

# Opioid Medicines

## Chronic Pain Services Patient Information Leaflet



# Opioid Medicines

Opioid drugs can help manage some but not all types of chronic pain. It is very unlikely for opioids to get rid of pain completely.

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 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.

When you first start taking opioids you can get some side effects, which can include:

- feeling dizzy
- feeling sick (nausea)
- being sick (vomiting)
- feeling sleepy
- and feeling confused

Opioid drugs can cause some problems when you take them for long periods of time.

## What are the long-term effects of taking opioids?

Problems can include:

- constipation with subsequent problems with bowels
- itching
- weight gain

- lack of sex drive
- and difficulty breathing at night. This is most common if you are overweight and if you snore heavily
- if you have a condition called obstructive sleep apnoea it may not be safe for you to take opioids. High doses of opioid can interfere with breathing with subsequent possible stopping of breathing and death.

If you take opioid drugs for many months or years it can affect your body in other ways. These problems are more common if you take high doses of drugs for long periods.

These problems include:

- reduced fertility
- low sex drive
- irregular periods
- erectile dysfunction in men (the inability to keep an erection)
- reduced ability to fight infection due to interference with immunity
- increased levels of pain
- osteoporosis
- opioid related constipation and bowel problems

## **Driving:**

Recent legislation changes will allow and enable police to test for some blood opioid levels in conjunction with testing for alcohol levels. It is already an offence to drive while affected by opioid medication and now there will be specific testing for some opioids. You should let DVLA know that you are taking opioid medications.

It is against the law to drive if your driving ability is impaired by this medicine.

Do not drive while taking this medicine until you know how it affects you (especially just after starting or changing the dose of the medicine). Any acute illness and several other medications (as well as alcohol) can make the effects of the opioids stronger.

Do not drive if you feel sleepy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.

Anyone found to have taken opioids above specified limits in their blood will be guilty of an offence, specially if their driving was impaired. Please do contact DVLA for further information.

## **Contraception:**

You may want to use contraception / you will need to ensure your contraception is reviewed to ensure it is still effective when you are starting opioid treatment. Contact your local GP or Sexual Health Clinic for further advice.

## **Pregnancy:**

There is some evidence that opioids may increase the risk for serious birth defects of the baby's brain, spine, and heart, as well as preterm birth when taken during pregnancy, especially during first trimester.

Use of these medications also can cause babies to suffer withdrawal symptoms when born, a condition known as neonatal abstinence syndrome.

If you are on opioids and planning pregnancy, you may want to discuss with your doctor who will guide you on appropriate course of action depending on your circumstance as in some

instances, e.g. when opioids are used as substitution therapy it is more beneficial to continue with the therapy.

## **Will my body get used to opioid medicines?**

Opioids can become less effective with time (this is called tolerance). This means that your body has got used to the pain-relieving effect of the medicine.

You can also become dependent on opioid medicines (dependence). This means that if you stop taking the drug suddenly, or lower the dose too quickly, or run out of the medicine you can get symptoms of withdrawal which include:

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

If you do become tolerant to opioid, it may be an idea to decrease the opioid dose very gradually under your GP supervision, abstain from opioid for some time and then gradually start them again.

This may be much better than increasing your opioid dose constantly to avoid the side effects of the opioids.

There will be an upper limit of opioid that will be decided beyond which it would be considered unsafe to increase the opioid dose.

# What about addiction to opioids?

Addiction can be a problem in patients taking opioids. 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.

We do not know exactly how many people get addicted when they are taking opioids for pain relief.

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.

## Assessing opioid treatment

An important part of opioid treatment is monitoring and assessing how you respond to it.

It is vital that not only your pain intensity decreases in response to your treatment but also quality of life improves at the same time. This helps to make sure you benefit from treatment and the long term risks of opioid therapy are worth taking. You may very well have to be checked regularly by your family doctor (GP) to ensure safety.

You will be assessed regularly when the initial treatment starts. Once you are on a steady dose, and it shows improvement in your quality of life, repeat prescriptions will be given as usual unless there is any concern.

An important part of managing pain is monitoring how you respond to treatment. The treatment will be continued only if it has proved to be improving your quality of life. Taking medicines is not the only way to manage continuous pain and your health-care team may suggest you see a physiotherapist or psychologist. These therapists can help improve your quality of life. The physiotherapist or psychologist may suggest you try to do things a different way or use methods which have helped other people.

It is important to make sure you benefit from treatment and do not suffer any long-term unwanted effects. You may have to be reviewed regularly by your hospital team .

You will only be able to get opioid prescriptions from one health-care team. When you start opioid medicines with the hospital team, you will usually get your first few prescriptions from your hospital team. Once you are on a steady dose, your hospital team will arrange for your GP to give you further prescriptions. You will need to store your opioid medicines safely as they can be dangerous if someone else takes them.

# Other sources of information:



**Pain Management Services:**  
Telephone: **01253 955303**



**Hospital switchboard**  
Telephone: **01253 300000**

## Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives.



You can contact them via tel: **01253 955589**  
or by email: **bfwh.patientrelations@nhs.net**

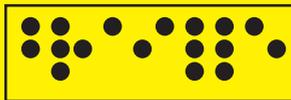


You can also write to us at: Patient Relations Department, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR



Further information is available on our website: **www.bfwh.nhs.uk**

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