

Driving a car

- ◆ People who take the same amount of opioids every day for pain are usually fit to drive. If taking opioids makes you sleepy then you should not drive.
- ◆ Whilst you are building up your amounts of opioids with the help of your doctor you should not drive.
- ◆ **If you take opioids for a long time and drink any alcohol at all, you must not drive until the effect of the alcohol has worn off.**
- ◆ Although your doctor can give you advice about driving, **you are responsible for your fitness to drive.**
- ◆ If you are concerned about your fitness to drive you should contact the DVLA (Driving and Vehicle Licensing Authority), who will tell you how to proceed. Further information can be found at [www.dvla.gov.uk/drivers](http://www.dvla.gov.uk/drivers)

This booklet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Center for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK . [www.thewaltoncentre.nhs.uk](http://www.thewaltoncentre.nhs.uk)

**The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain.** Registered Charity No. 1156227

**Copies of this leaflet are available** from The Pain Relief Foundation, Clinical Sciences Centre, University Hospital Aintree, Lower Lane, Liverpool L9 7AL, UK. Tel. 0151 529 5820, Fax. 0151 529 5821 email: [lorraine.roberts@painrelieffoundation.org.uk](mailto:lorraine.roberts@painrelieffoundation.org.uk)

*Other leaflets in the series:*

<i>Back Pain</i>	<i>Fibromyalgia</i>	<i>Headache</i>	<i>Trigeminal Neuralgia</i>
<i>Arthritis</i>	<i>Sciatica</i>	<i>Shingles &amp; PHN</i>	
<i>Diabetes Pain</i>	<i>Phantom Limb Pain</i>	<i>Cancer Pain</i>	<i>Pain after Stroke</i>
<i>Complex Regional Pain Syndrome</i>	<i>Over-the-counter medicines for pain</i>		
<i>Drugs for nerve pain</i>	<i>Chronic pain and sex</i>		

Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice.



[www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)

Introduction**STRONG OPIOIDS FOR CHRONIC PAIN**

- ◆ Opioids are strong medicines, which work against pain. They can be taken for pain after an operation or accident but are also for people who have chronic pain. Your doctor may ask you to try taking these strong medicines to see if they will help your pain so that you can lead a more normal life.
- ◆ This leaflet tells you about what its like to take these strong opioids. It will help you to decide if you want to try them for your chronic pain.
- ◆ Opioids (pronounced 'oh-pee-oyds') are medicines which act like morphine. The word **opioid** is used, because morphine comes from the **opium** poppy.

How helpful are these drugs?

- ◆ Some people have pain which lasts for months or years (chronic pain). This pain may not feel any better after taking everyday pain medicine such as paracetamol, co-codamol or ibuprofen. Sometimes the pain is so bad or lasts for so long that it affects people's lives so that they do less on a day to day basis, and feel unhappy.
- ◆ Opioids may lessen your pain so that you can lead a more normal life. Your doctor will talk to you about being more active and doing more and more things bit by bit. Then you can return to a more normal way of life, and feel happier.

How will I know if these drugs will work for me?

- ◆ The only way to find this out is to try them.
- ◆ Your doctor will prescribe an opioid and you will start to take a small amount at first. Then he will gradually give you more of the drug to take to see if it starts to work for you.

- ◆ Some people find that opioids do not help their pain. Some people find that side effects stop them from taking these medicines. If the opioids are not helping then your doctor will stop them. This will be done slowly.
- ◆ If the drug he gives you helps your pain, then you may be able to do more things and enjoy life more.
- ◆ Your doctor, or other medical person treating you such as a nurse, will ask you how you are getting on with the drug. They will ask you whether the drug makes you feel ill or causes any other problems (side effects) and whether it helps your pain, and if you are able to do more active things.

#### What are the side effects?

##### **Common side effects**

- ◆ Your doctor will prescribe a laxative for you at the time you start the opioids. Laxatives help with constipation (when bowel movement is not frequent enough). It is common for people taking opioids to become constipated unless they take regular laxatives. It is also important to drink plenty of water and to eat fresh fruit and vegetables, which contain lots of fibre.
- ◆ Often people feel sleepy when they start taking opioids. This sleepiness often gets better after a time as your body gets used to the drug.
- ◆ When you start to take opioids you may feel sick and you may need to take some medicine to avoid sickness. This side effect usually wears off after a few days.
- ◆ Some people feel itchy when they take opioids and your doctor may change your medicine to a different opioid, so that you have less itching.
- ◆ Some people find that opioids make them feel very sweaty and this problem may not get better.
- ◆ Putting on weight or losing weight can happen to people taking opioids for a long time.

##### **Uncommon side effects**

There are some side effects, **which do not happen very often.**

- ◆ You may lose your sex drive or become infertile if you take an opioid drug for a long time. If the opioids are stopped the sex drive returns and the ability to have children returns.
- ◆ Very occasionally people who take opioids for a long time may become thin, tired and dizzy. This is due to an effect on one of the glands in the body (the adrenal gland) and stopping the opioid will return things to normal.

#### What if I become pregnant?

- ◆ If a woman is taking opioids, then she should practise family planning.
- ◆ If you wish to become pregnant you need to discuss it with your doctor. He will explain that it may be best to stop taking your medicine, or if this is not possible, he will discuss with you how to manage your pregnancy and the birth, and care for your baby.
- ◆ If a woman takes opioids for a long time and has a baby, then the baby might find it difficult to breath at birth. Doctors can deal with this if the baby is born in the hospital, and so it is not always necessary to stop taking opioids if a woman becomes pregnant.
- ◆ If a woman taking opioids becomes pregnant accidentally, then she should see her doctor for advice. However, she should not stop taking the medicine until she has discussed it with the doctor.

#### What is addiction? Can I get addicted?

- ◆ Addiction is a need to repeatedly take a drug for the feeling of pleasure and well-being it gives, even though it is causing harm. This is very different from taking a medicine which helps your pain and allows you to have a more active life.
- ◆ It is very rare for people who take opioids for pain to get addicted, even if they take them for a long time. Opioids work by adding to the body's own natural opioids (called endorphins). When opioids are taken for a long time the body produces less natural opioids and your body gets used to the extra opioids taken as medicine. If you stop taking your drugs suddenly, then you could get withdrawal symptoms. These may include sweating, agitation, diarrhoea and depression and the return of your pain. Starting them again stops these withdrawal symptoms straight away.

#### Storing opioids

- ◆ It is important that only **you** take the opioids prescribed for your pain. Medicines should be kept in a locked cupboard, safely away from children and because opioids can be used by addicts. Nobody else should be able to take your opioids.

#### Going to work

- ◆ After you have reached the dose of opioids, which is right for you, you should be able to work normally and do jobs around the house. When you are building up the dose of opioid you may not be able to do jobs at home or at work normally because the opioids may make you too sleepy until you get used to them. You should be careful at the beginning, when doing any of these jobs, such as caring for children or operating machinery, until you feel fully alert again.

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### How long should I take Opioids?

If the opioids are helping your pain, and allowing you to have a more normal life, you should continue taking them. You may need to take them for several years.

If they help very little, and you cannot do any more than before, then the opioids will need to be stopped. In this case this treatment will not have been right for you.

### Stopping the opioids

If you wish to try to come off your drugs or to reduce the amount you take because you are managing your pain better and leading a more active life, then you must first discuss this with your doctor. Just as you built up the dose slowly, the amount taken should be reduced gradually also. If you reduce the amount quickly then you can develop withdrawal symptoms. You should return any unused drugs to your doctor or chemist.

## OPIOID DRUGS

Opioids may be classified as weak opioids or strong opioids.

**Weak Opioids** include Codeine, Dihydrocodeine and Tramadol.

Often these drugs are used in combination with Paracetamol.

Codeine plus Paracetamol is called Co-codamol

Dihydrocodeine plus Paracetamol is called Co-dydramol.

**Strong Opioids - the subject of this leaflet** include

Buprenorphine (also known as Temgesic or Transect)

Fentanyl (also known as Durogesic and Actiq)

Hydromorphone (also known as Palladone)

Methadone

Morphine (also known as Oramorph, Servredol, MST continus, Zomorph, MXL)

Oxycodone (also known as OxyNorm and OxyContin).

## APPENDIX

### STARTING OPIOIDS

If you have had pain for a long time, and it has not been helped by other treatments then your doctor may suggest that you give opioids a try. Your doctor will want you to understand all about opioids and that is why this leaflet has been written.

Once you have read this leaflet your doctor (or one of the healthcare team) will discuss opioids with you. They will discuss the benefits and problems of taking opioids and ask you if you want to go ahead.

Opioids are not a cure for chronic pain. They help to relieve pain but they will not work for everyone. If they work for you, they may not make your pain completely better. Your doctor may try more than one kind of opioid if one type is not right for you. Your doctor can help you to decide what is an acceptable level of pain relief for you, balanced against any side effects. If you get adequate pain relief, your doctor (or another member of the team caring for you) will want to discuss targets for you to work towards to increase your daily activity, little by little eg. walking, shopping, housework and visiting friends etc.

Your doctor will prescribe your medicine. You will take a small amount at a regular time each day and then see your doctor after a few weeks to talk about the effects.

*The most important points in the early days are:*

*Is the medicine helping the pain?*

*Are there any side effects?*

*And if so are they acceptable?*

A pain diary may be useful for you to score your pain and activity levels, and side effects.

Your doctor will build up the dose of opioids you take over the first few months until you get to the best dose for you. The best dose for you will give you the most pain relief and as few side effects as possible.

Whilst you are building up the dose your doctor will want to see you every 4 weeks. Once you have a regular, stable dose of opioid you will need to be seen less often. You will be able to contact your GP if you have any problems. Your GP will be able to send you to a specialised pain clinic to help you with problems if necessary.

You should not take more opioids than your doctor recommends.

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