

Opioids for Pain Relief

Opioids are used for pain relief when other pain relievers cannot control the pain or cannot be used. Opioids can be effective but must be used carefully.

What is pain?

Pain is the unpleasant feeling we experience when our body is damaged or stressed. The amount of pain and the type of pain we feel depends on what causes it, where it is, and how long it lasts. Different people respond differently to pain. The way a person responds to pain depends on their past experience, and their feelings and attitudes towards pain. Suffering (the emotional and psychological distress felt because of pain) and fear can make pain feel worse and last for longer

- **Acute pain** starts suddenly and lasts for a short time, from minutes to weeks. Examples include bites, burns, headaches, broken bones and pain after surgery.
- **Chronic (persistent) pain** lasts for longer than 3 months, or longer

than the normal healing time for an injury. It is often related to chronic conditions such as arthritis or cancer, but sometimes the cause of chronic pain is not known. Chronic pain needs to be managed carefully.

Management

Acute and chronic pain are managed in different ways. Acute pain needs immediate, short term pain relief and may also need other treatments to help repair tissue damage that is causing the pain.

Chronic pain management is not only about reducing the pain. It also involves improving quality of life, managing the activities of daily living, and learning to cope with feelings related to having long-term pain.

Managing chronic pain can involve a range of different approaches. These may

include medicines, exercise programs, lifestyle changes and psychological treatments such as Cognitive Behavioural Therapy (CBT). CBT helps a person to recognise and change their thoughts that are making their pain and suffering worse.

A pain management plan is an important tool for managing chronic pain. It is developed with a doctor and other health professionals, and outlines the way that your chronic pain will be managed. This plan can include personal goals for living with chronic pain, such as being able to participate in your favourite activities.

It is important to realise that total relief from chronic pain is unlikely. However, understanding the pain and how to manage it can greatly reduce its negative impact on your lifestyle.

Opioid pain relievers

Opioid pain relievers (opioids) are medicines that are similar to the natural chemicals produced by the body to deal with pain. They can be used to treat mild, moderate or severe acute or chronic pain. They are used when other pain relievers (e.g., paracetamol, nonsteroidal anti-inflammatory drugs) cannot control the pain or cannot be used.

The common opioids used in Australia are: buprenorphine, codeine, dextropropoxyphene, fentanyl, hydromorphone, methadone, morphine, oxycodone, pethidine and tramadol.

The choice of opioid depends on a number of factors including how strong the pain is, whether the pain is acute

or chronic and what forms of the opioid are available. Opioids are available in a variety of different forms including tablets, liquids, capsules, lozenges and skin patches. Some forms release opioids into the body quickly (immediate release) and some release opioids slowly over a longer time (modified, slow, extended, prolonged or controlled release). Different opioids and different forms of opioids relieve pain for different lengths of time. One dose of most opioid products relieves pain for between 2 and 24 hours, depending on the type and form of the opioid. Opioid skin patches can relieve pain continuously for 3 to 7 days.

Starting treatment with opioids

An opioid must be prescribed by a doctor. An opioid is usually prescribed for a trial period of up to 6 weeks, to see how well it controls the pain. It is usually started at a low dose, then slowly increased until the pain is well controlled. An immediate release form is often used while the dose is being adjusted.

Continuing treatment with opioids

Once the pain is well controlled, the opioid is usually continued in a slow release form. Slow release products give more constant pain relief with fewer doses per day than immediate release products.

If the pain cannot be well controlled by a particular opioid, then another opioid or other management options may help.

Opioids are usually used together with other pain relievers such as paracetamol, nonsteroidal anti-inflammatory drugs or neuropathic pain medicines. This helps to achieve the best possible pain

control. Opioids are often used in addition to non-medicine therapies like physiotherapy, TENS (Transcutaneous Electrical Nerve Stimulation), massage and exercise.

Side Effects

As with all medicines, opioids can cause some side effects. It is important to tell your doctor or pharmacist about any side effects you experience, as most side effects can be prevented or well managed.

Nausea and vomiting

Nausea and vomiting may occur when opioids are first used. This does not usually continue and can be prevented with anti-nausea medicines.

Constipation

Opioids can cause constipation, but this can be prevented with diet changes and laxatives. This is especially important when opioids are used for chronic pain, and should be included as part of the pain management plan.

Drowsiness

Opioids can cause drowsiness, particularly when treatment is first started or the dose is increased. This can be dangerous when driving or doing activities that need constant concentration. If drowsiness occurs, the opioid dose may need to be reduced or the activities may need to be changed. Drinking alcohol while taking opioids can increase drowsiness.

Withdrawal

Suddenly stopping an opioid that has been used regularly for some time can lead to withdrawal symptoms such as sweating, anxiety, agitation, nausea and diarrhoea.

If an opioid needs to be stopped, a doctor can gradually reduce the dose to avoid withdrawal symptoms – this should only be done under medical supervision.

Tolerance

Tolerance means that an opioid dose that has been effective for some time loses its effect, and more opioid is then needed for the same pain relief. This must be managed by a doctor, who can carefully adjust the opioid dose to keep the pain under control.

Please see your pharmacist or doctor for more information about opioids for pain relief.

Important

- There are many different opioid pain relievers. To reduce the risk of taking the wrong drug or dose, learn the drug name and brand name of the opioid you use.
- If a particular brand of opioid is controlling your pain well, it is best to keep to that brand.
- Do not crush or break slow release products. This can make the opioid dose unpredictable and dangerous.
- Keep all medicines, including opioids, out of reach of children
- If you (or anyone you know) takes an opioid which isn't prescribed for them, or takes more than is prescribed, they may need to go to hospital urgently. For an ambulance phone 000 (or 112 on a mobile phone outside its coverage area).
- Never keep opioids that you no longer need, and never throw them in the rubbish. There are laws about how opioids must be stored and destroyed. Ask a pharmacist for advice.

For more information

Healthdirect Australia

Phone: 1800 022 222

Website: www.healthinsite.gov.au

Consumer Medicine Information (CMI)

Your pharmacist can advise on CMI leaflets.

National Prescribing Service (NPS) Medicines Information

Phone: 1300 MEDICINE (1300 633 424)

Website: www.nps.org.au

The Poisons Information Centre

In case of poisoning phone 13 11 26 from anywhere in Australia.

*Pharmacists are medicines experts.
Ask a pharmacist for advice when choosing a medicine.*

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