

PATIENT INFORMATION

Opioids Inpatient 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
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Co-codomaol is also available to buy at your local Chemist. In addition, some people take illegal opioid 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 is 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?
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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 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.

Some people who want to come off their opioids and are struggling to do so at home may need extra support. For these people a 5-7 day stay at Newton Abbot Hospital can be helpful. As you might expect this is quite a big commitment and is only suitable for some people.



Planning for an inpatient step down

You will need regular appointments with your Pain Specialist before the admission so that you are well prepared. During this time we will discuss:

- The process of admission
- What will happen on the ward including some of the more difficult aspects that you might need to be prepared for – some people have described odd sensations as well as more standard withdrawal effects
- Developing strategies that you can use in hospital. These might include crosswords, knitting, mindful colouring, music and so on
- Support from family or friends, which is crucial.

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.

Louise's Story: The evening before her admission Louise felt a mix of excitement and fear. The one thing she was sure of was the need to come off opioids. She sends you this message:

The ward was extremely comfortable, staff very friendly and reassuring. My opioids were being cut in half overnight, my pain would not be worse, but I would feel withdrawal effects. I was told the best way to cope was to pace the ward to get the endorphins going.

The withdrawal was hard....shaking, uncontrollable crying, restless legs, lack of concentration, couldn't settle enough to do anything, sleep was very disturbed, feelings of panic, sense of smell & taste altered, all of which were helped somewhat by the medication to counteract. I would get up with my headphones on and walk up and down the ward repeatedly and that soothed me. Constant reassurance from the team and my family helped. I learned coping strategies from the team before and during the admission and called upon these often.

Almost overnight I began to feel better, like I was waking up. The more I realised that the pain was not getting worse, the more excited I became and that also helped.

Although it was not an easy experience I still look upon it as the best thing I ever did!! I used to walk 30 paces on a good day, now I do 5 miles.

Regards, Louise Trewern

For further information about opioids, pain medication and other ways to manage your pain you might want to look at:

Our ReConnect2Life website:

<https://www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/>

Faculty of Pain Medicine "Opioids Aware" website:

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>

Live Well with Pain website:

<https://livewellwithpain.co.uk/>

The British Pain Society website:

<https://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.