



Specialist Palliative Care Team

Strong Opioids

Strong opioids are pain killers that are used to manage pain that has not been controlled by weaker pain medications. They can also be used to relieve breathlessness or cough.

Opioids can come in different preparations such as liquids, tablets or capsules. They can also be given by injection or by using a skin patch. The names of some of the most commonly used strong opioids are:

Morphine/Oramorph/Zomorph
Diamorphine
Oxycodone/Oxynorm/Oxycontin
Buprenorphine
Fentanyl

Some opioids are 'fast acting' which means that they act quickly (within about 30 minutes) and last for about 4 hours. Others are 'long acting' or 'modified release' which means they release into your blood stream gradually, usually over a 12 hour period. They should be taken at regular times each day, e.g. 8.00am and 8.00pm. There are also pain relieving patches that are applied to the skin, these release the medication over a period of days.

Are there any side effects from opioids?

Drowsiness: Some people feel drowsy when they first start taking opioids or after an increase in dose, but this should improve after a few days. It is advisable not to drink alcohol and avoid driving or operating machinery if you are feeling drowsy.

Constipation: this affects most people taking opioids or any other strong pain killers and it is usually necessary to take laxatives regularly. It is important for you to try to drink plenty of fluids.

Nausea or vomiting: some people experience nausea (and rarely vomiting). This should improve after a few days, but if it becomes problematic you may be prescribed anti-sickness medication.

Precautions

The following symptoms require a prompt review by a doctor or nurse:

- Feeling more sleepy than usual.
- Feeling sick all the time.

- Restless or feeling agitated.
- Bad dreams or hallucinations.
- Confusion.

The doctor or nurse may need to adjust the dose of the medication or use an alternative medication.

General information

Driving

Taking opioids doesn't mean you can't drive. However a new law about driving came into force in March 2015 that advises that you should not drive after taking your medicines until you know how they affect you. Do not drive if you feel drowsy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision. You should inform your insurance company that you have been prescribed opioids. It is your legal responsibility to carry documentation as evidence that this is a prescribed medication, but if your driving is impaired then you are guilty of breaking the law.

Alcohol

Drinking a small amount of alcohol with opioids is fine. However, you may feel more drowsy than usual.

Addiction or tolerance to opioids

When opioids are used for the purpose of controlling pain there is no evidence to suggest that they cause addiction. You will not become tolerant to opioids, but if your pain worsens you may have to take an increased dose.

Stopping opioids

If you consider reducing or stopping your opioids, it is advisable that you do so in discussion with your doctor or nurse. It is preferable to reduce the doses gradually in a planned way, so you do not get withdrawal effects from stopping too quickly.

Increasing the dose of opioids

It is sometimes necessary to increase the dose of your opioid medication, particularly when you first start taking it in order to get the correct dose for you. Further increases in dose may be needed over time if the pain gets worse, under the guidance of your nurse or doctor.

Storage

It is important that opioids are stored in a safe, dry place out of the reach of children and pets.

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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