

If you are taking sustained-release morphine you should also be offered a supply of immediate-release morphine which you can take as well to help you to manage any breakthrough pain.

There is no standard dose of strong opioid: the amount needed to control pain varies from person to person. Over the first few days the amount of morphine you are taking should be frequently monitored and adjusted to find the lowest dose that controls your pain with the fewest side effects.

If you have trouble swallowing

If you cannot take opioids by mouth and your pain is fairly stable (that is, it remains steady and does not fluctuate), you should be offered an opioid patch that releases the medication through the skin. If your pain is fluctuating, injections may be considered instead.

Reviewing your pain control

When you start taking strong opioids you should be offered regular reviews of your pain control and any side effects. This should happen throughout your treatment but is particularly important at the beginning when your dose may need to be adjusted.

Continuing treatment for your pain

After a dose of opioid has been found that controls your pain, you should be offered a sustained-release form of morphine that you can take by mouth to continue your treatment. You may have already started your treatment with a sustained-release form of morphine, in which case this will be continued.

Treating breakthrough pain as part of continuing treatment

As part of your continuing treatment, your healthcare professional should offer you a supply of immediate-release morphine to take by mouth in case you have breakthrough pain. If your breakthrough pain is not controlled, even after the dose has been adjusted, your healthcare professional may ask for advice from a specialist.

Managing side effects

Constipation

Constipation (when passing stools becomes difficult or painful, or you pass stools less often) affects nearly everyone who takes strong opioids. If you start taking strong opioids you should also be offered laxatives to relieve constipation. Laxatives work by making the stools looser or stimulating the bowels to work. They can take time to work so it is important to continue taking them as your healthcare professional advises. If constipation becomes severe, it may be necessary to change the type of opioid you are taking. However, your healthcare professional should make sure you are taking the most effective type and dosage of laxative before this is considered.

Nausea

You may experience nausea (feeling sick) when starting strong opioids or when the dose is increased, but it is likely to last only a short time. However, if it persists, you should be offered anti-sickness medication to relieve your symptoms. Your healthcare professional should make sure you are taking the most effective type and dosage of anti-sickness medication before they consider changing the opioid you are taking.

Drowsiness

You may experience mild drowsiness or problems with concentration when starting strong opioids or when the dose is increased, but it is likely to last only a short time. Your healthcare professional should warn you that having problems concentrating might affect your ability to carry out manual tasks such as driving.

If you have more severe or long-lasting problems with drowsiness or loss of concentration and your pain is under control, your healthcare professional may discuss with you the possibility of reducing the dose of opioid you are taking. If, however, your pain is not being well controlled, your healthcare professional may consider changing the opioid you are taking. If the problems you are having are not relieved by these changes, your healthcare professional may seek specialist advice.



Palliative Care Centre

Managing pain with strong opioids in people with advanced progressive disease



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Managing pain with strong opioids

This leaflet is written for people with advanced, progressive disease but it may also be useful for their families or carers.

If you have an advanced, progressive disease and you experience pain that is not controlled with usual painkillers, you may be offered strong opioids as part of your palliative care. Palliative care means alleviating symptoms and discomfort to improve a person's quality of life when it is not possible to cure their disease

People who are living with advanced, progressive diseases (such as advanced cancer, heart disease, liver disease, lung disease, kidney disease, HIV and some diseases of the nervous system) may need strong medication to alleviate their pain when other types of pain relief do not help. Strong opioids, such as morphine, may be used to treat pain in these circumstances.

To help you make decisions, healthcare professionals should explain or discuss with you the use of strong opioids. They should cover possible benefits and risks related to your personal circumstances.

You should be given relevant information that is suitable for you. You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care.

Information about taking strong opioids

If you are offered strong opioids, your healthcare professional should discuss them fully with you (and, as appropriate, your family and/or carer) and should give you some written information about them. They should explain:

- when and why strong opioids are used to treat pain
- how effective they are likely to be at relieving your pain
- about taking strong opioids for 'background pain' (pain that is constant and continuous) and 'breakthrough pain' (sudden, intense pain in addition to background pain), including how, when and how often to take them, and how long pain relief should last
- possible side effects, and signs to watch out for that might mean there is too much of the medication in your system
- how to store strong opioids safely
- how the pain control and any side effects will be monitored, and how and when you will get your next prescription
- who you can contact outside of surgery hours if you have any problems, particularly when you first start treatment.

Discussing your concerns

Some people worry that they will become addicted to strong opioids or that there will be unpleasant side effects. Your healthcare professional should reassure you that addiction to opioids is very unlikely and that you will be monitored carefully for side effects. They should also reassure you that being offered strong opioids can happen at different stages in the course of a disease, and it does not necessarily mean you are close to the end of your life.

Starting treatment with strong opioids

There are many types of strong opioids that can be given in different ways. The first opioid treatment you should be offered is morphine. It should be offered in a form that you can take by mouth, such as tablets, capsules, liquid or powder. You should be offered one of two types of morphine, depending on your condition and which you prefer: this should either be a short-acting type that you will need to take several times a day (called immediate-release), or a slow-release type that can be taken less frequently (called sustained-release, because it is absorbed slowly by the body over several hours).

Adapted from NICE (National Institute for Clinical Excellence) Guidelines 2012

