

Opioid Type Pain Killers

Information for patients, relatives and carers

① For more information, please contact:

Palliative Care Team

01904 725835 (York)

01723 342446 (Scarborough)

Renal Department

01904 725370 (York)

Medicine Information

01904 725960 (York)

Lloyds Pharmacy

01904 721990

Caring with pride

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Introduction

There are two types of pain, acute (short-term) and chronic (long-term). Both can be severe or mild.

This leaflet is aimed to provide useful information about a group of strong pain killers called opioids which might be used to manage your pain.

Opioid medicines to relieve pain

Opioids have been used for many years to treat pain. The aim of treatment is to reduce your pain enough to help you get on with your daily life.

Acute pain is treated with fast acting medicines that start to work within one hour of being taken and last for up to four to six hours.

Chronic pain is usually treated with long acting or slow-release medicines or an opioid patch applied to your skin. This gives you a steady background level of opioid throughout the day to manage your continuous pain. Doses can be adjusted to give you the most effective pain control with as few side effects as possible.

The long acting opioid maybe combined with fast acting opioids to help manage any acute or sudden pain, usually called 'break through pain'.

Weak opioids include codeine and dihydrocodeine. Stronger opioids include tramadol, morphine, fentanyl, buprenorphine, oxycodone and hydromorphone.

Opioid medicines and kidney failure

In kidney failure, we have to be careful about the choice of painkillers; this is because the medicine can accumulate quickly causing side effects. With all the opioid medicines we have to be careful not to increase the dose too quickly due to the risk of side effects. Start by taking the lowest prescribed dose and increase the dose gradually if you tolerate it and don't get side effects.

In kidney failure, codeine or dihydrocodeine and morphine should usually be avoided. Check with your prescriber or your GP if you have any concerns.

Opioid preparations that you might be prescribed

Codeine and Dihydrocodeine

These weak opioids come as tablets or liquid.

A variety of strengths can be prescribed. A dose starts to work within one hour of being taken and lasts for up to four hours. Some patients are unable to tolerate the side effects with these tablets. In patients with kidney failure codeine and dihydrocodeine can build up in your body (accumulate). It is very difficult to predict which patients will not be able to tolerate codeine or dihydrocodeine and it is therefore advisable to avoid these medicines if you have kidney failure, unless advised by your doctor.

Tramadol

This opioid comes as tablets or capsules. A variety of strengths can be prescribed. A dose starts to work within one hour of being taken and lasts for four to six hours. (In patients with kidney failure we have to be careful about the maximum dose we give you. It is always important to check the dose with a doctor or pharmacist).

Morphine

As a fast acting preparation:

Morphine prescribed for acute pain or 'break through pain' comes as a liquid. A variety of strengths are available.

A dose starts to work within one hour of being taken and usually lasts for four to six hours.

Read the instructions carefully and always check the strength of the liquid prescribed for you.

As a long acting preparation:

These are usually a slow release tablet or capsule that last for twelve hours.

Examples of these are Zomorph and MST, which both contain morphine. A variety of strengths may be prescribed. Because they last for twelve hours, you need to take them at twelve hourly intervals for example at 8am and 8pm.

Long acting preparations control continuous (long term) or chronic pain. They are not suitable for a sudden sharp pain in between doses, called breakthrough pain.

In patients with kidney failure, we try to avoid morphine since patients usually get side effects. We would usually prescribe oxycodone.

Oxycodone

As a fast acting preparation:

Oxycodone comes as capsules; for example, Shortec or oral liquid; for example Oxycodone Immediate Release (IR) liquid. A variety of strengths may be prescribed.

A dose starts to work within one hour of being taken and lasts for four to six hours.

These types of preparation are suitable for acute pain or 'break through pain'.

As a long acting preparation:

These are usually slow release tablets that last for twelve hours. Examples of these are Longtec (oxycodone modified release (MR)). A variety of strengths may be prescribed.

Because they last for twelve hours, you need to take the tablets at twelve hourly intervals for example at 8am and 8pm.

They are not suitable for a sudden pain (or breakthrough pain) in between.

Hydromorphone

As a fast acting preparation:

Hydromorphone comes as capsules called Palladone. A variety of strengths may be prescribed. A dose starts to work within one hour of being taken and lasts for four to six hours. These types of preparation are suitable for acute pain or 'break through pain'.

As a long acting preparation:

These are usually slow release (SR) capsules that last for twelve hours. Examples of these are Palladone SR capsules which contain hydromorphone. A variety of strengths may be prescribed. Because they last for twelve hours, you need to take them at twelve hourly intervals for example at 8am and 8pm. They are not suitable for a sudden sharp pain in between doses.

Opioid Patches

Patches containing strong opioids called buprenorphine or fentanyl are available. The opioid is absorbed slowly through your skin. The opioid in these patches may be better tolerated than oral capsules or tablets, especially in patients with kidney failure. Patches are used for chronic pain and once applied take up to 24 hours to start to work.

Your patch will be applied to the skin on to your upper arm or body. Depending on the patch type or dose the patches are changed two or three times a week or just once a week. It is important that you read the instructions carefully before using the patches. Examples of these patches are fentanyl (for example Matrifen or Mezolar) and buprenorphine (for example Butec).

You may be asked to use a smaller dose which means cutting the patch in half. Before doing this check with the pharmacist first since not all patches can be cut. You will usually be advised to cut the patch diagonally i.e. from corner to corner.

When you change your patch always remove the old patch first. The removed or used patch should be folded sticky side together so that it cannot be used by anyone else. The patch can then be disposed of in a bin.

Direct heat can change the rate that the opioid is transmitted from the patch to the skin. Do not use a hot water bottle, wheat bag or a heat lamp directly on the patch.

If you come to hospital for some procedures or scans, for example, M.R.I. (Magnetic Resonance Imaging) you may have to remove your patch for the procedure. It may be helpful to check with the department before coming for your scan.

Side effects of opioids

- Feeling dizzy or light headed
- Feeling sick (nausea)
- Being sick (vomiting)
- Feeling sleepy
- Feeling confused
- Constipation (laxatives may be prescribed)
- Hallucinations or unusual sensations

When you first start to take opioids you might get some of these side effects. The side effects usually stop after a few days. The most common problem is usually constipation and we can prescribe a laxative to help with this.

Other medication can be prescribed to help with some of the side effects such as anti-sickness tablets.

If your pain affects your sleep then the opioids may help you recover your normal sleep pattern. Opioids should not make you drowsy during the daytime.

Problems if taking opioids for long periods of time

- Itching
- Breathing difficulties: This is more common if you are overweight. It may not be safe for you to take opioids if you suffer from a condition called Obstructive Sleep Apnoea
- Increased levels of pain sometimes known as hyperalgesia.

If you are worried about any of these problems please talk to your doctor, nurse or pharmacist.

Can I drive if I am taking opioids?

All drivers have a legal obligation to notify DVLA of any condition that may affect safe driving. If you are prescribed opioids (or any other medication) that have side effects that may affect your ability to drive safely, for example, cause drowsiness, then you should not drive. If you have to continue to drive for any reason, you should notify the DVLA and check with your car insurance company that you are covered to drive.

Common sense is needed, if you are not sure speak to a doctor and consider the following suggestions:

- Do not drive in the dark or in bad conditions (bad weather or very busy traffic)
- Do not drink any alcohol before driving
- Do not exhaust yourself by driving long distances without a break

In the event of an accident where the police are called, or you are pulled over by the police for unsafe driving, the police may do a saliva test to check for the presence of some drugs. If you are taking some medicines, for example, opioids or sleeping tablets you may test positive for these and you will need to provide evidence that you are using them for medical reasons. To prevent unnecessary anxiety, we recommend that you always carry a copy of your prescription with you if you have to drive.

Can I drink alcohol if I am taking opioids?

Taken together alcohol and opioids cause sleepiness and poor concentration. Alcohol should be avoided completely when you first start taking opioids or if your dose has been increased. Alcohol should be avoided if you are going to drive or operate machinery. If you are taking a steady dose of your opioid you should be able to drink in moderation without getting any additional side effects.

Will my body get used to my opioid medicine?

All of these medicines will have a warning on the patient information to say 'can cause addiction'. This means that if you take these tablets or capsules regularly you might become dependent on them. If this happens you might experience side effects if you stop taking the tablets suddenly or lower the dose too quickly. If you have any concerns about this warning you should speak to your doctor or pharmacist.

Be careful not to run out of your opioid medicines. You may only be able to get your opioid prescription from one pharmacy, so it is important that you order a new prescription in plenty of time.

Monitoring opioid treatment

It is important to monitor how you respond to your treatment.

Your pain will be assessed. You will be asked where your pain is, what it feels like and what makes it better or worse.

Pain is a very personal experience that can be difficult to explain to others, so it is important to make sure that your pain is treated as effectively and safely as possible.

Try writing down two or three activities that the pain stops you from doing. You can assess how much the pain killers are helping you by making these activities easier to do.

Keep a diary of how often you take your pain killers, how much you take and whether it helps the pain or not. Show the diary to your doctor when you have a review.

Will I need opioids forever?

If opioids help relieve your pain you may feel that you rely on them, this is normal. You may find that after a few months you can reduce the dose without the pain increasing.

It is important to take fast acting pain killers only when you need them for 'breakthrough pain'.

Opioids do not work for everyone. If you do not notice a benefit or if you are getting side effects that are unpleasant, you must tell your doctor, nurse or pharmacist. You might be advised to gradually stop the medication.

What should I do with unused opioids?

Never share your pain killers with anyone else. If your dose changes or stops and you have any tablets, capsules, liquid or patches left at home please return them to the local pharmacy or hospital for safe disposal.

Your unused opioid medicines need to be destroyed safely since they can be dangerous if found and taken by someone else who is not prescribed opioid medication.

Can I take other pain killers with these medicines?

It is safe to take other pain killers like paracetamol for other 'breakthrough pain' or cold and flu symptoms. Always check with your doctor, nurse or pharmacist if you are unsure.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Michelle Potts, Senior Pharmacy Technician,
Renal Medicine, The York Hospital, Wigginton Road,
York, YO31 8HE, telephone 01904 725736 or email
michelle.potts@york.nhs.uk.

Teaching, training and research

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Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
pals@york.nhs.uk.

An answer phone is available out of hours.

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email: access@york.nhs.uk



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