

Patient information

Taking strong opioids to treat pain in advanced, progressive disease

Introduction

Strong opioids (such as morphine) are painkillers that act on the central nervous system to alleviate pain when other types of pain relief do not help. 'Advanced, progressive disease' refers to conditions that are likely to get worse over time and for which there is unlikely to be a cure (such as advanced cancer, heart disease, liver disease, lung disease, kidney disease, HIV and some diseases of the nervous system).

Common concerns about taking strong opioids

Some people worry that they will become addicted to strong opioids or that there will be unpleasant side effects. Addiction to opioids is very unlikely and you will be monitored carefully for side effects. Being offered strong opioids can happen at different stages in the course of a disease and it does not necessarily mean you are close to the end of your life.

Starting treatment with strong opioids

The first opioid treatment you should be offered is morphine. Morphine can be taken by mouth in forms such as tablets, capsules, liquid or powder. You will be offered one of two types of morphine: this should either be a short-acting type that you will need to take several times a day (called immediate-release), or a sustained-release type that can be taken less frequently (called sustained-release, because it is absorbed slowly by the body over several hours allowing its effects to last longer).

If you are taking sustained-release morphine you should also be offered a supply of immediate-release morphine which you can take as well to help you to manage any breakthrough pain.

There is no standard dose of strong opioid: the amount needed to control pain varies from person to person. Over the first few days the amount of morphine you are taking will be monitored and adjusted to find the lowest dose that controls your pain with the fewest side effects.

As with all medications, strong opioids should be stored in a safe place out of reach of children.

Continuing treatment for your pain

After a dose of opioid has been found that controls your pain, you may be offered a sustained-release form of morphine that you can take by mouth to continue your treatment. You may have already started your treatment with a sustained-release form of morphine, in which case this will be continued.

You should not usually be offered an opioid patch for your continuing treatment if you are able to take your morphine by mouth.

If you have trouble swallowing

If you cannot take opioids by mouth and your pain is fairly stable (that is, it remains steady and does not fluctuate), you may be offered an opioid patch that releases the medication through the skin. If your pain is fluctuating, injections may be considered instead.

Reviewing pain control

When you start taking strong opioids you will be reviewed regularly to monitor your pain control and any side effects. Adjustments in the dose or type of strong opioids can be needed at any time during treatment but this is particularly likely at the beginning of treatment. The doctor or nurse who manages your pain should tell you how often you will be reviewed and who to contact if you have any problems. You should inform the doctor or nurse who normally manages your pain if you feel your pain is not controlled or if you often need to take two or more doses of immediate release morphine in a day. If your pain is not well controlled, even after your medication has been adjusted several times, your healthcare professional may ask for advice from a specialist.

Managing side effects

Constipation

Constipation (when passing stools becomes difficult or painful, or you pass stools less often) affects nearly everyone who takes strong opioids. You should usually be given laxatives to relieve constipation. Laxatives work by making the stools looser or stimulating the bowels to work. They can take time to work so it is important to continue taking them as directed.

Nausea

You may experience nausea (feeling sick) when starting strong opioids or when the dose is increased, but it is likely to last only a short time. However, if it persists, you may be given anti-sickness medication to relieve your symptoms.

Drowsiness

You may experience mild drowsiness or problems with concentration when starting strong opioids or when the dose is increased, but it is likely to last only a short time. This may affect your ability to carry out manual tasks such as driving. If you have more severe or long-lasting problems with drowsiness or loss of concentration your healthcare professional may change the strong opioids you are taking, reduce the dose or seek specialist advice.

Adapted from *Information about NICE clinical guideline 140*. National Institute for Health and Clinical Excellence 2012

Who to contact

If you have further questions relating to opioids or are having difficulty controlling your pain please contact the person responsible for your care, for example your GP, hospital doctor or Palliative Care Nurse Specialist. There is a space below to record the name and telephone number of this person.

Name

Telephone number