



Opioids for pain relief: The Kent Centre for Pain Medicine and Neuromodulation

Information for patients

This leaflet will give you information about **opioids** for pain relief. If you have any questions, you should ask your GP or other relevant healthcare professional.

This opioid prescription should not be continued indefinitely. You need to arrange an opioid prescription review with your GP.

What are opioid medications?

Opioids are powerful pain medications that work in a similar way to morphine. They are used to treat some pain if other methods of reducing pain are not effective.

Are there different types of opioids?

There are many different types of drugs in this group. Some examples are codeine, tramadol, morphine, oxycodone, buprenorphine, fentanyl, and tapentadol. The strength varies depending on the drug.

What are the ways that I can take opioids?

Opioids can be taken as liquids, tablets, slow release tablets, and skin patches. Each has its own advantages and disadvantages. Your healthcare team or GP will suggest the best one for you, based on your condition and pattern of pain.

For chronic pain, a slow-release tablet or an opioid skin patch will give you a steady level of medicine which is the best way to manage continuous pain. Fast-acting opioid drugs and opioids which can be injected are not very useful for managing continuous pain.

Will these medications take away my pain completely?

Opioid drugs can help manage some types of pain. Some pains may need opioids together with other sorts of medication. Other pains will not respond to opioids and might respond better to other drugs. It is unusual for opioids to take away your pain completely.

The aim of treatment is to reduce your pain enough to help you do more with your life. These medications are commonly combined with other painkillers to improve benefit and reduce side effects. They work best if you combine them with other ways of managing symptoms such as regular activity and exercise, and doing things which 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 drugs are helping.

What are the side effects?

The most common side effects of these types of drugs are:

- dizziness
- nausea (feeling sick)
- vomiting (being sick)
- drowsiness (feeling tired)
- constipation
- confusion
- itchiness
- reduced sex drive
- sweating
- dry mouth
- facial flushing
- mood changes.

Some of these side effects will get better over time.

Side effects like **nausea** and **constipation** can be managed by taking additional medications. If you experience any side effects, talk to your healthcare team or GP. If the side effects become intolerable they may suggest an alternative opioid drug or a different preparation.

Are there any dangerous side effects?

Opioids can cause **difficulty in breathing or reduced consciousness**, especially at night. This is most common if you are overweight and if you snore heavily. Care must be taken to use only the prescribed dose and to keep these medications away from children.

What are the long-term effects?

When taken at high doses over a long period of time opioids can cause effects, such as:

- reduced fertility
- low sex drive
- irregular periods
- erectile dysfunction (the inability to keep an erection)
- weight gain
- reduced immunity
- increased levels of pain (opiate induced hyperalgesia).

Some of these are due to changes in hormone levels in your body. Your healthcare team or GP might suggest a blood test at regular intervals to keep a check on this.

Can I use these medications while pregnant or breastfeeding?

Opioids should be avoided if you are pregnant, planning on becoming pregnant, or breastfeeding. You would need to discuss this with your healthcare team or GP.

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

Alcohol and opioids together cause sleepiness and poor concentration. You should avoid alcohol completely when you first start on opioids or when your dose has just been increased. When you are on a steady dose of opioid, you may be able to drink small amounts of alcohol without having any extra unusual effects.

Will I be able to work?

When you start on opioids, to start with you may feel some drowsiness or poor concentration. Once established on a stable dose you should be able to carry on with normal activities. Care must be taken whilst driving or operating machinery **when you increase or change the dose or formulation.**

If you feel unsafe at work or at home, let your employer or family know. You should speak to your GP if you are having problems with normal activities. You should also discuss with your employer if there are any special regulations relating specifically to your area of work.

Will I be able to drive?

The law in the UK allows you to drive if you are taking opioid medicines. However, opioids can affect your ability to drive, by making you feel dizzy or sleepy. From March 2015, new laws on **drug driving** make it illegal to drive if drug levels in your blood are above a specified limit. If the drugs are taken to treat a medical condition and are taken as prescribed by your healthcare team or GP you would not be committing an offence, as long as they are not affecting your ability to drive safely. If you do not feel capable of driving you should not drive. There is no defence for dangerous or unsafe driving. If you increase or change your dose or formulation, you should not drive until you know how it affects you. Do not drive if you feel unsafe. You are

responsible for making sure you are fit to drive. The only organisation that can advise you about your legal right to hold a driving licence is the Driving and Vehicle Licensing Authority (DVLA). You should let the DVLA and your insurance company know that you are taking opioid medicines.

For more information on the law regarding drugs and driving, please go to the Drugs and driving: the law (<https://www.gov.uk/drug-driving-law>) section on the government web site.

What is the right dose for opioid painkillers?

Opioids do not have a standard dose. The right dose for these painkillers is the one that gives you the best pain relief with minimal or tolerable side effects. They are usually started on a low dose and increased slowly to achieve the best effect. This dose will vary from person to person. Your GP will advise you.

If you have not noticed significant benefit after changing your dose two or three times, or if the medicines give you unpleasant side effects, you will be advised to gradually stop the drug. You should only stay on opioids if you notice a very definite improvement in your quality of life.

Do I always have to continue to take these drugs? When can I stop them?

This depends entirely on your symptoms. If your symptoms improve then you may be able to gradually reduce your dose.

These medications should not be stopped suddenly without medical advice. This may result in **withdrawal symptoms**, especially if you have been on them for a period of time. Withdrawal symptoms may include:

- tiredness
- sweating
- runny nose
- stomach cramps
- diarrhoea
- aching muscles.

If you would like to stop taking these drugs, discuss this with your healthcare team or GP. If needed they can help reduce the dose slowly over a period of time, before completely stopping it.

Will I become addicted to these drugs?

Addiction is unlikely to happen in patients taking opioids for pain relief, especially when you stick to the prescribed dose. 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; or
- continue to take the drug even when it has a negative effect on their physical or mental health.

It is more common if you have been addicted to opioids (including heroin) or to other drugs (or alcohol) before.

Addiction may also be more common in people with severe depression or anxiety. This does not mean that if you have had an addiction problem before or if you are very depressed and anxious you will become addicted. It only means that you may be more likely to become addicted than someone who has not had these problems. Most people do not become addicted. Please do let your healthcare team or GP know of any concerns, so that they can take necessary precautions.

Note that over time your body might get used to the pain relieving effects of opioids, so you may need higher doses. This is called tolerance and it is not addiction.

Useful information

- Faculty of Pain Medicine: Driving and Pain (<https://fpm.ac.uk/sites/fpm/files/documents/2019-08/FPM-Driving-and-Pain-patient-information.pdf>)
- Faculty of Pain Medicine: Opioids Aware (<https://fpm.ac.uk/opioids-aware>)
- World Health Organization: 5 moments for medication safety (<https://apps.who.int/iris/bitstream/handle/10665/311153/WHO%02HIS-SDS-2019.4-eng.pdf?sequence=1&isAllowed=>) or World Health Organization: publications (<https://www.who.int/publications/>)

Remember

- All patients on opioids should be reviewed regularly.
- Many patients only need these strong painkillers for a short period of time.
- You should never change the dose of opioid yourself; always speak first to a healthcare professional such as the hospital doctor, specialist pain nurse, pharmacist, or your GP.

Speak to a doctor, nurse, or pharmacist. **Ask** questions and find the answers about opioids. These are strong painkillers, so please ask as many questions as you need to make sure you have full awareness of what you are being prescribed and why.

Some questions you may wish to ask

- What are the risks and benefits of taking an opioid?
- Is there an alternative way of managing my pain?
- What should I do if I have side effects and how can they be managed?
- Can this medicine interact with other medications I am taking?
- When should I get this opioid reviewed and by whom?
- What if I want to stop taking an opioid?
- What should I do with leftover or expired opioids?

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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