

What are opioids?

Opioids are a type of pain management medicine. Codeine and dihydrocodeine are weak opioids. These are often prescribed in combination with paracetamol (co-codamol and co-dydramol). Strong opioids include tramadol, morphine (Zomorph®) and oxycodone (Longtec®). They should only be used by the person they are prescribed for.

Opioids for chronic (long term) pain relief

While some types of pain, e.g. cancer pain, respond well to opioids they are not effective in many chronic pain conditions. Research shows they have limited benefit especially with long term use. Side effects and risks need to be balanced against any benefits. Taking these medicines may affect your ability to drive.

Your GP should explain the differences between sustained release and immediate release formulations, when they are prescribed together.

You may need to show identification when you collect your medicines and your community pharmacist will advise you on how to safely dispose of these medicines.

When opioids are used to treat chronic pain there can be benefit initially but this may not continue. For many patients, opioids provide little or no pain relief in the long term and can lead to an overall reduction in the quality of life.

It is important to remember that taking medicines for your pain is only one part of managing your pain. Learning more about your pain and other ways to manage it may be more beneficial in the longer term.

Why reduce

A trial reduction of opioids should be considered every 6-12 months, when prescribed for chronic pain. A review and trial reduction can be useful to check:

- whether you are still getting benefit
- if it is causing you any side effects
- and minimise long term risks.

Long term risks of opioids

There are risks of taking opioids long term. They can affect your hormone system and bone mass. They can affect your immune system making you more likely to get infections. They may also cause 'hyperalgesia' where you may feel an increase in all-over pain.

Opioids have the potential to cause tolerance, dependence and addiction, although this is rare when taken as prescribed for chronic pain. This is more likely if they are or have been dependent on other drugs, alcohol or nicotine.

Physical dependence to opioids can develop when taken regularly for more than a few weeks. Suddenly stopping these medications can cause withdrawal effects which are uncomfortable but are not life threatening.

Tolerance is a need for higher doses to maintain the same level of pain relief. If tolerance becomes a significant problem this may mean that the prescribed opioid will need to be gradually withdrawn.

Addiction is a psychological dependence with patterns of behaviour associated with obtaining and consuming the medicine. If it is felt this is happening the prescribed opioid will be gradually withdrawn.

Abuse is a term meaning that the medicine is not being used in a responsible way as prescribed. When abuse of the prescribed opioid is suspected it will be gradually withdrawn.

If you think you are having any of these effects or if you have any worries about them, please discuss these with your doctor, pharmacist or pain specialist. Not everyone will experience these long term side effects.

Withdrawal effects

Not everyone experiences symptoms but they are more likely if you stop opioids suddenly or reduce the dose too quickly.

You may get withdrawal effects such as anxiety, aching muscles, runny nose, hot and cold flushes, yawning, poor sleep, nausea, vomiting, stomach cramp or diarrhoea. These symptoms can occur 24 to 48 hours after the last dose and can last up to three weeks.

If you do get withdrawal effects then do not reduce further. Maintain the dosage that you have reduced to. Wait for the withdrawal effects to stop before reducing further. You may need to reduce more slowly or by smaller amounts to manage these effects. If withdrawal effects continue to persist then speak to your doctor, pharmacist or pain specialist.

Reducing opioids

The most suitable way to reduce or withdraw the opioid depends on the individual, the dose and how long it has been taken for.

A dose reduction plan can be discussed and agreed with your doctor, pharmacist or pain specialist. You may need different strengths of your medication to do this.

A reduction of 5-10mg (or 10%) of your total daily dosage of morphine is often recommended. The dose should only be reduced every 1 or 2 weeks.

For example, If you are taking Morphine (Zomorph®) at a dose of 50mg twice a day you could try reducing the dose by 10mg. You would then be taking 40mg in the morning and 50mg at night. This should be maintained for 1 or 2 weeks.

If after this time your symptoms are no worse than when you were on the higher dose then you are ready to make the next dose reduction. This process can be repeated until the opioid is withdrawn.

What if my pain increases?

Pain medication can often be reduced without any increase in pain. If your pain does increase then do not reduce further. Maintain the dosage that you have reduced to until the pain settles. If the increased pain does not settle then speak to your doctor, pharmacist or pain specialist.



Opioids: How to reduce or discontinue using them

Patient Information Leaflet

Adapted from NHS Fife Opioids: How to reduce or discontinue patient information leaflet.

November 2020