

1. WHAT IS MORPHINE?

It is made from opium poppies. It works as a strong painkiller and when used correctly in the right sort of dose there is no evidence that it either shortens or prolongs life.

2. HOW IS MORPHINE TAKEN?

These are two common ways of taking Morphine: -

(i) **As slow acting Morphine:**

This is usually as slow release tablets which last twelve hours. Examples of these are MST continuous and Oramorph SR. They come in a variety of strengths from 5mg through to 200mg. Because they last for twelve hours, they need to be taken at 12 hourly intervals e.g. 9.00am and 9.00pm or 10.00am and 10.00pm. They are not suitable for a sudden sharp pain in between. Slow release Morphine is also available in a liquid form.

(ii) **Fast acting Morphine:** -

This comes as a liquid (Oramorph) or as tablets (Sevredol). Again a variety of strengths may be subscribed. It starts to work within half to one hour of being taken and lasts for four hours. Fast acting Morphine is suitable for sudden pain despite your regular painkillers (breakthrough pain).

The name for my slow release Morphine is: -

.....

My present dose is: -

.....

If I have pain in between I can take: -

.....

3. DOES TAKING MORPHINE MEAN I AM NEAR THE END OF THE ROAD?

Morphine is a strong painkiller. Doctors and nurses use it when there is strong pain. It can be administered after a serious accident or after an

operation as well as being useful for cancer pain that is not relieved by more simple painkillers. The time to start using Morphine is when the pain is bad enough.

4. DOES MORPHINE WORK FOR ALL PAIN?

NO. Some pains are helped by Morphine. Your doctor will discuss this with you and sometimes it is necessary to take other painkillers at the same time as Morphine.

5. WILL I NEED LARGER AND LARGER DOSES TO CONTROL THE PAIN?

Sometimes it is necessary to steadily increase the dose of Morphine, particularly when beginning treatment in order to work out the right level of painkiller for you. This is done slowly and steadily over a few days or sometimes a week or two. Further dose adjustment may be necessary as your illness goes on, but this only happens when the pain itself is getting worse. It does not mean that the Morphine is losing its effect.

6. WHAT SIDE-EFFECTS WILL I GET?

(i) **Constipation** – although Morphine is a good painkiller almost everybody who takes it gets constipated. You should make sure your doctor routinely prescribes a good laxative, which you need to take on a regular basis. This side-effect can also be helped by eating more fruit, vegetables, brown bread, bran based breakfast cereals and drinking plenty of liquids.

(ii) **Vomiting** – about a third of people starting Morphine can feel sickly or even vomit in the first week to ten days of treatment. Fortunately, the sickly feelings then usually disappear. If you are troubled by this side-effect an anti-sickness tablet can be prescribed for you to help you through the first week or two of treatment.

(iii) **Drowsiness** – sometimes when starting Morphine or after increasing the dose, people feel more sleepy or drowsy than usual for a day or two. For most people this quickly wears off. If it affects you, you should be careful not to drive or operate dangerous machinery. Less common side-effects when taking Morphine are: - Unsteadiness, confusion, sweating, blurring of vision and a dry mouth.

7. WILL I BECOME ADDICTED TO MORPHINE?

When morphine is used as a painkiller, we know of no evidence that it causes addiction. If another treatment is possible that takes pain away we often find that we can reduce or even stop Morphine. If you need to reduce or stop your Morphine, it is wise to do this in discussion with a doctor, as we like to reduce the dose gradually.

8. WHAT ABOUT DRIVING?

Taking Morphine does not automatically mean you cannot drive. You need to discuss driving with your doctor and common sense is needed. If your general alertness or concentration is less or if you are physically weak or ill, it may not be wise to drive. If your doctor says driving is O.K. follow these general guidelines: -

- Do not drive in the dark or in bad conditions.
- Do not drink any alcohol before driving.
- Do not exhaust yourself by driving long distances.

9. CAN I DRINK ALCOHOL?

YES. It is quite safe to drink alcohol while you are taking Morphine. You may find that a combination of Morphine and alcohol make you feel sleepy or drunk much sooner than usual, so it is sensible to drink much less than you are used to until you know what sort of effect it has on you.

10. MY MORPHINE DOSE

Long lasting Morphine (MST or Oramorph SR)*

	DATE	DOSEAM (fill in time)	DOSEPM (fill in time)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



Fast acting Morphine (Sevredol, Oramorph or Morphine Elixir)*

If you get pain despite taking long acting Morphine you can safely take fast acting Morphine 4 hourly as necessary. It will work within ½ - 1 hour and last up to 4 hours. If you are needing more than two doses a day please consult your doctor.

Your dose of fast acting Morphine is:.....

	DATE	DOSE
1		
2		
3		
4		

MORPHINE INFORMATION LEAFLET

* Delete where necessary.