

# Strong Pain Control

## Morphine and other Opioid Medicines





# what are Opioids?

*Opioids are a family of strong pain medicines which includes, for example, morphine.*

There are different types of Opioids. Some of them are naturally derived and some are man-made products. Most people start with Morphine, however if it does not suit you, your medical team may recommend trying a different type of Opioid.

## examples of strong Opioids:

Morphine: Oramorph  
Sevredol  
MST  
Zomorph

Oxycodone: OxyNorm  
OxyContin

Fentanyl: Skin patches or tablets (e.g. Durogesic patches, Abstral tablets or nasal sprays)

Buprenorphine: Skin patches (Butrans or Transtec)

## why have I been prescribed Opioids?

Opioids are often used to manage symptoms caused by illnesses such as cancer, chronic heart, lung or liver diseases and some diseases of the nervous system. The most common reasons for use of Opioids include:

- **Pain**

Opioids can be used for moderate and severe pain that is not helped by usual pain medicines such as paracetamol or ibuprofen.

- **Breathlessness**

Opioids are helpful for feeling short of breath and can improve a person's quality of life when it is not possible to cure their condition.

- **Other uses**

Opioids can also be used for other problems such as persistent cough or severe diarrhoea.

## how do I use Opioids?

There are 2 main different types of Opioids: long-acting (slow-release) and short-acting (immediate-release) medications. You should use both of these types of medications, in combination, to control your symptoms. Healthcare professionals often talk about 2 types of pain:

- **Background pain**

Background pain is often a constant and continuous pain, for which taking regular pain medicines can help. This usually involves taking a **long-acting medication** that is released slowly in the body over many hours. **E.g. MST tablets, Zomorph capsules, OxyContin, Fentanyl patches.**

- **Breakthrough pain**

Breakthrough pain can be a sudden intense pain on top of background pain. This can be predictable (for example following a particular activity) or unpredictable. It is recommended that people take an additional fast-acting medication to manage this type of pain. **Fast-acting or immediate-release medication** can be taken multiple times a day as needed. **E.g. Oramorph solution, Sevredol tablets, OxyNorm and rapid release fentanyl (e.g Abstral, Effentora).**

## how do I take Morphine and other Opioids?

There are many types of Opioids and different ways of taking them.

As mentioned previously, there are long-acting (slow-release) medications and short-acting (immediate-release) medications. They come in different forms including tablets, capsules, liquids, granules and patches. Most Opioids do come as an injection (if it is needed ) but most people take it by mouth. Your medical team will help you find the type that suits you.

## do Opioids have side effects?

As with all medications, Opioids can produce side effects but usually these can be controlled. The most common side effects are:

- **Constipation**

Constipation can mean that opening your bowels is difficult or less often. It affects nearly everyone who takes Opioids. Therefore **if you start taking Opioids you should also take laxatives (bowel medicines) regularly.** Laxatives work by softening stools or stimulating the bowel to work. If constipation is a problem despite laxatives your medical team might suggest changing to a different type of Opioid.

- **Nausea**

Some people experience nausea (feeling sick or queasy) when first starting Opioids or when the dose is increased but this should settle in a short time. If it continues you will be offered an anti-sickness medication to help.

- **Drowsiness**

Some people experience drowsiness or reduced concentration when starting Opioids or when the dose is increased. This should only last a short time but if the problem continues your medical team may discuss reducing the dose of Opioids or change to a different one.

- Other important side effects to immediately discuss with your GP or palliative care team include visual hallucination (seeing things that aren't there) and muscle jerks or twitches. If you have any other concerns about side effects please ask your clinical team.

### *if I take Opioids for pain, why do I need other pain medicines as well?*

Although strong Opioids work well for many types of pain, some types of pain e.g. nerve pain or colic need different types of pain medicines or a combination of pain medicines. Your medical team will discuss these with you if they are needed.

### *does taking Opioids like morphine mean my doctor thinks I am dying?*

People can need Opioids at different stages of their lives and being on them does not mean that their illness is terminal. The use of Opioids is to help with particular symptoms rather than because they have reached a particular stage in their illness. For example, Opioids are used for pain related to some anti-cancer treatments which are aimed to provide cure. However if this is something you are worried about you should discuss it with your medical team.

### *will I get addicted to Opioids?*

It is unlikely you will become addicted to Opioids if you are taking them for symptom control. As with other regular medications you should not stop taking Opioids suddenly without discussing it with your medical team as your body may need time to adjust to the change.

## *how will taking Opioids affect my day-to-day life?*

You should be able to carry on with your usual activities whilst taking Opioids. You may find activities are easier as your pain is more controlled. Driving may be possible, but when first starting Opioids or changing the dose it is important to be aware that you may feel less alert. This may affect your ability to perform manual tasks or drive during this period.

It is against the law to drive if your driving ability is impaired by medication. A new law relating to driving with certain drugs above specified limits in the body came into force in March 2015. The list of drugs includes Opioids such as: Morphine, diamorphine and methadone.

If you are found to be driving with any of these medicines above the limits in your body, you could be guilty of breaking the law. However, if you are taking the medicines according to the advice of your prescriber or leaflet in the package, and your driving is not impaired, then you are not. It is advisable to keep a copy of your prescription in the vehicle with you.

**Remember, as in any other situation, you should only drive if you feel completely safe to do so.**

## *will my dose change and is there a maximum dose?*

There is no standard or maximum dose of Opioids. The amount needed to control symptoms varies from person to person depending on many factors, including their pain threshold and where the disease is in their body. Usually people start with a

low dose and this is gradually adjusted to reach the right dose that controls symptoms but causes the least side effects. Over time, as people change and the disease is treated, their dose of Opioids may need to be changed (reduced or increased).

### *who will monitor my medication?*

Opioid doses can change over time as your illness and symptoms change. Your medication will be monitored by your clinical team which includes your GP and Palliative Care Doctors and Specialist Nurses. If you have any concerns or questions about your medication you should talk to your clinical team. We have included some useful contact numbers for advice on the back of this leaflet.

### *where should I keep my medication?*

Opioids are strong pain medicines that have been carefully prescribed for you by your doctor or nurse. Like with all other medications, if they are taken by someone else who is not used to Opioids they can be dangerous. As with other medication always store in a secure place out of sight and reach of children and pets.

### *any further questions?*

If you have any further concerns regarding your medication please speak to your GP or palliative care team.

### *do I have to pay for services from Phyllis Tuckwell?*

No, all services offered by Phyllis Tuckwell are free. As a charity we are dependent on the local community for their generosity and financial support. We usually only receive around 20% of our funding from the NHS/Government and therefore we have to raise over £25,000 a day to provide all our services. If you would like to make a donation, please ask a member of staff, or visit our website. Thank you.

## useful telephone numbers:

**Phyllis Tuckwell**

01252 729400

**Phyllis Tuckwell Community Team**

01252 729421

**Name of your Clinical Nurse Specialist (CNS)  
or Palliative Medicine Doctor:**

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## other useful sources of information:

**NICE Guidance. Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults. <https://www.nice.org.uk/guidance/cg140>**

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***Large print version  
available on request.***

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