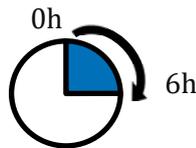


Strong Oral Opioids for Acute Pain: Information for Adult Patients (Over 16 years)

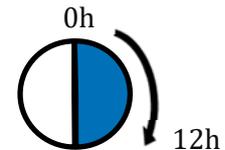
This leaflet is relevant to **NEW** or **CHANGED** prescriptions for:

- Immediate release Morphine Sulphate (e.g. Oramorph® liquid, Sevredol® tablets or Actimorph® orodispersible tablets)
- Modified release Morphine Sulphate (e.g. MST® tablets or Zomorph® capsules)
- Immediate release Oxycodone (e.g. Shortec® capsules or liquid)
- Modified release Oxycodone (e.g. Longtec® tablets)

Immediate release opioids:
For quick pain,
relief work for 4-6 hours.



Modified release opioids:
Release gradually,
works for 8-12 hours.



What are strong opioids?

Opioids are a *short-term* option for *acute* pain.

Opioids can significantly *reduce* pain, but rarely *stop* pain altogether. There is limited evidence for their use in *chronic* pain.

- **Opioids** are strong morphine, or morphine-like, pain relievers.
- **Acute pain** comes on quickly and usually has a cause such as an injury.
- Opioids are not effective for all types of pain.
- They are less effective for long-term pain, due to tolerance and side effects.
- The best opioid dose is the lowest dose possible that makes pain manageable.
- Reducing your pain will allow you to breathe deeply, cough and move around. This lowers the risk of serious complications such as chest infections, blood clots and pressure sores.

How long should I take opioids for?

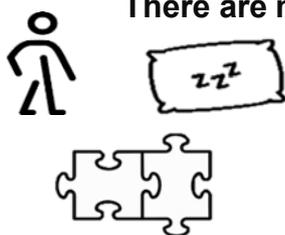
It is important that you do not take opioids for longer than you need.

- The aim is to gradually lower the amount you are taking and stop them (or return to your normal dose) before your supply runs out.
- Hopefully you will not require a repeat prescription of opioid medication.

If you are still in significant pain or need support, please contact your GP.

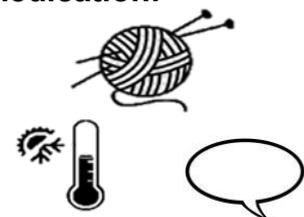
How can I manage my pain?

There are many proven options to help you other than medication:



Gentle exercise.
Get a good night's sleep.
Distract yourself!

Hot and cold packs.
Talk about it with someone you trust.



Strong Oral Opioids for Acute Pain: Information for Adult Patients (Over 16 years)

How should I take these medicines?



Do not drink alcohol, nor take other medicines that make you drowsy whilst taking these medicines **UNLESS** they are prescribed by your doctor.



If these medicines make you feel drowsy you may not be fit to drive or operate machinery. For information: www.gov.uk/drug-driving-law



If you have other medicines prescribed for pain make sure you use them as prescribed, to lower the amount of opioid you need.

Please do not take more pain relief than you are prescribed. If you do please seek medical advice.

What side effects could I experience?

Nausea or vomiting- can be managed with anti-sickness medication.

Constipation - can be managed with laxatives. If you take regular laxatives whilst on opioids this will help prevent opioid induced constipation.

Drowsiness or confusion – please contact the pain team as your treatment plan with opioids may need to be tweaked.

Tolerance - your body can get used to opioids and they can become less effective.

Dependence - if you decrease the dose too quickly you may experience symptoms of withdrawal such as sweating, stomach cramps and muscle aches.

Your local pharmacist is a great source of support and advice for managing your medications. Contact your pharmacist if you have questions or concerns.

If serious side effects occur seek medical advice.

Where can I get more information?

Telephone Helplines:

- Your GP practice.
- Nottingham University Hospitals Trust, Medication Helpline:
0115 924 9924 ext. 84641
- Sherwood Forest Hospitals Trust, Medication Helpline Tel: 01623 672213

Internet Resources (can be found via google or any other search engine)

- Faculty of Pain Medicine: *Taking opioids for pain*
- British Pain Society: *Understanding and managing pain: information for patients*
- My Live Well with Pain