

Opioids for pain relief

Opioids are pain-relieving medicines similar to morphine. They are usually used when other pain relievers cannot control pain or cannot be used. Opioid treatment needs close medical supervision. Ask your doctor and pharmacist for advice.

Opioids are not suitable for everyone. In Australia, the opioids most commonly used are buprenorphine, codeine, fentanyl, hydromorphone, methadone, morphine, oxycodone, tapentadol and tramadol.

All opioid pain relievers must be prescribed by a doctor. The choice of opioid usually depends on how bad the pain is and whether the pain is acute (short term) or chronic (long term). Opioids are available in different forms including tablets, capsules, lozenges, liquids and skin patches.

Opioids differ in how fast they relieve pain, and how long their effects last.

- Some products release opioids into the body quickly (immediate or fast-release products). Each dose usually gives fast pain relief, but the effect may last only a few hours (e.g. 4–6 hours).

- Some products release the opioid into the body slowly (modified-, slow-, extended-, prolonged- or controlled-release products). Each dose may give slower pain relief than a fast-release product, but the effect may last for longer (e.g. 12–24 hours). Opioid skin patches can relieve pain continuously for 3 or 7 days.



Opioids cannot always give total relief from pain. They are often used together with other pain-relieving medicines and non-medicine therapies. This helps to achieve the best possible pain control.

Opioids for chronic pain

Chronic pain is a type of pain that occurs on most days of the week for longer than 3 months. If you have chronic pain and require an opioid, your doctor will usually first prescribe an opioid for a trial period (e.g. 4–6 weeks), to see how well it controls your pain and improves your quality of life (e.g. sleep, mood, sex life, social activities). Treatment usually starts with a low dose to decrease the chance of side effects. The dose is then slowly increased until the pain is well controlled. Your doctor may prescribe fast-release and slow-release forms of the opioid while the dose is being adjusted.

Once the pain is well controlled, treatment usually continues with a slow-release form of the opioid. Your doctor should review this on a regular basis to determine how long you need to stay on the medicine.

If the pain cannot be controlled or doesn't improve function or wellbeing within 4–6 weeks of treatment, you may need to try other treatments or another opioid. Opioids are just one part of treating chronic pain, they are usually taken short term and should be combined with other treatments as part of a pain management plan.

Side effects

Opioids can cause a number of side effects, including constipation, nausea, drowsiness, clouded thinking, headache, skin itching, sweating, dry mouth and breathing problems.

They can also cause dependence and tolerance. Side effects and other problems can usually be prevented or well managed. Always ask your doctor or pharmacist for advice.

Constipation

Constipation is a very common side effect of opioids. A high-fibre diet, drinking enough water regular exercise and laxative medicines can help to prevent constipation. It is especially important to prevent constipation if you are using opioids long-term.

Nausea

You can get nausea (and vomiting) when you start an opioid, but it usually stops after a few weeks of treatment. It may be relieved with anti-nausea medicines or by changing to a different opioid.

Drowsiness

You can feel drowsy (sleepy) when you start an opioid or when the dose is increased. The drowsiness usually lessens within a few weeks, but if it continues the doctor may lower your dose or change you to another opioid. This drowsiness can be increased by some medicines and by drinking alcohol.

Remember – when you are drowsy it is dangerous to drive, cycle, operate machinery or do other activities that need you to be alert.

Dependence and withdrawal

Opioids can make people physically dependent on opioids. This is not the same as addiction. Dependence means your body is used to having the opioid in its system, and withdrawal symptoms will occur if the opioid is suddenly stopped. Withdrawal symptoms include sweating, anxiety, agitation, muscle aches, nausea and diarrhoea. Dependence can develop if you take an opioid every day for more than a few days.

If long-term opioid treatment needs to be stopped, the opioid dose must be reduced slowly to avoid withdrawal symptoms. This must be done under medical supervision.

Tolerance

Tolerance means the pain-relieving effect of the same opioid dose in one person decreases over time. It is a common problem and must be carefully managed by a doctor. Tolerance can sometimes be managed by switching to a different opioid.

Overdose

A drug overdose means taking more of one medicine or drug, or combining more medicines or drugs, than your body can safely handle. Some people who take opioids may be at risk of having an overdose. Naloxone is a medicine that can reverse an opioid overdose and is available from

pharmacies without a prescription. Ask your doctor or pharmacist for advice.

An overdose is a medical emergency. Call an ambulance (000) immediately if you suspect somebody who has taken opioids may have overdosed.

Self care

- Ask your doctor to help you make a pain management plan.
- Learn both the medicine name and the brand name of the opioid you use.
- Do not change your opioid dose unless advised by your doctor.
- Do not crush, break or chew slow-release products. This can be dangerous.
- Do not give or sell your opioid to another person, or take an opioid that was not prescribed for you.
- Check with a doctor or pharmacist before taking other medicines while on opioids.
- Do not drink alcohol while on opioids.
- Have a healthy diet. Eat a variety of vegetables, fruits, wholegrain/ wholemeal foods, protein-rich foods (e.g. nuts, lean meats, fish, eggs, beans) and low-fat dairy foods every day. Limit foods high in fat, sugar or salt.
- Drink enough water every day to satisfy your thirst and to keep your urine 'light-coloured' (unless a doctor advises you not to).
- Return opioids you no longer need to your pharmacy; do not put them in the rubbish. There are laws about how opioids must be stored and destroyed.

Important

Follow your pain management plan. Tell your doctor and pharmacist what pain-relieving medicines you use, and how often you use them.

Get advice from your doctor and pharmacist if you are using opioid treatment and:

- you want to take more or less of the opioid than prescribed
- you have opioid side effects
- you feel your pain is not well controlled
- you are pregnant or planning to become pregnant.

Related fact cards

- » *Back pain*
- » *Chronic pain*
- » *Constipation*
- » *Dry mouth*
- » *Headache*
- » *Medicines and driving*
- » *Migraine*
- » *Osteoarthritis*
- » *Pain relievers*
- » *Relaxation techniques*
- » *Rheumatoid arthritis*
- » *Sprains and strains*
- » *Wise use of medicines*

For more information

Australian Pain Management Association

Phone: 1300 340 357 (Pain Link Helpline)
Website www.painmanagement.org.au

Alcohol and Drug Foundation

Website: www.adf.org.au

Chronic Pain Australia

Website: www.chronicpinaustralia.org.au

Painaustralia

Website: www.painaustralia.org.au

Healthdirect Australia

Phone: 1800 022 222
Website: www.healthdirect.gov.au

NPS MedicineWise

Medicines Line

Phone: 1300 MEDICINE (1300 633 424)
Website: www.nps.org.au

Consumer Medicine Information (CMI)

Your pharmacist can advise on CMI leaflets

Poisons Information Centre

In case of poisoning phone 13 11 26 for expert advice.

Pharmacists are medicines experts.

Ask a pharmacist for advice when choosing a medicine.

Your Self Care Pharmacy: