GOALS & HAZARDS OF OPIOID THERAPY

USE OF OPIOIDS FOR CHRONIC PAIN MANAGEMENT

GOALS OF USING OPIOIDS FOR PAIN MANAGEMENT

Goals of treating your pain with Opioid Medications are to reduce pain and improve your function. This will not completely take away your pain but hopefully will make your pain more manageable. If it does not after a reasonable trial, your doctor will likely be taking you off the opioid medications. There are many other medications or therapies that may be more appropriate than opioids for your particular type of pain.

WHAT ARE OPIOIDS?

Opioids are a very powerful kind of medication that reduces your moderate to severe pain. The most commonly used opioids include codeine (in Tylenol #2,3, or 4), morphine, Oxycodone, Tramadol, Hydromorphone, Fentanyl, BuTrans or Methadone. They come in different strengths.

If you are taking longer acting opioids such as Meslon, OxyNeo, Hydromorph Contin, BuTrans, Fentanyl or Methadone, you may not notice the same "kick" as you do for short acting opioids. This does NOT mean they are not working. Although they do not kick in as quickly as something like a Tylenol #3, it lasts longer so do not expect the same "feeling" when you take these.

RISKS OF ADDICTION

Your doctor will assess your risk of addiction. In the past, it was always thought that this is very rare, but with the current widespread use of opioids, we are seeing more addictions. It is still most common in people who have already had addiction challenges. If you have had challenges with addictions in the past or present, it is very important you discuss this openly with your physician who may either recommend other ways of dealing with your pain or suggest working with someone who has experience with working with people with addiction issues.

If you have no history of addiction but find that you "like" the escape feeling a bit too much, find your relationships with others deteriorating, lose jobs, have cravings for your medication or want or need more of the medication please discuss this with your doctor.

OVERDOSE OF OPIOIDS

If you experience grogginess, pinpoint pupils and lots of confusion, you may have overdosed on your medication. If so please seek help immediately – have someone keep you awake until you get help!

POSSIBLE SIDE EFFECTS

- Sedation
- Nausea
- Constipation
- Dry Mouth
- Confusion
- Muscle Twitching
- Hormonal Disturbances
- Urinary Retention
- Allergic Reaction
- Heart Problems
- Pinpoint Pupils / Troubles Breathing
- Increased Pain / Sensitivity / Hyperalgesia

SEDATION: Sedation is very common when you first start taking opioids, and this usually resolves after a few days of taking it. Avoid activities requiring mental clarity if you feel sedated such as driving or operating machinery. Sedation can also occur if you suddenly increase your dose or if you need less opioids or other factors in your illness occur leading to buildup of the medications in your bloodstream. If you are "nodding" out, being severely sedated or having troubles breathing, you are taking too much and this needs to be weaned, and you need to get help right away. Go to the emergency if necessary and you can't get in to see your family doctor.

NAUSEA: This occurs in about 60% of people when starting to take opioids, but this too usually goes away with ongoing use. Sometimes taking lower doses or *Dimenhydrinate* can help you through those first few days. Also sometimes taking ginger tea or peppermint tea can also help.

<u>CONSTIPATION</u>: This occurs with everyone taking opioids. Unlike normal constipation, more fiber will not help this, all you will end up with is concrete! You need to add something to stimulate your bowels, so taking something like *Senekot* 2 tablets at bedtime regularly or asking for help from your doctor, pharmacist or nurse can help.

DRY MOUTH: Opioids will cause dry mouth. Sometimes dry mouth can increase your risk of dental caries or cavities. It is important that you keep your mouth moist while taking opioids. This can be done by sucking a low sugar lemon candy or getting some saliva replacement available over the counter at your pharmacy.

<u>CONFUSION</u>: This is very common when starting to take opioids and often goes away if you keep taking them. Please do no drive if you feel this way or operate dangerous machinery until you feel clearer. If you have been on opioids for a while and this happens, please see your doctor right away, as there may be other things going on.

MUSCLE TWITCHING: This most often occurs after taking higher doses of opioids and is not harmful but often indicates the dose is too high, and may need to be reduced. These are not seizures.

HORMONAL DISTURBANCES: Taking opioids for a long time affects our hormones and the brain affecting hormone release and production. Therefore people may begin to have lower sexual desire or libido, weight gain, depression and cause changes in menstruation for women.

<u>URINARY RETENTION</u>: Sometimes people will have a hard time peeing when starting opioids. This effect may or may not go away with prolonged use. It may be necessary to get a urinary catheter inserted to get you started peeing again and hopefully this will be temporary.

ALLERGIC REACTION: Many people get dry itchy skin or hives that are not a "true" allergy but are a "false" allergy-like reaction. If this occurs, first try taking an antihistamine such as Benadryl or Reactine. If this does not go away, or you develop swelling or tightening of your throat please see your doctor immediately or if severe please go to the emergency department.

HEART PROBLEMS: Irregular heart rhythms can occur with taking opioids. If you feel your heart pounding, beating very slowly or beating irregularly, either please see your doctor right away or if you feel very bad, please go to the Emergency Department. It is rare but there are some dangerous heart rhythms that can occur while taking these medications.

<u>PINPOINT PUPILS/TROUBLES BREATHING</u>: You may notice that you develop very small or pinpoint pupils. This may indicate that you have taken too much of your medication. Please see your health care provider right away if you also are groggy or feel confused. In addition if your breathing slows down dramatically you may also have taken too much opioids and should <u>seek care immediately</u> – do not drive, have someone drive you and keep you awake if this happens until you see a doctor.

INCREASED PAIN/SENSITIVITY/HYPERALGESIA: Occasionally, and especially on high doses of opioids, you may notice that your pain has changed and that it hurts all over whereas it only hurt in certain locations in your body before. It is often a very severe kind of all-over body burning pain. If this happens, you have probably developed "hyperalgesia" or increased pain sensitivity. It is important to start reducing your opioid medication if this happens, and ironically your pain will likely be less. "More" is not always "better". It is sometimes very disappointing to realize that your pain was not well controlled, but more will simply harm you. Remember, there are many reasons for your pain and many different ways of treating it, and opioids are only one of many different medications or approaches that can help it.

It is vitally important you work closely with your physician. He/she is trying to help you improve your life but in return they will expect the following: Take the medication as prescribed, do not change this without first talking with your doctor

- 1. Never take more medications than prescribed
- 2. When increasing the dose, be cautious of driving or doing tasks requiring concentration (BE SAFE)
- 3. KEEP YOUR OPIOIDS SAFE. Lock them up studies are now showing that a surprising number of family members including teenagers help themselves to your opioids
- 4. NEVER give away to other people, even if they seem desperate, as this will leave you short of your prescription. It is other peoples' responsibility to have their own assessments and treatments.
- 5. NEVER forge or alter your prescriptions.
- 6. Document your progress.
- 7. Sign the opioid agreement we expect you to. It protects your prescriptions and our licenses to prescribe these medications. This will include random collection of urine drug screens.
- 8. Fill your prescriptions at only one pharmacy and see only one physician to help you manage your pain.
- 9. NEVER mix your medications with alcohol or other sedating medications unless your doctor is aware of this, the combinations of opioids and sedatives and alcohol have been found to be the biggest reason for patient deaths in recent years of using opioids.
- 10. Actively participate in your wellness including eating properly, sleeping well, pacing yourself and participating actively in exercise as much as you can. Do not expect the pain to go away first before increasing your activity. It is important that you challenge yourself even if you have pain. Opioids are not a magic answer to your pain but can help along with many other aspects to make your life better than it is now.

STOPPING OPIOIDS

If your pain is not helped with the use of opioids, or you have been found to be misusing your prescriptions, your physician will work with you to safely wean you off your medications. If you suddenly stop your opioids, you will go through physical withdrawal. This may or may not be associated with addiction, but it is more often a result of physical dependence. Slow reduction of the opioids or addition of a medication called clonidine will help.

Sudden discontinuation is uncomfortable but not life threatening. Symptoms most commonly feel like a bad "flu", with muscle and joint aches, runny nose, diarrhea and stomach cramps. These usually resolve within a few days.

We are truly wanting to help you help your pain and function. Please remember to work with us – we can work together to get the best possible management of your pain.

GOALS AND HAZARDS OF OPIOID THERAPY – PATIENT HANDOUT 4

Dr. Barbara Fehlau, Dave Corman, et al., Safe Opioid Prescribing Working Group, Comox Valley Division of Family Practice, March 2015