

## OPIOID ANALGESIC MEDICATION INFORMATION

This handout provides information about treating pain with opioid analgesics or “narcotics.” Please read this entire handout. We want to be sure that you understand your medication treatment. If you still have any questions, ask your doctor or pharmacist at University Pain Clinic. Included in this handout is information about:

- Pain and pain treatment
- Possible side effects of opioid analgesics
- Physical dependence, tolerance and addiction
- Opioid treatment plan and agreement form

### **Pain and Pain Treatment**

Chronic pain is pain that last for a long period of time, usually longer than 3 months. There are many types of pain and different treatments for it. When pain is keeping you from being active, eating or sleeping you may need strong pain killers or narcotics. The medical term for narcotics is opioid analgesics. Opioids are used when you have severe pain. Opioids come in many different forms: pills, liquids, suppositories, transdermal patches and injections. A common myth about these medicines is that an injection is necessary to get the best pain relief. This is not true. Medication taken by mouth can be as effective, if given in the correct amounts.

Some examples of opioid analgesics are morphine, hydrocodone and codeine. Some people fear using medications such as morphine, but morphine and other opioid analgesics are very safe and effective when taken as prescribed. Taking opioids will require frequent medical follow-up because of their strong effects, they are available only with a doctor’s prescription and because they are controlled substances.

Our goal in using these medications is to provide you with:

1. Better pain relief
2. The least amount of side effects
3. An increase in your level of daily activities
4. Overall improvement in your enjoyment and quality of life.

We also want to be sure you know how to take your opioid analgesics properly, renew medications, and find answers to any questions you may have about your pain or its treatment. Opioid analgesics are only one part of the complete treatment program.

Other parts of your pain treatment might include using other types of medication, learning new coping skills, pain management education, nerve blocks, and physical therapy.

### **Side Effects**

You should be aware of side effects that can be caused by opioid analgesics. Always inform your physician of any side effects that you are having such as drowsiness, dizziness, nausea, constipation, and/or confusion.

## Drowsiness

- You can expect some degree of drowsiness when you begin taking an Opioid or increase your dosage. You should see how the medication affects you before doing something that requires concentration. This feeling will often pass after 48 to 72 hours. Do not do activities that require you to be alert, such as driving a car or operating machinery.
- Pain may keep you from resting well. Pain relief may allow your body to catch up on the rest you need. Thus, you may sleep more than usual. If you continue to feel sleepy after the first 48 to 72 hours, you may need to adjust your dose. Talk with your doctor if you have problems.
- Opioid analgesics can be very dangerous if used with sedatives or alcohol. If drowsiness becomes severe, breathing problems may occur. Therefore, we ask that you do not drink alcohol while taking opioid analgesics. Other medications that often cause drowsiness, such as antihistamines or sleeping pills, may make you even drowsier when taken with opioids. Before taking over the counter medications, check with your doctor or pharmacist about their effect when taken with opioid analgesics.

## Dizziness

Dizziness can result from taking certain pain medicines. Prevent or decrease dizziness by sitting on the side of the bed for a few minutes before standing.

- Keep objects such as throw rugs and mats off the floor so you will not trip on them.
- Have someone help you move about. If no one is around to help you, do not walk until the dizziness passes. If getting to the bathroom quickly is a concern, you may want to get a bedside commode.
- Use a cane or walker if you are unsteady on your feet.
- Always remember, if you are dizzy, drowsy, or very tired, do not drive, cook, handle heavy machinery, use sharp instruments, or do other similar activities.

## Constipation

Constipation is common side effect that does not get better with time. You should be sure to have a bowel movement at least every 2-3 days. There are several things you can do to prevent constipation:

- Drink plenty of fluids, about 8 to 10 glasses each day. Some people find their bowels move after drinking hot liquids like coffee or hot lemon water. Prune and other fruit juices may be helpful.
- Eat foods that have helped to move your bowels in the past. Foods that help prevent constipation include: A diet high in fiber such as whole grain breads and cereals, bran, vegetables, fruits, especially prunes and raisins.
- Try to move your bowels at the same time each day. Go to the bathroom as soon as you feel the urge.
- Exercise every day by taking short walks. If you usually stay in bed or sit in a chair most of the time, do exercises while lying or sitting if you are able.
- You may need to take a stool softener or other laxative on a regular schedule, such as Metamucil, Colace or Senokot to prevent constipation.
- Tell your doctor if you are having problems with constipation on your next visit, especially if you do not have a bowel movement in 3 consecutive days.

## Nausea and Vomiting

- Pain medicine may sometimes cause nausea or vomiting when first started. These symptoms usually pass in a few days. Nausea is sometimes worse when ambulating.
- Taking your pain medicine with food may help.
- If nausea continues and is not tolerable after a few days, notify your doctor. Sometimes it is necessary to take a medicine to prevent/relieve nausea or you may need a change in the opioid medication.
- DO NOT confuse nausea or vomiting with an allergic reaction to the medicine. An allergic reaction to a medicine is likely to show up as a rash, itching, or shortness of breath. Call your doctor if you have these symptoms or if you have questions.

## Dry Mouth

Opioids and other medicines used to control pain can make your mouth feel dry. If you have a dry mouth, there are a number of actions you can take.

- Do not smoke or drink alcohol, as they have drying effects.
- Do not eat hot, spicy foods.
- Eating pineapple chunks, popsicles, shakes, yogurts, sugarless gum, or hard sugarless candy may help moisten your mouth.
- Drink plenty of fluids and use liquids with your solid foods whenever you can. For example, soak toast in coffee or tea and add gravy to meats.
- Do not use commercial mouthwashes that have alcohol.
- Take good care of your teeth and gums and rinse your mouth frequently.

## Confusion and Other Mental Effects

Feeling a little confused or “out of it” or having trouble thinking clearly can sometimes occur during treatment. Nightmares, confusion, and hallucinations rarely occur with pain medicine. Tell your doctor if you have any of these problems.

## Changes in Breathing

Opioid drugs may cause a decrease in the rate and depth of breathing. This side effect usually occurs if you have difficulty waking up or you are frequently falling asleep. A small decrease in your breathing rate is all right. If you breathe less than eight times a minute, notify your physician.

## **Physical Dependence, Tolerance And Addiction**

Many patients are afraid that opioid use will lead to drug addiction or dependence. However, when opioids are used appropriately, the risk is very small. This is why a single physician should take primary responsibility for prescribing opioid medications. This is also why your physician will ask you on each visit your comfort or pain level (to monitor your level of pain relief), any opioid related side effects, and your functional status. It is very important to communicate fully and honestly with your physician about the character and intensity of my pain, the effect of the pain on your daily life, and how well the medicine is helping to relieve the pain.

Physical dependence can happen when a person takes an opioid analgesic for several weeks or more. Physical dependence does not mean a person is “addicted” to the medication. It is a normal chemical change that occurs in the body. Therefore, if you suddenly stop taking the opioid analgesic, withdrawal effects can occur. Symptoms include eye tearing, runny nose, dilated pupils, “goose bumps,” sweating, yawning, diarrhea, muscle aches, tremors, headache, irritability and an inability to sleep. Withdrawal can be prevented by not stopping the medication too quickly. If you need to stop the opioid, the dose should be reduced slowly over a number of days. Your doctor or our pharmacist will tell you how to do this.

Tolerance refers to a decrease in the amount of pain relief with the same amount of pain medication. This is often referred to as the body “getting used to” the medication. Tolerance is rarely a problem when an opioid is taken as directed. If the opioid does become less effective, your doctor may prescribe a higher dose, a different opioid, or other medications as needed. Tolerance is not a sign of addiction.

Addiction is often misunderstood. Addiction is a psychological problem in which a person uses the opioid for effects other than pain relief, such as “getting high,” to relax, or to prevent withdrawal. People who are addicted are unable to control how much medication they take. They may take so much that it can be harmful. They may use the medication against medical advice. The risk of addiction is very low when taking an opioid to treat pain, unless you have had problems with addiction in the past, including other substances such as alcohol or street drugs. While past addiction problems do not automatically rule out treatment with opioid analgesics, special precautions must be taken. This is one reason why it is important to tell your University Pain Clinic physician your complete and honest personal drug/medication usage and history.

### For Women

Opioids do not appear to cause birth defects. However, if you take opioids while pregnant, your baby will be born physically dependent on opioids. Use of birth control is highly recommended while taking opioids. Please consult your doctor if you want to plan a family or believe you may be pregnant.

## **Opioid Treatment**

The overall goal of treatment with opioid analgesics is to reduce and control your pain, improve your function and improve coping with the pain problem. This will require careful use of the opioid analgesics together with a variety of other treatments. These may include other types of medications, nerve blocks, psychology, physical therapy, changes in your activity, TENS unit, or acupuncture. Taking an active role in planning your pain control regimen is an important factor in the success of your pain treatment. Write down questions you have so you will be prepared to ask your doctor when you come in for appointments.

### Medication Schedule

Your opioid may be prescribed “around the clock,” “as needed” (prn) or both. Around the clock means the medication is taken strictly as scheduled, for example, every 8 hours. As needed means you take the opioid only when the pain returns or reaches a certain level, for example, every 4-6 hours as needed for pain.

## **Appointments:**

Regular evaluations will be done to find out:

1. Any changes in your physical status
2. How the opioid treatment is working to reduce your pain
3. Any side effects you have had
4. Changes that may be needed in your dose

How often you will need to be seen at the clinic will vary. Usually, your appointments will be more often when you are first started on an opioid, and then monthly. These evaluations are very important and your cooperation is necessary for us to provide you with the best treatment.

It is very important that you keep your regularly scheduled appointments. If you can not keep an appointment we require at least a 24 hour advance notice of your cancellation. We cannot guarantee that you will be able to make an appointment within a week and the clinic staff does not call in prescriptions. If you miss too many appointments, the physicians will discharge you from the clinic and no further care will be provided.

Refills on your prescriptions for pain medicine will be made only at the time of an office visit during regular office hours. No refills will be available during evenings or on weekends or over the phone.

## Urine and Blood Testing

While using opioids, your physician, psychologist or pharmacist may ask that you obtain urine and/or blood tests to see if you are using the medication prescribed and/or to see if you are using agents that are prohibited. Agents that are totally prohibited are street drugs, including marijuana, and opioids not prescribed by the physician at University Pain Clinic. Other agents, such as tranquilizers or sedatives, can also be identified on these tests. If you do not obtain a blood or urine test when requested, the test show medication that we were not aware you were taking, or illegal agents, your care at University Pain Clinic may be terminated. This means that the Physician will no longer write prescriptions for pain medications for you, and the referring physician will be notified of the reason for discharge from the University Pain Clinic.

If there is no improvement in pain control, level of activity or if side effects are unmanageable, the opioids will be stopped slowly. Other pain relief methods will be considered.

Ultimately, our goal is to stabilize your pain medication at a level that is providing adequate pain relief with minimal side effects. Once that goal has been achieved, and there are no other interventions warranted, we may transfer your pain management to your primary care physician, if appropriate.