

If you need to take some when you go out, it is particularly important to take extra care of the medicine and to keep it out of sight.

NB: Injectables need to be kept in the fridge

**Q) Will I be able to drive while I'm being treated with opioids?**

A) This depends upon the patient after discussion with the doctor/nurse. Taking opioids doesn't disqualify you from driving unless it affects your reaction time and overall alertness. Many medications have the potential to adversely affect driving skills. The following precautions are suggested if you are considering driving:

- Talk to your doctor/nurse
- Go out with a friend or relative
- Pick a quiet part of the day with good light and road conditions
- Try driving for short periods of time - 10-15 minutes on a quiet road

Provided both you and your companion are satisfied with your overall driving ability, it should be safe to drive for short periods. IF in any doubt about your capabilities play it safe and don't drive. The final decision and responsibility must rest with you after discussion with your doctor/nurse.

**Q) Are opioids safe for people with asthma or other respiratory disorders?**

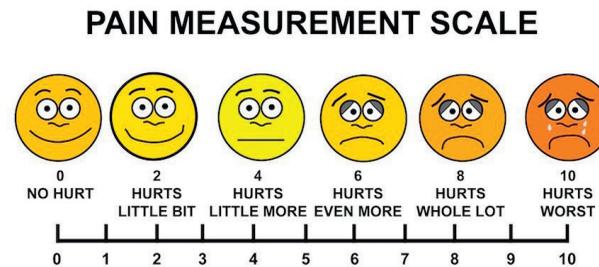
A) Yes, opioids can be given quite safely to people with asthma and other respiratory disorders. However, it is important to remind your doctor about any respiratory disorders or any other medical condition you might have so this can be taken into account.

**Q) Do opioids mix with other medications or alternative remedies?**

A) Yes, opioids can be taken together with all the commonly prescribed medicines. It is a good idea to take all your medicines when going to see your doctor/nurse - just to check. Often it may be possible for him/her to reduce some medicines if you are on several different sorts. Always inform your doctor/nurse if you are taking any form of alternative remedy as this can alter the action of the opioid.

**Q) What if opioids don't control my pain?**

A) The usual answer is that the dose needs to be increased. If problems still occur then seek further advice. Pain can almost always be well controlled.



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# OPIOIDS

## Q&A



**A GUIDE FOR PATIENTS  
& THEIR FAMILIES**



## OPIOIDS

(morphine, fentanyl, oxycodone, methadone)

## QUESTIONS AND ANSWERS

It is common for people who have a life limiting illness to be put on to opioids at some stage for pain control. This may lead to a certain amount of anxiety, as it may raise many different questions.

This brochure has been designed to answer many such questions and also dispel some of the myths and fears associated with opioids.

### Q) Why is it necessary for me to take opioids?

A) Severe pain requires strong pain relief to control it. Opioids are analgesics (pain relievers). They are routinely used for this purpose when other lesser strength pain relievers are no longer effective.

### Q) How do opioids work?

A) Opioids simply interrupt pain signals going to the brain. This removes any sensation of pain that a patient would otherwise experience.

### Q) Will I get addicted if I am put on opioids?

A) When used for the relief of pain, addiction does not occur. It is only when opioids are abused and there is no genuine pain that addiction will develop.

It is often possible for patients to have the dose reduced, or be able to stop the opioids entirely if other forms of treatment, such as radiotherapy, are able to control the pain.

### Q) Will my body need more and more opioids over time?

A) This really depends on the individual person. Many people can remain on the same dose of opioids for long periods. Other people will need to have the dose of opioids adjusted both upwards and downwards.

The important point is that you take opioids regularly and in sufficient amounts to control your pain.

### Q) If I'm on opioids won't I become sleepy and disinterested in life?

A) If drowsiness does occur it is usually only for the first couple of days after starting therapy or after increasing the dose. Following that, most people are as bright and alert as normal.

Should you continue to feel drowsy, consult your doctor/nurse. Your doctor/nurse may be able to prevent his happening and may also discover another cause for your drowsiness.

### Q) Do opioids have any side effects?

A) Yes, but they are often minor and easily controlled.

**Constipation:** Most patients, especially those who are relatively immobile have constipation on opioids. This may be controlled in some patients by adjusting the diet (increased fruit, fibre, bran) but others may require laxatives. Try to prevent constipation becoming a problem – your doctor can help.

**Nausea:** Some patients feel nauseated for 1-2 days after starting or increasing the dose. This will usually settle. If not, ask your doctor's advice.

### Q) How much will opioids limit my lifestyle?

A) Pain places the greatest limit on a person's enjoyment of life. Because opioids are given to control pain it will actually improve your lifestyle. With the pain under control, you will find many activities much easier than they had been before. In fact, most people on opioids find they can enjoy their day-to-day activities.

### Q) Do opioids mean the end is near?

A) No, the fact that a person has been put on to opioids says nothing about how long they will live. Some people on opioids can live for long periods of time – often years. The role of opioids is to control pain. Opioids do not lengthen anyone's life expectancy, nor do they shorten it.

### Q) What form do opioids come in?

A) Opioids come in Oral and Injection form.

**1.Oral:** Most people only require oral opioids (that is, by mouth). Oral comes in three forms.

a) **Immediate Release Opioid Tablets:** These are quick acting tablets (sevredol, oxynorm) that control pain for up to 4 hours. They are commonly used to determine the initial dose of the opioid required. It is also used for breakthrough pain ("Top Up") while on long acting opioids.

b) **Opioid Elixir (Liquid form):** This controls pain for up to 4 hours. It is commonly used to determine the initial dose of long acting opioids. It is also used for breakthrough pain while taking long acting opioids and for breathlessness.

c) **Long Acting Opioid Tablets:** These are slow release tablets (known as m-eslon, oxycontin, methadone) and are usually taken twice a day - once in the morning and once at night. It is important to remember with the long acting tablets:

- Never break in half or grind them up, as this upsets the release of the drug into the body.
- They have been designed to be taken as a regular twice-a-day dose in order to keep the pain under proper control. However in some cases it may be prescribed three times a day.
- For outbreaks of pain occurring between one dose of long acting opioid tablets and the next, immediate release opioid is more appropriate. Take the prescribed dose of the immediate release opioid to control this "breakthrough pain" and at the same time keep to your daily routine of taking the long acting opioid tablets, once in the morning and once at night.

Regular amounts of immediate release opioids in addition to the long acting tablets may be required. This means the dose of long acting tablets required to prevent pain needs increasing. The most sensible approach is to take your long acting opioid tablets regularly as prescribed. The immediate release opioid should only be required occasionally. Keep a record of drugs taken as it will help guide appropriate dosing of medication.

**2. Syringe Drivers:** Opioids and other medications are administered under the skin via a tiny plastic tube, which is attached to a syringe. The syringe fits into a device called a syringe driver. The syringe driver can either be worn in a holster, which is then often strapped to your shoulder, or it can be placed to one side as you are sitting or lying down. The syringe driver has its own automatic drive and will deliver a set amount of medication over every 24 hours.

### Q) Should I record the dose of opioids I take?

A) Yes, this is very helpful for any doctor/nurse reviewing the amount of pain relief you require. It is particularly important when you are using the long acting opioid tablets to record any additional doses of immediate release opioids used.

### Q) Are there any particular requirements for the storage of opioids?

A) As with any medication, it is important that you keep opioids (whether tablets or mixture) in a cool, dark place AWAY FROM PUBLIC VIEW and beyond the reach of children.