Saint Francis Hospice

Caring for you

# Opioids for palliative care

## What are the aims of this leaflet?

Your nurse or your doctor feels that you would benefit from being on an opioid. This leaflet has been given to help you understand opioids. It outlines what opioids are and how they are tailored to improve your pain or breathlessness. It also outlines the side effects to look out for and answers some common concerns/questions about them.

## What are opioid medicines?

Opioids are medicines either developed from the opium poppy or chemically related to medicines made from the opium poppy.

## What are opioids used for?

They are used to manage pain and breathlessness caused by cancer and many other conditions when standard treatments have not been helpful.

## What you need to know when collecting a prescription for an opioid

When collecting an opioid medication from a pharmacy, the person collecting must be over 18 and must provide identification. This is because opioids are Controlled Drugs, so that the pharmacist needs to ensure extra safeguards when dispensing them.

## What will be prescribed?

**Morphine** is the most commonly prescribed opioid. It has been subject to much research over many, many years. It has shown itself to be very effective for pain related to cancer and other advanced, progressive conditions. Morphine has also been shown to help breathlessness in advanced disease. **There are other opioids**, which work very similarly (see page 4), but we will use morphine as an example of what opioid preparations there are, how they are first prescribed/how to start them, and how they are tailored to individual need for managing pain or breathlessness.

## Morphine preparations: what might you be prescribed?

You might be prescribed oral tablets, capsules, a liquid preparation, an injection or an infusion.

## Oral preparations: different forms doing different things

- An immediate release (short acting) form of morphine – usually in the form of a liquid. These work quickly. They wear off after about 4 hours. Tablets can be used instead for people who don't like the taste or can't manage measuring out the liquid
- A sustained release (long acting) form. These come in tablet form, also in capsule form. They are designed to last for a good few hours. The usual preparations last about 12 hours, so that they are perfect for twice a day use. The capsule preparation called 'Zomorph' can be opened and dissolved, if tablets are unmanageable.

## Starting oral opioid treatment

Oral morphine is started in one of three ways:

- Immediate release morphine is prescribed, with the advice to take just when there is pain. Usually someone is already taking something regularly – such as paracetamol. So that we call this using morphine as a top up pain killer, for breakthrough pain

**or**

- Immediate release morphine is prescribed with advice to take regularly, every four hours. Usually someone is in a lot of pain, and clearly needing something stronger, regularly. They are also able to take extra doses for 'breakthrough pain', if the pain is too strong, between the regular doses. The prescribing nurse or doctor will advise as to how many extra doses can be taken safely

**or**

- Sustained release morphine tablet(s) or capsule(s) is/are prescribed, usually for twice a day use; a dose in the morning and another dose at night, 12 hours apart, e.g. at 8am and again at 8pm
- An immediate release morphine preparation will also be prescribed, to enable a top up dose to be taken if there is breakthrough pain. The prescribing nurse or doctor will advise as to how many extra doses of immediate release morphine can be taken safely. The immediate release dose will be smaller than the sustained release dose.

Of note: very occasionally a 24 hour sustained release preparation is used, so ALWAYS check the medicine packet. The manufacturer will have written the usual dosing schedule. If any doubts about what to take and how often do seek advice from your nurse or your doctor.

## Injectable morphine preparations

Prescribers will often supply a small supply of injectable morphine, either to have at home, or on your medicine chart in hospital/in the hospice, so that if you are in pain and unable to manage oral medicines you can have an injection. This is described as prescribing 'just in case'. The prescriber will usually also supply a small number of ampoules of anti-sickness medication, anti-secretory medicine and anti-restlessness medication, in case of need.

'Just in case' injectable medicine is something a trained nurse would give. Neither you nor your family/friends would be expected to give a 'just in case' injection.

There will be times when oral morphine is not manageable, because of nausea, vomiting or swallowing difficulties. Morphine can be prescribed/given as a continuous subcutaneous (under the skin) infusion, using a pump called a syringe driver. This can be done in any setting – at home, in a care home, in a hospital or in a hospice. The purpose is to ensure continued pain relief. Other medications, such as anti-sickness medication, can also be infused, with aim for best symptom control.

## Increasing opioids to control pain or breathlessness

You will always be started on a low dose of morphine, as everyone is different and no one will know how much you will need to manage your pain or breathlessness. Some people need a little and the start dose is perfect, but usually the dose needs to be adjusted until you reach the dose that makes the symptom manageable. Your nurse or doctor will advise and support you with what to take until the right dose is found, and once there, will help you settle on the easiest preparation – usually a sustained release preparation, to be taken regularly, twice a day. They will help to organise a regular prescription for on-going comfort.

The dose will need adjusting from time to time, so that if you become uncomfortable again, please do contact your nurse or doctor.

## What if morphine does not suit me?

Some people do not 'suit' morphine. They get unmanageable side effects, or even toxicity symptoms. If you have side effects or develop symptoms that worry you, or if you get symptoms like the toxicity symptoms described on the next page, contact your nurse or doctor for advice. They need to know about your new symptoms and will help you manage side effects. They will identify if the symptoms need investigating or indicate toxicity. If symptoms are severe, particularly toxicity symptoms, they need urgent treatment. You may be advised that morphine does not suit you and that you need a switch to a different opioid.

## Other strong opioid medicines

Here is a list of some other common strong opioids, used if morphine does not suit.

**Oxycodone.** This opioid comes in oral immediate release and sustained release forms, also in injectable forms, like morphine.

**Fentanyl** and **Buprenorphine**. These two opioids come in the form of sustained release patches. The fentanyl or the buprenorphine patch is placed on the skin and the medication in it slowly absorbs through the skin and into the body to give a steady level of pain relief. The patch will need changing regularly, but much less often than sustained release tablets. Some patches are designed to last for three days, some for four and some for seven days, depending on the preparation and the strength. Patch preparations are a good choice for controlling steady pain.

**Fentanyl tablets and lozenges**. These are very short acting preparations. The medication needs to dissolve through the gum or under the tongue. As these preparations are so short acting they can only be used to control short, sudden bursts of breakthrough pain.

**Injectable morphine, oxycodone, also alfentanil (a form of fentanyl) and diamorphine.** Any of these opioids can be used in an infusion for people who cannot manage oral medication.

## Common side effects

### Constipation

Constipation means either opening the bowels less often than you normally do, or passing hard or painful stools. It is a common side effect of all opioids and it is likely to continue for as long as they are taken. Constipation occurs because opioid medicines slow down the natural movement of the bowel (gut). More than 90% of people who take opioid medicine will quickly develop constipation unless they take a regular laxative to help their bowel move more effectively.

Your nurse or your doctor will advise on a laxative for you, and should ensure that one is prescribed when you start taking an opioid.

Regular exercise helps, also dietary changes, especially drinking plenty of water and eating foods with lots of fibre in them, such as wholemeal breads, cereals, nuts and dried fruit.

### Dizziness, feeling sick (nausea), being sick (vomiting)

These side effects are common when people start opioids, but they usually settle after a few days. Your nurse or your doctor can give you anti-sickness tablets, which should greatly help nausea and may help dizziness.

Contact your nurse or your doctor or nurse specialist if any of the above symptoms are prominent, or if they persist.

### Concentration impaired

This is common when opioids are started or are increased so you should avoid manual tasks that involve heavy machinery during this time. For this reason you must also avoid driving when you are starting or increasing an opioid. Concentration usually improves after a few days.

See overleaf for special information about driving whilst taking opioids.

## Symptoms to be worried about: 'toxicity symptoms'

If you develop intense drowsiness or hallucinations (seeing or hearing things that are not there) please contact a healthcare professional for example, your nurse, doctor or nurse specialist, as your body may not be tolerating the opioid. These symptoms may indicate a level of opioid toxicity. Opioid toxicity happens when you have too much opioid medication in your body. It can lead to very serious problems: difficulty in breathing, unconsciousness. If someone is unexpectedly un-rouseable or very drowsy, with a purple or blue colour to lips and finger nails, you need to seek medical advice immediately. Contact your nurse or doctor for advice or call 111. In an emergency ring 999.

## Can I become resistant to opioids?

Resistance does not happen when an opioid is used appropriately to treat pain or breathlessness in advanced illness. Once you are on the correct dose of opioid for your pain you may stabilise for a long time. Some people do find that the pain gets worse and they do need to increase the dose, others

find that the pain gets better and that they can gradually reduce the dose of opioid, even stop taking it. What you need will depend on your condition, and is very individual.

If your pain begins to worsen, or if you are keen to try to reduce your opioid, do seek advice and support from your nurse or your doctor.

### Will I become addicted to my opioid medicine?

If opioids are used correctly for pain control or breathlessness in advanced or progressive illness, addiction does not occur. Opioids are used much more cautiously in chronic pain management as the risk of addiction/dependency is much higher.

If worried do discuss with your nurse or your doctor.

### Will opioids always relieve my pain?

Although opioids are good pain killers, they do not work for all types of pain. You may need other drugs, either in combination with your opioid or as an alternative if the opioid is not completely effective or gives you troublesome side effects. Sometimes one opioid does not work well or gives troublesome side effects but another works very well so that your nurse or your doctor may advise a move from one opioid to another.

**If worried/in pain or noticing new side effects do discuss with your nurse or doctor.**

### Can I stop taking opioids suddenly?

No. If you are comfortable and feel that you no longer need your opioid, you should ask your nurse or your doctor how to reduce your medicines gradually. It is important NOT to stop taking opioids suddenly as this can cause withdrawal symptoms.

### Can I drive if I am on opioids?

The law in the UK allows you to drive when you are taking opioid medicines as prescribed by your doctor, BUT:

- 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). Do not drive for five days after starting or changing a dose of strong opioid
- If after five days you are not feeling drowsy you may start driving. Make your first trip short, using roads that you are familiar with and at a time when the traffic is not too busy. You may find it helpful to have an experienced driver to accompany you in case you are unable to complete the journey. Do not drive if you feel sleepy
- Use your judgement: do you think you can do an emergency stop and step heavily on the brakes of your car if suddenly required?

The ability to drive may also be affected by other medicines you are taking, by pain, or by tiredness. You are responsible for making sure you are safe. If your driving is impaired it is illegal to drive.

To ensure that you are covered by your car insurance you will need to tell your insurer of any serious illnesses and medicines that you are taking. Failure to do so may mean you are not covered. If in any doubt it is best to discuss this with your insurer.

If a person is on more than 220mg of morphine a day (or other opioid equivalent) they are likely to have a blood level of the medicine which impairs them nearly as much as someone who is over the legal limit of alcohol. All doses have the power to impair but if you are taking a high dose of opioid your prescriber will advise you that you are probably not safe to drive and will document this in your medical notes.

You should keep some evidence with you when driving to show that you are taking your medicine as prescribed or supplied by your nurse or your doctor. Examples of evidence are your repeat prescription slip or a recent hospital/ hospice letter that has information about your medicine.

General advice is available from the DVLA website: www.dft.gov.uk/dvla/ medical/aag.aspx For more information on drugs and driving, please visit: www.gov.uk/drug-driving-law.

### Is it safe to drink alcohol when I am taking opioids?

You may drink a small amount (1-2 units per day), but you may find that alcohol makes you more sleepy and some people find it has a stronger effect on them. Since the effects of alcohol may be enhanced by opioids you should not drink any alcohol if you are planning to drive.

### How should I store my opioid medication?

You should store opioids safely, in a cool, dark place. Make sure they are well out of reach of children, vulnerable adults and pets. Please be mindful of medicines' expiry dates.

### How do I dispose of opioid medication that is no longer required?

Please take them to your local pharmacy for safe disposal.

### Any other questions or concerns?

Please do discuss any other questions or concerns with your nurse, doctor, or pharmacist, or a member of the Specialist Community and Crisis Support Service at Saint Francis Hospice.

### Useful websites

The British Pain Society www.britishpainsociety.org/index.html Information on many medicines can be found from the following website: www.patient.co.uk

This leaflet has been written in accordance with the recommendations from the National Institute of Clinical Excellence (NICE). www.nice.org.uk/cg140

## About Saint Francis Hospice

Saint Francis Hospice provides care 24 hours a day, 7 days a week to local people affected by life-limiting illnesses. As a registered charity, we rely on the financial support of our community to keep providing world class care free of charge to individuals and their families. Every year, we provide treatment, care and support to more than 4,000 local people affected by a life-limiting illness.

## Confidentiality

At Saint Francis Hospice we are committed to upholding your rights to confidentiality and protecting your privacy. We will treat your information with respect. Keep it secure and comply with the requirements of the Data Protection Act 2018 including GDPR. Our privacy notice is available on request or by visiting our website www.sfh.org.uk

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