**Patient Information Leaflet⁽¹⁹⁾**

**Information for Patients – Opioids for Persistent Pain**

**What is persistent pain?**

Persistent pain is a pain that lasts for more than three months and can last for years. Some persistent pain starts because of a specific injury but it is not always clear why some people get persistent pain.

Pain that doesn’t get better can cause tiredness, irritability and distress. Your sleep may be affected and it can cause problems with daytime activities and moving around. Because of this, it can also affect relationships with friends and family.

Persistent pain can be difficult to treat and usually it is not possible to get rid of the pain completely.

Your health-care team may be able to offer help in treating symptoms and to reduce the effect the pain has on your life.

**What are opioids?**

Opioid medicines either come from the opium poppy or are chemically related to drugs made from opium. Opioids have been used for many years to treat pain.

Common forms include opioids such as:

* codeine
* dihydrocodeine
* tramadol
* morphine
* oxycodone
* methadone
* fentanyl
* buprenorphine
* diamorphine

Sometimes opioids are combined with paracetamol in one tablet. These combinations include:

* codeine and paracetamol (co-codamol);
* dihydrocodeine and paracetamol (co-dydramol)
* tramadol and paracetamol (Tramacet).

Your health-care team may recommend that you take regular paracetamol alongside your opioid. This can enable the dose of the opioid to be adjusted, reducing the amount required and reducing the incidence of side-effects.

Opioid medicines can help manage some but not all types of persistent pain. Some types of pain might respond better to other medicines than to opioids. Some types of pain need opioids together with other types of medication. Your team will only prescribe opioids for you if they think they are the best treatment for your pain. It is unusual for opioids to get rid of pain completely.

**The aim of treatment is to reduce your pain enough to help you get on with your life.**

Medicines work best if you combine them with other ways of managing symptoms such as regular activity and exercise, and doing things which are satisfying or enjoyable, such as work or study, and social activities.

Setting goals to help improve your life is an important way to see if medicines are helping. Your health-care team will adjust the dose to give you pain relief most of the time, and so you don’t get too many side effects. Short-acting opioid drugs and opioids which can be injected are not very useful for managing continuous pain. You should always take the correct dose of prescribed medicines. If you feel the dose isn’t enough, or if the side-effects interfere with your life, you should discuss this with your health-care team.

**What are the side-effects of opioids?**

When you first start taking opioids you can get some side effects, which usually stop after a few days. These include:

* feeling dizzy
* feeling sick (nausea)
* being sick (vomiting)
* feeling sleepy
* feeling confused

These side-effects can go on for longer than the first few days. Your health-care team may give you some other medicines to help, such as anti-sickness tablets.

If pain has affected your sleep, opioids may help you to recover your normal pattern of sleep, but they should not make you drowsy in the daytime.

Opioid medicines can cause some problems when you take them for long periods of time. These problems include:

* constipation
* itching
* weight gain
* lack of sex drive
* difficulty breathing at night. This is most common if you are overweight and if you snore heavily. If you have a condition called obstructive sleep apnoea it may not be safe for you to take opioids.

Constipation is a common problem. You may need to try laxatives to treat constipation. If you experience a lot of side-effects your team may suggest changing to another opioid drug.

**What are the long-term effects of taking opioids?**

If you take opioid medicines for many months or years it can affect your body in other ways. These problems are more common if you take high doses of drugs for long periods. These problems include:

* reduced fertility
* low sex drive
* irregular periods
* erectile dysfunction in men (the inability to keep an erection)
* reduced ability to fight infection
* increased levels of pain

If you are worried about any of these problems, please discuss this with your health-care team. Your team will be able to tell you whether you are at risk of developing these problems.

**Can I drive if I am taking opioids?**

A law about driving after taking certain drugs, including some opioid medicines came into force in 2015.

* This law states that it is an offence to drive with certain drugs (including morphine) above specified levels in the body, whether your driving is impaired or not.
* If you are taking these medicines as directed and your driving is not impaired, then you are not breaking the law.
* It may be helpful for you to keep some suitable evidence with you when driving, which shows that you are taking the opioid as a medicine prescribed by a healthcare professional and in accordance with the leaflet accompanying the medicine.
* Keep taking your medicines as prescribed.
* Check the leaflet that comes with your medicines for information on how your medicines may affect your driving ability.
* Do not drive after taking your medicines until you know how they affect you.
* Do not drive if you feel drowsy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.
* If your driving is impaired then you are guilty of breaking the law.

You are responsible for making sure you are fit to drive. The only organisation that can advise you about your legal right to hold a driving licence is the Driving and Vehicle Licensing Authority (DVLA).

**Will my body get used to taking opioids?**

Opioids can become less effective with time (this is called tolerance). This means that your body has got used to the pain-relieving effect of the medicine. You can also become dependent on opioid medicines (dependence). This means that if you stop taking the drug suddenly, or lower the dose too quickly, you can get symptoms of withdrawal. If you run out of medicine, you can experience the same symptoms which include:

* tiredness
* sweating
* a runny nose
* stomach cramps
* diarrhoea
* aching muscles

**Can I become addicted to opioids?**

We do not know exactly how many people get addicted when they are taking opioids for pain relief but it is very uncommon.

People who are addicted to opioids can:

* feel out of control about how much medicine they take or how often they take it
* crave the drug
* continue to take the drug even when it has a negative effect on their physical or mental health

Addiction may be more common in people who have been addicted to opioids (including heroin) or to other drugs (or alcohol) before; and in people with severe depression or anxiety. This does not mean that if you have had an addiction problem before or you are very depressed and anxious you will become addicted. It only means that you are more likely to become addicted than someone who has not had these problems. Most people do not become addicted.

So, if you have had a problem with drug or alcohol addiction in the past this doesn’t mean that you cannot take opioid medicines for your pain. However, your health-care team will need to know about your past or current drug-taking to prescribe opioids safely and to help you watch out for warning signs.

**What should I do if I want more information?**

Please talk to your doctor or pharmacist. They are knowledgeable and experienced with medicines and will be pleased to answer your questions.

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| **Your Prescriber’s Contact details:**  Name:  Contact details: |

Adapted from *‘opioids for persistent pain’* with permission from the British Pain Society.

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