

Possible Side Effects of Methadone

Patients with a history of heart problems may be at risk of additional cardiac complications.

An excess of Methadone in the bloodstream (i.e. an unintentional overdose, which is more likely to occur during the initial stages of Methadone use as discussed above) may lead to drowsiness and serious breathing problems.

More common side effects include constipation, nausea and dry mouth. Some people will experience less constipation than with their previous drug regime and some over-activity and loosening of stools are possible.

Interactions with other medications

Methadone levels in the blood may be altered by a number of medications including some antidepressants and some anti-seizure medications. It is important to let your doctor know you are taking Methadone before taking any additional medication.

Methadone levels are also effected by St John's Wort and grapefruit so these should be avoided.

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Methadone

Patient information

What is Methadone?

Methadone is classed as a strong opioid painkiller. It is in the same family of drugs as Morphine, Oxycodone and Fentanyl – you are likely to have taken one or more of these drugs before.

For whom is it prescribed?

Methadone is used in Palliative Care as a strong painkiller. It is used for patients in whom the more common opioid painkillers (e.g. Morphine) have not been effective. It may also be useful in patients with longstanding kidney problems who are on dialysis.

How is it given?

Whenever possible Methadone is given by mouth. It is available either as tablets or as a liquid medication.

Your doctor will calculate the dose of Methadone that you require based on your current dose of opioid painkiller.

When you start Methadone it will usually be as a replacement for another opioid. Initially you will take it as needed for your pain (with a minimum of 3 hours between each dose). Your doctor will prescribe an alternative painkiller in case you get pain before the 3 hours is up. After a number of days your doctor will convert the Methadone to a regular dose which is taken twice a day.

Patients will usually be admitted to the Hospice to commence Methadone so they can be closely monitored and the dose adjusted as necessary.

How does it work?

When you take your first dose of Methadone some of the drug enters the bloodstream and some is absorbed into the fat cells in the body.

The Methadone which enters the bloodstream acts as a painkiller. It works quickly and then wears off.

The Methadone which is absorbed into the fat cells does not initially have any effect on your pain or the way you are feeling. However over time the fat cells gradually release this Methadone into the bloodstream. Once in the bloodstream the Methadone can work as a painkiller.

Gradually the body's fat cells become full (saturated) with Methadone. At this point they release Methadone into the blood stream at a more constant, predictable rate. This means pain is controlled more consistently over a 24 hour period. This process takes about a week.

Because of the way Methadone is released by the body, you are likely to need to take a smaller total daily dose after 1 week than you need in the first couple of days.

As it is difficult to predict how much Methadone is being released initially by the body's fat cells, there is a risk of you having too much Methadone in your bloodstream when you first start taking the drug – despite the fact you may be experiencing pain. Large amounts of Methadone in the bloodstream may lead to dangerous side effects, which is why the dose is limited to every 3 hours.