

Safe storage

Your medication should be stored in the original container and **MUST** be kept in a safe place out of the reach of children. Return any unused medication to a pharmacy.

Frequently asked questions

Q. What to do if I miss a dose of modified release opioid?

A. Take a dose as soon as you remember. Do not take a double dose for the missed one. If you vomit the medication, repeat the dose once you feel better.

Q. Is it safe to drink alcohol while taking opioid medicines?

A. The combination of strong opioids and alcohol may make you feel sleepy or drunk sooner than usual so it is sensible to drink much less than you are used to until you know what effect it has on you.

Q. Does taking opioid medicines mean I am at the end of my life?

A. No. The right time to start strong opioids is the time when you have pain bad enough to need them. This is not affected by how long you are going to live for. You will be able to continue to take these medicines for as long as they are needed.

Q. Will I need increasing doses to control my pain?

A. Sometimes it is necessary to steadily increase the dose of pain medicines, particularly when starting, in order to get the correct dose for you. Further increases in dose may be needed if the pain gets worse. The effects of strong opioids do not wear off over time.

Q. Do strong opioids work for all pain?

A. No. These are very good pain medicines but they do not work for all pain. Sometimes you

will need to take other pain relief treatments suggested by your doctor or nurse, either with or instead of a strong opioid.

Q. What about driving?

A. Taking strong opioids does not automatically mean that you cannot drive. You should discuss with your doctor, use common sense and re-assess this following any medication changes.

If you and your doctor decide you can drive remember to avoid driving:

- after starting / changing the dose of medication
- if you feel drowsy or unwell
- after taking an immediate release opioid
- if you are in pain.
- Try to avoid driving long distances, in the dark and bad driving conditions.

If you or your doctor are concerned that your ability to drive is affected by your illness / treatment then you should inform the DVLA and your insurance company. Please read the DVLA leaflet as the law changed in March 2015 www.gov.uk/drug-driving-law

DO NOT DRINK ALCOHOL AND DRIVE WHILST USING THIS MEDICATION

Contact details

People to contact if you have any problems or concerns about your medication:

Your GP

NHS 111 - 'Out of Hours' service for urgent medical help or advice

Your Community Palliative Care Nurse Specialist

St Margaret's Hospice 24 hours advice line

0845 070 8910

This leaflet has been produced by NHS Somerset, St Margaret's Hospice, Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust working in partnership.
Based on the Northern Devon Healthcare NHS Trust leaflet – Oral Morphine for Palliative Care 2012

N Montacute/Jul17/review Jul20

Strong Opioids for Palliative Care Patients

Palliative Care

Strong opioids for palliative care patients

This information is for patients who are prescribed strong opioid medications, for example, Morphine, Oxycodone and Fentanyl.

What are 'strong opioids'?

Strong opioids are powerful medicines used to control pain that has not been controlled by weaker pain medicines. This can occur after operations and for illnesses such as cancer. They can also reduce the feeling of breathlessness in patients with severe lung problems.

Types of strong opioids

Most patients are prescribed a 'Modified Release' medication, for example, Zomorph, which keeps the pain under control, and an 'Immediate Release' medication such as Oramorph, to be used when pain occurs.

Modified Release (MR) opioids

These are 'long acting' opioids which come in a variety of strengths and forms. MR medication is released slowly for pain relief throughout the day and night. Each oral dose lasts for twelve hours. Therefore, you should take MR Morphine and Oxycodone every 12 hours to keep a stable level of medicine in your body, for example at 8am and 8pm.

It is not suitable for any "breakthrough" (sudden/extra) pain between these doses because it is too slow to start working and to wear off.

Fentanyl patches are another type of long acting strong opioid (see information leaflet: 'Use of Fentanyl Patches').

Immediate Release (IR) opioids

These are 'fast acting' opioids suitable for 'breakthrough' pain because they act quickly. Most take 30-60 minutes to work and are usually effective for about four hours. If the medication

has not worked after one hour, a second dose can be taken.

If you find you need more than 2-3 extra doses each day, tell your doctor or nurse as it may be necessary to increase the MR opioid.

You may be prescribed IR opioids at regular intervals throughout the day when you first start strong opioids. This will help the doctor or nurse assess the dose of MR opioid you need.

Other fast acting opioids include Sevredol tablets and Oxycodone IR. For example, Oxynorm liquid or tablets.

How will you choose which drug I take?

Most patients will be given Morphine as their strong opioid pain medicine. Some patients may be prescribed Oxycodone and Fentanyl as alternatives depending on individual circumstances and their response to treatment. We may offer your Paracetamol or something similar in addition to a strong opioid to achieve the best control of your pain.

Monitoring

A nurse or doctor will keep you under review to monitor your pain, your response to medication and any side effects. This means we can adjust your dose accordingly. It may help to keep a record of any extra doses to guide your nurse or doctor regarding changes in dose or medication.

Repeat prescriptions

Please make sure you order repeat prescriptions from your GP in good time. DO NOT RUN OUT. Remember to re-order if the dose and/or tablet strength change at any time.

Possible side effects

Constipation

Almost everyone will have constipation when taking Morphine or Oxycodone. You MUST take a prescribed laxative regularly to prevent this. Drinking plenty of fluids and eating fruit and vegetables can also help.

Nausea and vomiting

Some people taking opioid medicines for the first time, or after an increase in dose, can feel sick and may vomit. This usually settles within a few days. Try taking them with food or ask your doctor to prescribe an anti-sickness medication.

Drowsiness

People can feel drowsy or sleepy for a few days after starting opioid medication or following an increase in dose. For most people this quickly wears off. If it affects you, you should be careful not to drive or operate dangerous machinery until the drowsiness passes.

Precautions

If you have any of the following symptoms you MUST tell your doctor or specialist palliative care nurse as soon as possible:

- Feeling more sleepy than usual
- Feeling sick most of the time
- Restlessness or jumpiness
- Bad dreams / hallucinations
- Confusion

We may need to reduce the dose of your medication, or require you to have a blood test or take other treatments for your pain. Do not stop taking opioid medicines suddenly as this will also lead to side effects. Please see the 'Use of Fentanyl Patches' information leaflet for other precautions to take with Fentanyl).

Without a strong opioid, it may be difficult to control your pain. Uncontrolled pain can have a negative impact on your whole life by affecting your emotions, mood and relationships. Good pain control makes you more able to do things and can improve the quality of your life.

Taken correctly, there is no evidence that using strong opioid medicines shortens your life or causes addiction.