developed a physical dependency. In addition to this, you may find the drug is no longer as effective as it used to be, therefore you might find that the dose has greatly increased over time. If you feel this applies to you please discuss your concerns with your pain consultant or pain nurse, who will be able to advise you.

Storing opioids
It is important that only you take the opioids prescribed for your pain. All medicines should be stored safely away from children. Because opioids can be abused by other people, you should ensure nobody else is able to take your opioids.
Going to work
After you have reached the dose of opioids which is right for you, you should be able to work normally and do jobs around the house. However, when you are building up the dose or changing to a different opioid, you may not be able to do these jobs normally because the opioids may make you tired and affect your judgement until you get used to them. If your job involves caring for adults or children, driving or operating machinery you should be very careful at first, until you feel your body has adjusted to the change. You may need to take some time away from work until your dose has stabilised.

Can I drive whilst taking an opioid drug?
Opioids may slow down and impair your ability to react to a situation when driving. However, people who take the same amount of opioids every day for pain, whilst following a doctor or nurse’s prescription, are usually fit to drive.

A new drug-driving law came into effect in March 2015. The new law makes it an offence to drive while over specified limits and includes opioid drugs used for pain relief. However, the specified limit allows for the normal recommended doses that most patients would be prescribed. Patients who take their medicines as prescribed should therefore not be affected by this legislation, provided the medicine does not affect their driving. If in doubt your pharmacist, consultant, GP or specialist nurse will be able to advise you.

Further information can be found at www.gov.uk/drug-driving-law

The following is advisable for patients who drive and also take opioid drugs;

- If taking opioids makes you drowsy, dizzy or unable to concentrate then you should not drive.
- Whilst you are building up your amounts of opioids with the help of your doctor or nurse you should not drive.
- If you take opioids for a long time and drink any alcohol at all, you must not drive until the effect of the alcohol has worn off.
- Although your doctor can give you advice about driving, you are responsible for your fitness to drive.
- You should inform your insurance company if you are taking opioid drugs.

If you are concerned about your fitness or ability to drive, you should NOT drive.

Stopping the opioids
If you wish to try to stop your opioid drugs or to reduce the amount you take, then you must first discuss this with your consultant, specialist nurse or GP. They will advise you how to gradually reduce your dose to avoid severe withdrawal symptoms. If you reduce the dose too quickly then you can develop withdrawal symptoms. Stopping medication could cause an increase in your pain levels.

Any unused opioid medications should be returned to your pharmacist as soon as possible.

Further questions?
Should you have further questions regarding your opioid drugs, please do not hesitate to contact the specialist nursing team;

Specialist Pain Nurses 0151 556 3686
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<th>Date and Time</th>
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