

Dosage

The dose of opioid prescribed will vary from person to person. Make sure you know the dose prescribed for you.

Do not take more than advised or increase the dose without medical advice.

You should aim to take the lowest dose possible for the shortest period of time.

Do not suddenly stop taking your opioid. The dose should be reduced gradually to avoid withdrawal effects.

Overdose

Taking too much opioid medicine is called an overdose. It can be accidental. Overdose is serious. It may cause death.

Signs of an overdose include;

• Confusion or hallucinations	• Slurred speech
• Blue or purple lips or finger nails	• Very small pupils in the eyes
• Unresponsive or unconscious	• Heavy or unusual snoring
• Difficulty breathing or no breathing	• Poor coordination or balance

If overdose is suspected, seek immediate medical attention. Dial 999.

Remember

- Not all medication is suitable for every patient
- Do not share or take other people's medication
- Keep medicines out of the reach of children
- Return any leftover medicine to your pharmacy

FIFE PAIN MEDICINES PATIENT SAFETY PROGRAMME



Opioids

Patient Information Leaflet

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NHS Fife SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

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Opioids

This leaflet gives information about opioids in chronic pain management. Please read the patient information sheet given with each medication. It will give you more information about the medicine and any side effects. If you have further questions or concerns speak to your doctor, pharmacist or pain specialist.

Some types of acute pain may respond to opioids. However, they are generally not helpful for chronic pain conditions and only benefit around 1 in 5 people. Research shows they have limited benefit with long term use. Side effects and risks need to be balanced against potential benefits.

Codeine and dihydrocodeine are weak opioids commonly prescribed in combination with paracetamol (co-codamol and co-dydramol). Stronger opioids include tramadol, morphine and oxycodone. These are controlled drugs and are subject to tighter prescribing regulations.

Taking medicines is only one part of managing chronic pain. Learning more about other ways to manage it may be more beneficial in the longer term.

Side effects?

All medicines can cause side effects but not everyone will get them. A full list is in the patient information sheet with your medication.

You may have more side effects at the beginning of treatment or when the dose is increased. Alcohol may make side effects worse and should be avoided.

Common side effects are sleepiness, confusion, constipation, feeling sick and occasionally vomiting.

Less common side effects are itching, sweating, dry mouth, headache, rash or slow and shallow breathing. Some of the side effects go away within a few days whereas others may continue.

The risk of slow and shallow breathing is increased when other respiratory suppressants, such as gabapentinoids, benzodiazepines or alcohol, are also taken.

Do not drive when starting opioids or adjusting the dose or if you feel unable to do so safely. It is a criminal offence to drive a vehicle whilst unsafe due to medication use.

Longer term risks

- Tolerance, dependence and addiction. This is more likely the longer an opioid is taken and if reliant on other drugs, alcohol or nicotine
- Affect the body's hormone and immune systems
- 'Hyperalgesia', worsening all-over pain.

If these risks occur the opioid should be gradually withdrawn.

Opioid Trial

You and your doctor may agree it is appropriate to trial an opioid. This should be a shared decision following assessment and consideration of other options. It may be helpful to agree the treatment contact below.

An opioid trial can be assessed in one or two weeks. If there is no improvement in pain and function the opioid should be stopped.

Prescribing of opioids requires ongoing review to assess the benefits and risks. Initially this is every few weeks, then months, and at least every 6-12 months thereafter. Even when there is benefit initially, this may not continue in the longer term.

Treatment Contract

For the use of opioids for the management of chronic pain

Patient Name: _____
Address: _____ _____
DOB: _____
(Affix label)

I,understand that is to be prescribed to me in an attempt to improve my level of functioning and reduce my pain. My medical practitioner and I have discussed that opioid (morphine-like) medicines may only be partially helpful in achieving this goal and on occasion will not help at all. I understand that an opioid medicine is only one part of the management of my chronic pain. My medical practitioner and I agree to the following conditions regarding my treatment and the prescribing of an opioid medicine for my pain:

1. My medical practitioner is responsible for prescribing a safe and effective dose of an opioid medicine. I will not use an opioid medicine other than at the dose prescribed and I will discuss any changes in my dose with my medical practitioner.
2. I am responsible for the security of my opioid medicine. I understand that Lost, misplaced or stolen medicines or prescriptions for opioid medicines will not be replaced.
3. I will only obtain my opioid medicine from the medical practitioner who signs this contract, or other medical practitioners in the same practice authorised to prescribe for me. I understand that no early prescriptions will be provided.
4. Whilst most people do not have any serious problems with this type of medicine when used as directed, there can be side effects. My medical practitioner has explained the main ones to me, and I will tell him or her if I experience what could be side effects.

5. Dependence or addiction to prescription pain killers is estimated to occur in 1 in 20 patients. Either your medical practitioner or Addiction Services can help you with any problem drug use.

6. As possible dependence is important in the management of my pain, I have informed my medical practitioner of any present or past dependence on alcohol or drugs that I may have had, and of any illegal activity related to any drugs (including prescriptions medicines) that I may have been involved in.

7. If there are concerns that the medication is not used properly as prescribed and there are issues of safety to children the prescriber may discuss this case with other non NHS agencies

8. I am aware that providing my opioid medicine to other people is illegal and could be dangerous to them.

9. My medical practitioner respects my right to participate in decisions about my pain management and will explain the risks, benefits and side effects of any treatment.

10. My medical practitioner and I will work together to improve my level of functioning and reduce my pain.

11. I understand that my medical practitioner may stop prescribing my opioid medicine or change the treatment plan if my level of activity has not improved, if I do not show a significant reduction in my pain, or if I fail to comply with any of the conditions listed above.

Patient Signature: _____	Date: _____
Name: _____	
GP Name: _____	
GP Signature: _____	Date: _____