

Your doctor or pain specialist has prescribed you an opioid to help you manage your chronic pain. This leaflet gives you some more information about this type of medicine.

## What are opioids?

Opioids are a type of pain management medicine. Codeine and dihydrocodeine are weak opioids. These are often prescribed in combination with paracetamol (co-codamol and co-dydramol). Strong opioids include tramadol, morphine (Zomorph®) and oxycodone (Longtec®).

## Why do I need a trial of opioids?

While some types of pain, eg cancer pain, respond well to opioids they are not effective in many chronic pain conditions. Patients need to be aware that their pain may not respond to opioids.

Research shows they have limited benefit especially with long term use. Side effects and risks need to be balanced against potential benefits.

A pain medication should be taken for about 4 weeks before assessing for improvement in pain and activities of daily living. If the trial shows that these goals have not been met then the treatment will be stopped.

It is important to remember that taking medicines for your pain is only one part of managing your pain. Learning more about your pain and other ways to manage it may be more beneficial in the longer term.

## Are there any side effects?

All medicines can cause side effect but not everyone will get them. A full list is in the patient information sheet with your medication.

Common side effects are feeling sick, constipation, confusion, sleepiness and occasionally vomiting. Some of the side effects go away within a few days where as others may continue. You may have more side effects at the beginning of treatment or when the dose is increased.

If your opioid medication makes you feel sleepy you should avoid driving or operating machinery. It is a criminal offence to drive a vehicle whilst unsafe due to medication use. This might be worse when you start the tablets and each time your dose goes up. Alcohol may make the sleepiness worse and should be avoided where possible.

## Warning

- Do not take more medication than advised
- Do not increase the dose of medicines without medical advice.

Doing so may cause severe drowsiness or breathing problems.

## Long term use of opioids

There are risks of taking opioids long term. They can affect your hormone system and bone mass. They can affect your immune system making you more likely to get infections. They may also cause 'hyperalgesia' where you may feel an increase in all-over pain.

Physical dependence to opioids can develop when taken regularly for more than a few weeks. Do not suddenly stop taking your opioids. The dose should be reduced gradually to avoid withdrawal effects.

Tolerance can occur to opioids. This is when the body gets used to a dose and the initial benefit may no longer be maintained.

Addiction is a psychological dependence. There are patterns of behavior associated with obtaining and consuming the medicine.

Abuse is when the medicine is not being used as prescribed.

If dependence or tolerance becomes a problem the opioid medication may need to be gradually withdrawn. The opioid medication will be gradually withdrawn if addiction or abuse is suspected.

If you think you are having any side-effects or if you have concerns about your opioid treatment, please discuss this with your doctor, pharmacist or pain specialist.

## Medication in chronic pain

The benefit from taking medication should always be more than any side effects you may have. Only **you**

- know how bad your pain is
- are able to say if your medicine is helping
- know what side effects you are having

It may take a few weeks or several trials of different medications to find the best combination for you and your pain. It may help to keep a diary of your pain and other symptoms. Side effects often become less once you have been on a medicine for a few days.

Please read the patient information sheet given with each medication. It gives more information about the medicine and any side effects.

You can discuss your pain medication with your doctor, pharmacist or pain specialist. They can give you advice on which pain medicines may help. They can help you find the best way to take your medicines. They can advise you on putting your dose up safely if your pain is worse and on taking less medication safely when your pain is less.

If your medicine is not helping you may not need to take it. Please talk to your doctor, pharmacist or pain specialist first. Some pain medicines should not be stopped suddenly.

Do not share or take other peoples medication. Always advise your doctor, pharmacist or pain specialist about any other medication or products you are taking for chronic pain. This includes anything bought from the pharmacy, herbal supplements or non- prescribed medicines.

**Understanding how your medications work may help you to get the best pain relief from it with the least side-effects.**



# Best results from Opioids

## Patient Information Leaflet



GETTING YOU ON TRACK TO RECOVERY

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:  
[fife-UHB.EqualityandHumanRights@nhs.net](mailto:fife-UHB.EqualityandHumanRights@nhs.net) or phone 01592 729130

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## Treatment Contract

For the use of opioids for the management of chronic pain

Patient Name: _____
Address: _____ _____
DOB: _____
(Affix label)

I, .....understand that .....is to be prescribed to me in an attempt to improve my level of functioning and reduce my pain. My medical practitioner and I have discussed that opioid (morphine-like) medicines may only be partially helpful in achieving this goal and on occasion will not help at all. I understand that an opioid medicine is only one part of the management of my chronic pain. My medical practitioner and I agree to the following conditions regarding my treatment and the prescribing of an opioid medicine for my pain:

1. My medical practitioner is responsible for prescribing a safe and effective dose of an opioid medicine. I will not use an opioid medicine other than at the dose prescribed and I will discuss any changes in my dose with my medical practitioner.
2. I am responsible for the security of my opioid medicine. Lost, misplaced or stolen medicines or prescriptions for opioid medicines will not be replaced.
3. I will only obtain my opioid medicine from the medical practitioner who signs this contract, or other medical practitioners in the same practice authorised to prescribe to me. I understand that no early prescriptions will be provided.
4. Whilst most people do not have any serious problems with this type of medicine when used as directed, there can be side effects. My medical practitioner has explained the main ones to me, and I will tell him or her if I experience what could be side effects.

5. Dependence or addiction to prescription pain killers is estimated to occur in 1 in 20 patients. Either your medical practitioner or Addiction Services can help you with any problem drug use.

6. As possible dependence is important in the management of my pain, I have informed my medical practitioner of any present or past dependence on alcohol or drugs that I may have had, and of any illegal activity related to any drugs (including prescriptions medicines) that I may have been involved in.

7. If there are concerns that the medication is not used properly as prescribed and there are issues of safety to children the prescriber may discuss this case with other non NHS agencies

8. I am aware that providing my opioid medicine to other people is illegal and could be dangerous to them.

9. My medical practitioner respects my right to participate in decisions about my pain management and will explain the risks, benefits and side effects of any treatment.

10. My medical practitioner and I will work together to improve my level of functioning and reduce my pain.

11. I understand that my medical practitioner may stop prescribing my opioid medicine or change the treatment plan if my level of activity has not improved, if I do not show a significant reduction in my pain, or if I fail to comply with any of the conditions listed above.

Patient Signature: _____	Date: _____
Name: _____	
GP Name: _____	
GP Signature: _____	Date: _____