

Information for Adult Patients who are Prescribed

Slow Release Opioids

- **Morphine (Zomorph/MST)**
- **Oxycodone (Longtec, Oxycontin)**
- **Tapentadol (Palexia)**

For the Treatment of Pain



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This information is not intended to replace your doctor's advice. We advise you to read the manufacturer's information for patients, which your pharmacist will supply with your medicine. Please keep all medicines away from children, vulnerable adults or pets.

What are opioids?

Opioids are medications that are related to morphine. These include: morphine, oxycodone, tapentadol, fentanyl, buprenorphine, methadone and heroin. This group of medicines are also called opiates or narcotics.

This leaflet is specifically for the slow release (sometimes called controlled release) opioid preparations of morphine, oxycodone and tapentadol.

How do they work?

Opioids provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals.

What can I expect?

It is rarely possible to help long-term pain completely by using opioids alone. In trials, most medicines for long-term pain provide on average a 30 % reduction in pain. Some pains do not seem to respond to any painkilling medicines.

This is because long-term pain arises through many different mechanisms and most medicines only work for one of these mechanisms. You can also get used to them, so that you need more and more to have the same effect. This is called building up tolerance. However, we know that high doses of opioid medicines taken for long periods are unlikely to give better pain relief and can have a number of problematic side effects.

The aim of treatment is to reduce your pain enough to help you get on with your life. Medicines work best if you combine them with other ways of managing symptoms, such as regular activity and exercise and doing things that are satisfying or enjoyable, such as work or study, and social activities.

Setting goals to help improve your life is an important way to see if these medicines are helping. You should discuss, with your doctor, what you expect from the treatment

About slow release opioid medications

The painkiller in slow release opioids releases itself slowly into your body over 12 hours. This means you should be able to maintain a reduction in your pain over a 12 hour period.

It is unusual to get complete pain relief from opioids. Your healthcare team will find the best way to manage your pain and adjust the dose to give you pain relief most of the time. They'll also try to minimise the side effects.

If you feel the dose isn't enough, or if the side effects interfere with your life, you should discuss this with your healthcare team.

Do not change your dose without discussing it with them first.

When should I take my slow release opioid medications?

You should take the prescribed dose every 12 hours. Try to take your medication at the same time every day, for example 8am and 8pm. If you miss a dose, but remember within 4 hours of the time your medicine was due, take it straight away. You can then take your next dose at your normal time.

If you are more than 4 hours late, do not take the missed dose.

Do not take 2 doses at the one time to make up for your missed one (i.e. - take your morning and evening dose at the same time).

How do I take these medications?

You should swallow the tablets whole with a glass of water. Do not crush or chew them.

What are the possible side effects?

Short Term Side Effects	Long Term Side Effects
Dizziness	Tolerance
Nausea and vomiting	Withdrawal
Sleepiness	Weight gain
Confusion	Reduced fertility
Itching	Erectile dysfunction
	Increased levels of pain
	Depression
	Breathing difficulty (see below)
	Dependence
	Addiction
	Lack of sex drive
	Irregular periods
	Reduced immunity
	Osteoporosis
	Constipation

When you first start taking opioids you can get some short-term side effects, which usually stop after a few days. If these side effects last more than a few days, your GP may prescribe some other medicines to help, such as anti-sickness tablets. Constipation is a common side effect, which is unlikely to stop after a few days. You may need to try a laxative to treat the constipation.

Recent medical evidence suggests that the long-term risks to your health increase significantly when prescribed opioids at high doses for a long period of time. They can have a number of long-term side effects that can affect your body in a number of ways.

If you are overweight and snore heavily, opioids can make breathing difficult at night. If you have a condition called Obstructive Sleep Apnoea, it may not be safe for you to take opioids.

Tolerance means that you get decreasing pain relief with time. This means that your body has become used to the pain-relieving effect of the medicine.

You can also become dependant on your opioid medication, in that you need to take the medicine to feel 'normal'. This means that if you stop taking the medication suddenly, or lower the dose too quickly, you can get symptoms of withdrawal. Withdrawal symptoms include: tiredness, sweating, runny nose, stomach cramps, diarrhoea, aching muscles and increased pain. If you run out of medicine, you can experience the same symptoms.

It can be very difficult to know whether or not an opioid is actually relieving your pain, particularly when it is a slow release opioid, as the pain relief it provides is often gradual. Some people conclude that, because they feel unwell if they miss a couple of doses or when they stop taking these medicines suddenly, that the medicine must have been working. However, because these medications can cause dependence, it may be that they are simply experiencing withdrawal. If you want to stop taking any medicines that you currently are taking, please see the section below on stopping taking medication.

If you are worried about any of these problems, please discuss these with your health care team. Your team will be able to tell you whether you are at risk of developing these problems.

Can I take this medication long term?

While opioids can have a positive benefit for some people with long-term pain, they can have serious side effects when they are not providing adequate pain relief or if not taken as prescribed. It is important to consider the risks and benefits of continued opioid therapy with your prescriber on a regular basis. If this does not happen ask your GP.

If you want to try reducing your dose, you should discuss this with your doctor and bring the dose down slowly.

Many people find that after a few months they can reduce their opioid dose without the pain increasing. Many individuals are able to gradually reduce their opioid dose and find that their pain is no worse. As you experience fewer side effects, your quality and enjoyment of life can improve. All of this contributes to greater physical fitness.

What about addiction?

We do not know exactly how many people get addicted when they are taking opioids for pain relief. People who are addicted to opioids can:

- Feel out of control about how much medicine they take or how often they take it.
- Crave the drug.
- Continue to take the drug even when it has a negative effect on their physical and, or mental health, social and work life.

It is more common if you have been addicted to opioids (including heroin) or to other drugs or alcohol before. Addiction may be more common in people with severe depression or anxiety. This does not mean that if you have had an addiction problem before, or you are very depressed and anxious you will become addicted.

It only means that you are more likely to become addicted than someone who has not had these problems and therefore for your own safety it is essential that you highlight this to your GP or Pain Specialist.

What about work and activity?

Once you are on a regular, steady dose, you should be able to live a normal life. If your medication makes you feel unsafe at work or at home, you should let your employer and your family know. You need to speak to your health care team if your medication is causing you to have problems with normal activity.

Can I drive if I am on opioids?

The law in Scotland allows you to drive if you are taking prescribed opioid medicines in accordance with the instructions from your doctor (including what they advise you about driving safely). However, tiredness, your pain and other medicines you are taking in addition to opioids may affect your ability to drive.

- **You should never drive if you feel unsafe or your ability has been impaired.**
- **You are responsible for making sure you are safe on each time you drive.**
- **It remains an offence to drive while impaired by your medications.**

The law on drugs and driving in England and Wales changed in 2015. This will affect anyone crossing the border. If your driving is impaired for any reason, including taking medicines, it is illegal to drive. It is also now illegal to drive when you are taking opioid medicines without them being prescribed, **even if you are not impaired.**

If a person is taking more than 220mg of morphine a day 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 opioid medicines have the potential to impair driving and your doctor will advise whether the dose of opioid you are taking is likely to impair you. If you are taking a high dose of opioid your doctor will advise you that you are probably not safe to drive and will document this in your medical notes.

Can I drink alcohol?

Alcohol and opioids together cause sleepiness and poor concentration. You should **avoid alcohol completely** when you first start taking your opioid medication or when you increase your dose. You should also avoid alcohol if you are going to drive or operate machinery.

Once you are on a stable dose of opioid, you should be able to drink modest amounts of alcohol, but only if the drowsiness has stopped. You must also take care with alcohol if you are also prescribed other medications that can cause sleepiness and poor concentration.

What if I am pregnant?

If you become pregnant while you are taking opioids, you should talk to your midwife or doctor. **You should not suddenly stop taking the opioids.**

Opioids may affect your unborn child, such as causing it to have breathing difficulties at birth or symptoms of withdrawal (please see above). These symptoms can vary from baby to baby. Your baby may need specialist help, usually only for a short time.

What if I am planning a family?

If you are taking opioids, you need to talk to your doctor before planning pregnancy. In some cases, you may need to stop taking your opioid medications. In others, you can continue under medical supervision.

Will I need opioids forever?

Some people take opioids for many years. While opioids can have a positive benefit for some people with long-term pain, they can have serious side effects. You therefore should consider stopping taking them if they are not providing adequate pain relief.

What should I tell the doctor?

- Your medical history
- Other medications or herbal medicines.
- Medicines you buy at the supermarket or chemist.
- If you have any allergies to any medicines.
- If you are pregnant or breast feeding, or if you are planning to become pregnant in the future.
- If you have a kidney problem.
- Your drinking and smoking habits.
- If you have, or have had, a history of excessive alcohol use, recreational drug use, addiction to prescribed medication, over-the-counter medication or heroin or any other illegal drugs.

This information will not affect your treatment but will help the team treat you safely and effectively.

Stopping Medications

If your GP, Community Pharmacist or NHS 24 decide that you should stop taking this medicine, do not suddenly stop taking it. You should gradually reduce the dose.

If you stop this medication suddenly you may experience withdrawal symptoms. These symptoms are more likely to occur if people have been on this medicine for more than a few months.

If you want to try reducing your dose, you should discuss this with your doctor and bring the dose down slowly.

Remember!

- **Don't run out of medicine.**
- **Ask for a repeat prescription before your medicine is finished.**
- **If you have any questions about this medicine please contact your GP or community pharmacist.**

For more information about managing chronic pain, please see www.paindata.org

Much of the information in this document has been reproduced from the Faculty of Pain Medicine's web-based resource "Opioids Aware" which can be accessed here: <http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>.

Opioids Aware has been developed by UK healthcare professionals and policymakers.