

Opioid Medicine for Chronic Pain

Opioids are medicines used to relieve pain and help you to stay active, spend time with family, sleep and work. They can help when other options do not work, or do not work well enough. They may decrease chronic pain by 30% to 50%. They may not help with some types of pain. They are also called narcotics. Examples are:

- Morphine
- Codeine
- Oxycodone
- Hydromorphone
- Methadone
- Buprenorphine
- Tramadol
- Fentanyl

Sometimes they are in pills with other medicine, such as acetaminophen.

What else can I do for chronic pain?

Try other things like:

- Exercise
- Physical therapy
- Counseling

If opioids are not working for you, your provider will stop them safely and suggest that you try other treatments.

What doesn't help?

- Alcohol
- Illegal drugs

How do I use opioid medicine?

Keep this and all other medicines out of the reach of children and never share with others. We suggest you **keep your opioid medicine under lock and key** so only you can get to them.

Before you start using this medicine, tell your doctor, nurse, and pharmacist if you:

- Are allergic to any medicine, either prescription or over the counter.
- Are pregnant or trying to become pregnant while using this medicine.
- Are breastfeeding.
- Are taking any other prescription or over the counter medicine, like aspirin or other pain medicines, sleeping pills, or antihistamines.
- Have other health problems like chronic lung or colon disease.

Make sure that you know your opioid dose and when you should or should not take it. If you have questions or concerns, talk to your health care team.

Pain medicine works best if you take it before the pain is at its worst. Your provider may tell you to take the medicine on a schedule. If you take this medicine on a schedule and miss a dose, take it as soon as you can. If it is almost time for your next dose, skip the missed dose and get back on your schedule. **Do not take a double dose.** If you take a long acting extended release opioid pill like morphine ER, Oxycontin[®], or Exalgo[®] these pills must not be chewed, crushed, or cut in half. With some kinds of pills this could cause a dangerous overdose. Other pills stop working after crushing and no longer decrease pain if you take them. Swallow extended release pills whole. If you can't do this talk with your health care team.

How do I use an opioid patch?

- Put the patch on clean and dry skin.
- Oils or lotions may prevent the patch from sticking to your skin.
- Do not put a patch on an open part of your skin.
- Do not put heat over the patch.

- When it is time to put on a new patch, take off the old patch.

If your pain is not relieved by your prescribed dose of opioid, call your provider. **Do not increase the dose unless your provider has told you to do so.**

What are side effects?

Constipation: This is the most common side effect of opioids and does not go away until you stop taking them. Most people need to drink plenty of fluids and take a laxative or bowel movement medicine. If it is not treated, it can be very severe and even lead to a stay at the hospital. If you need help talk to your health care team.

Early side effects: Many of these side effects will go away after the first few days of treatment. If these early side effects are severe, stop taking the medicine and call your health care team right away.

- Sleepy or drowsy
- Flushed
- Sweaty
- Dry mouth
- Itching

When you first start to take opioids or if your dose is increased:

- Don't drive or use heavy equipment.
- Don't do jobs where you need to be alert and have a clear head.
- Once you don't feel drowsy you may go back to your normal routine.
- If the drowsy feeling doesn't go away after a few days, please call your health care team.

Long-term side effects: Long-term use of opioid medicines can cause serious side effects. Take time to think about these side effects as you decide whether to start or stay

on opioids. The risk of side effects increases as the dose increases.

Long-term opioid use may decrease sex hormone levels which may cause these side effects:

- Decreased sex drive.
- Erectile dysfunction in men.
- Abnormal or no menstrual periods in women.
- Infertility.
- Changes in mood, weight, and energy level.
- Thinning of bones (osteoporosis).

If you take opioids long-term, you may need to take hormone replacement or other medicine to prevent or treat these problems.

Opioids may decrease insulin levels and increase blood sugars, which can increase the risk of diabetes. People who already have diabetes may have to adjust their medicines.

People who take opioids are at higher risk of problems with sleep and breathing like sleep apnea. People who are very overweight also have a higher risk of breathing problems.

Higher doses: Doses equal to 90 mg or more of morphine a day have a higher risk of side effects. As the daily dose is increased it increases the risk of opioid-related death. One study found that patients taking higher doses of opioids have three times the risk of death compared to those taking low doses. Talk to your provider about these risks before you decide to take opioids for chronic pain.

Overdose: Taking too much opioid medicine at one time can cause harmful side effects:

- Severe sleepiness
- Trouble breathing
- Death

Be careful not to take more than your provider has prescribed for you. If you do not think the dose is working, do not increase the dose on your own. Talk to your provider.

Overdose can happen by accident. It can also happen if you become very ill because your body may not be able to process your medicine. Your provider may prescribe a naloxone (Narcan[®]) nasal spray kit for you to keep at home in case of overdose. We ask people who live with you to learn how to use the kit in case it is needed. Narcan[®] can block the effects of the overdose long enough for you to get to a hospital.

How do opioids interact with other medicines?

Talk to your provider before starting a new medicine. Your risk of side effects is greater if you take more than one kind of opioid or take them with other medicines. If you take opioids with these medicines it can cause an overdose.

- Sleeping pills
- Allergy medicines
- Medicine for depression or anxiety
- Alcohol
- Illegal or street drugs

Words to Know if You Take Opioids for Chronic Pain

Tolerance is a need for a higher medicine dose to have the same effect. **Tolerance is not the same as addiction.** Some people become tolerant to opioid pain medicines, some do not. If you become tolerant to

opioid pain medicine, your provider may adjust your dose or switch you to a different opioid. If tolerance does not go away it may be best to decrease and stop opioids.

Physical dependence means that the body becomes used to scheduled doses of a medicine. If it is stopped suddenly, you may have withdrawal symptoms. **This is not the same thing as addiction.** It happens with many medicines, like steroids, blood pressure, anti-seizure, anti-anxiety medicines and opioids.

Opioid withdrawal symptoms may include:

- Yawning
- Sweating
- Anxiety
- Runny nose
- Watery eyes
- Tremors
- Aching muscles
- Hot and cold flashes
- Stomach cramps
- Diarrhea

Symptoms may start 24-48 hours after the last dose. It may be uncomfortable but is not life threatening. The symptoms may last a few days and will stop on their own.

To avoid withdrawal symptoms, make sure to renew your medicine on time by calling for a refill before you run out. If you want to stop taking opioids, call your provider for advice on how to slowly decrease the dose to prevent or decrease withdrawal. Your provider may prescribe medicine to decrease the symptoms.

Addiction to opioids means you:

- Take opioids for reasons other than to relieve pain.
- Cannot control opioid use.

- Take opioids even though they cause harm to self or others.

Addicts may increase their opioid use on their own, seek opioids from many providers, take other people's medicine, and get opioids illegally.

Most people who take opioids for chronic pain do not become addicted, but some do. Know the warning signs of addiction. Don't confuse addiction with tolerance or withdrawal. If you feel you may be losing control of your opioid use, be sure to tell your provider or your health care team. They can help you.

If you have questions, concerns or would like to know more about your medicine, check with the provider who prescribes your medicine.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©1/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7716