

# Strong opioid painkillers in palliative care

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## Information for patients

This leaflet gives information about strong opioids taken by mouth or in patch form. Opioids that need to be given by injection should only be given under the guidance of a healthcare professional.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## **What are opioid painkillers?**

Opioid painkillers are a group of medicines developed from morphine for the treatment of moderate to severe pain. Some examples of strong opioid painkillers are morphine, oxycodone, fentanyl and methadone. Strong opioids are used to treat severe pain that is not relieved by simple painkillers alone, such as paracetamol or ibuprofen, or weaker opioids such as codeine or dihydrocodeine.

## **How do they work?**

Opioids prevent your brain from sending out messages to the body to tell you that you are in pain. You still have the pain and it does not treat the cause of the pain. Opioids can also be used to help manage breathlessness as they control and slow down rapid breathing.

## **How effective are they likely to be?**

Opioids are very effective at reducing pain intensity and there is good evidence for their use in reducing severe pain. It is unusual for opioids to stop pain completely. The aim of treatment is to reduce your pain enough to help you get on with your life. Some types of pain might respond better to other medicines than to opioids. Your healthcare team will only prescribe opioids for you if they think they are the best treatment for your type of pain.

## **How much do I take and how often?**

The amount needed to control pain varies from person to person. There is no standard dose of opioid and pain is a very personal experience. You will usually start with a low dose and gradually build up until you find the dose that suits you.

Pain that doesn't go away and is always present is called background pain. It is important to control background pain by taking a dose at a regular time each day. If you are able to take medicines by mouth, then these will be a modified release or sustained release medicine. These take a few hours to start reducing pain and last up to 12 hours.

Alternatively, you may use opioid patches that release medication through the skin. Pain relief can last from three to seven days depending on the type of patch.

A sudden and intense pain, in addition to the background pain, is called breakthrough pain. You can also have an additional short-acting (immediate release) medicine which you should take when you experience breakthrough pain. It can take 20-30 minutes to start reducing pain and should last for up to four hours.

If you feel the dose is not enough, you should discuss this with your healthcare team, who will adjust the dose to give you pain relief for most of the time, without too many side effects.

## **What about the side effects of opioids?**

When you first start taking opioids, you may experience some of the following:

- feeling sick (nausea);
- being sick (vomiting);
- feeling dizzy;
- feeling sleepy;
- feeling confused.

These side effects usually go away after a few days, but can sometimes go on for longer. Your healthcare team may give you other medicines to help, such as anti-sickness tablets.

Feeling dizzy, sleepy, or confused can impair your concentration and may affect your ability to drive and undertake other manual tasks.

Constipation is another common problem which affects nearly all people on opioids. This can be treated easily with the appropriate medicines but may take time to work so it is important to take them regularly if needed.

If you experience many side effects, your healthcare team may suggest changing to another opioid medicine.

## **Reviewing and stopping opioid painkillers**

Your healthcare team should offer you frequent reviews and supply you with more medication when you need it. It is important that you do not stop your medication suddenly without speaking to your healthcare team first. They can give you information on who to contact, if you have any problems outside of normal working hours.

## **Can I drive if I am taking opioids?**

UK law allows you to drive if you are taking opioid medicines. You are responsible for making sure you are fit to drive.

It is important that you do not drive until you see how the opioids affect you as it is highly likely that your reactions and alertness will be affected. You should NOT drive if your dose has changed or if you feel unsafe.

You do not have to inform the Driver & Vehicle Licensing Agency (DVLA) that you are starting an opioid. However, there may be other information about your illness that the DVLA needs to know. Contact the DVLA for the most recent guidance:

**[www.gov.uk/government/collections/drug-driving](http://www.gov.uk/government/collections/drug-driving)**

## **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 get on a steady dose of opioid, you should be able to drink modest amounts of alcohol without getting any extra unusual effects.

## **Dependency and addiction**

As with all strong painkillers, there is a risk that you may become addicted or reliant on these tablets.

You may wish to discuss this with a healthcare team.

## **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**



## Who can I contact with questions or concerns?

Please ask your healthcare team if you have any questions about this leaflet or concerns about your treatment.

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**NHS number:** \_\_\_\_\_

Name of painkiller	Dosage	Frequency	Maximum dose in 24 hours	Comments

Corporate Comms: 1557  
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