

PATIENT INFORMATION

Opioids Outpatient Information

Introduction

We now know that taking opioid medications for too long can lead to an increase in pain. It is called Opioid Induced Hyperalgesia or OIH. In line with national guidance, we are working with people to look at their pain medication and, if it is appropriate, helping them to reduce and come off opioids.



What are opioids?

Opioids are some of the strongest pain drugs we have. They act on the spinal cord and brain to block pain signals. They include prescribed drugs like:

Codeine found in Co-codamol	Dihydrocodeine found in Co-dydramol, DHC continus	Buprenorphine found in Butec, Butrans, Transtec,	Fentanyl found in Matrifen, Durogesic, Abstral	Morphine found in Oramorph, zomorph, MST, Sevredol	Oxycodone found in Oxynorm, Shortec, Longtec	Tapentadol	Tramadol
-----------------------------	---	--	--	--	--	------------	----------

Co-codamol is also available to buy at your local Chemist. In addition, some people take illegal opioids, which is called “substance misuse”.

The top key messages about opioids from the Faculty of Pain Medicine are:

1. Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain.
2. A small proportion of people may obtain good pain relief with opioids in the long-term if the dose can be kept low and especially if their use is intermittent.
3. The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit.
4. If a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued, even if no other treatment is available.

What can opioids do to you?

People tell us they have difficulty concentrating, are not safe to look after their children, cannot keep their jobs, are constantly falling asleep, cannot make plans and are unable to enjoy life.

The law on drugs and driving changed in 2015. If you are on opioids your driving may be impaired. If it is impaired, it is illegal for you to drive.

Other effects can include:

<p>Increasing sensitivity to pain & pain</p> <p>One of our patients told us that she had to have multiple injections for dental work. Now she has come off opioids she no longer needs injections at all!</p>	<ul style="list-style-type: none"> • Headaches • Nausea & vomiting • Constipation • Weight gain • Reduced immunity & increasing infections • Sweating • Depression • Addiction 	<ul style="list-style-type: none"> • Sleepiness, sleep disturbance, difficulty breathing at night • Loss of sex drive & function • Infertility • Irregular periods • Itching • Dizziness • Osteoporosis – & how would you know this?
---	--	---

Many people think that some of these problems are a result of their health condition. They could, in fact, be due to the drugs. 80% of people taking opioids have at least 1 side effect and can end up on other drugs to manage them.

How we can help you

Please do not just stop taking your opioids. This can result in withdrawal symptoms especially if you have been on the drugs for a period of time. Withdrawal may cause tiredness, sweating, runny nose, stomach cramps, diarrhoea, aching muscles, jitters, uncontrollable emotions, such as fear and crying.

You can get help from your GP, Medicines Optimisation Pharmacist at the GP Practice, Dispensing Pharmacist at your local Chemist and, if you are seeing a Pain Specialist, from the Pain Management Service.

Opioids should be reduced slowly **and** with the knowledge and support of your Health Care Practitioners. The evidence is that if you do it this way your pain will **not** increase and may actually **reduce**.

Examples might be:

<p>Co-Codamol</p> <p>Reduce from 8 to 7 tablets a day for 2 weeks, then 6 tablets a day for 2 weeks and so on</p>	<p>Oxycodone</p> <p>Reduce by 10mg at a time</p> <p>For example for someone on 40mg morning and evening</p> <p>To 30mg in the morning and 40mg in the evening for 2 weeks and so on</p>
---	---

Remember you must discuss your medication and reduction with your prescriber for your safety.

You can “park and pause” the step down if you need to. What this means is that after a period of reducing your opioids, you might decide you need to pause the step-down for a few weeks before continuing again. Common reasons for “park and pause” include holidays, a family event or an episode of ill health not related to your pain.

Please discuss your reasons for a “park and pause” with your prescriber. Once you are off your opioids entirely, don’t worry if you need them for a one off event, such as surgery, or a flare up; we can advise you.

If I am coming off opioids what else can I use?

For a few people there may be alternate pain medications; your prescriber can advise you. Most people find that gentle movement, such as Tai Chi or water based movement; relaxation; mindfulness; and focusing on what is important to them are more helpful than medication. Our ReConnect2Life site includes information on other ways to manage your pain: www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/

You might also want to look at:

- The “Opioids Aware” site: www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware
- The Live Well with Pain site: livewellwithpain.co.uk/
- The British Pain Society site: www.britishpainsociety.org/people-with-pain/



For further assistance or to receive this information in a different format, please contact the department which created this leaflet.