

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 be reduced every 1 or 2 weeks.

Example 1

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 you are ready to make the next dose reduction. This process can be repeated in 10mg steps until the opioid is withdrawn.

Example 2

If you take tramadol 50mg two capsules four times a day you could try reducing to tramadol 50mg capsules two in the morning, one and at lunchtime, two at teatime and two at night. You can reduce the dose in steps of one capsule every week or more slowly if needed.

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 increase in pain does not settle then speak to your doctor, pharmacist or pain specialist.

FIFE PAIN MEDICINES PATIENT SAFETY PROGRAMME



Opioids review and reduction

Patient Information Leaflet

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What are opioids?

Opioids are a type of pain management medicine. Codeine and dihydrocodeine are classed as weak opioids. These can be prescribed in combination with paracetamol (co-codamol and co-dydramol). Stronger opioids include tramadol, morphine and oxycodone. These medicines are classed as controlled drugs and are subject to tighter prescribing regulations.

Opioids for chronic (long term) pain

Opioids can be helpful for short term pain but they are not first line or routine long term therapy for chronic pain. For many patients, opioids provide little or no pain relief in the longer term and can lead to an overall reduction in quality of life.

Side effects and risks must be balanced against any benefits and be reviewed regularly. At higher doses there is an increased risk of death.

It is important to remember that taking medicines 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.

Long term risks of opioids

It is a criminal offence to drive a vehicle whilst unsafe due to medicine use. If the medication makes you feel drowsy you should avoid driving or operating machinery.

Taking opioids long term can affect your hormone system and bone mass cause thinning of the bones. They can affect your immune system and make 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.

- Tolerance is a need for higher doses to maintain the same level of pain relief.
- Dependence to opioids can develop when taken regularly for more than a few weeks. Suddenly stopping an opioid can cause withdrawal effects, although uncomfortable this is not usually life threatening.
- Addiction is a psychological dependence with patterns of behaviour associated with obtaining and consuming the medicine.

If you think you are experiencing tolerance, dependence and/or addiction to your medication or if you have any worries about them, please discuss this with your doctor, pharmacist or pain specialist.

Abuse is when the medicine is not being used in a responsible way as prescribed. If this happens the opioid will be gradually withdrawn.

Why reduce?

A trial reduction of opioids should be considered regularly, at least 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

To minimise long term risks

Withdrawal effects

Stopping opioids suddenly or reducing the dose too quickly may cause withdrawal symptoms, 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 for up to three weeks.

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