



Facts about morphine and other opioid medicines in palliative care

Find out about support and services at www.palliativecare.org.au



Australian Government

Department of Health and Ageing



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What is this brochure about?

Opioid medicines are pain relievers. They include medicines such as codeine, morphine and oxycodone.

This brochure has been written to help you, your family and your carers learn about using morphine and other opioid medicines for relieving pain. Knowing the facts will help you manage your pain and get on with life.

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What is palliative care?

Palliative care is an approach designed to improve quality of life for someone living with a terminal condition. It focuses on your needs, as well as those of your family and carers, and it can begin as soon as you have been diagnosed. Managing your pain is an important part of palliative care.

What is pain?

Pain is an unpleasant sensation, suffering or distress. All pain hurts and can wear you down. Pain can make you irritable, make it hard to sleep, reduce your appetite, and make it hard to be active and enjoy life.

Facts about pain

- Not everyone with a terminal illness will experience pain.
- Everyone experiences pain differently, so the way you experience pain will be unique to you.
- Most pain can be relieved.
- Pain is not always constant, it can change over the day and with different activities. It may also vary with your moods, emotions and family life.

Managing pain

In most cases, working through the 3 steps in the pain management cycle will help relieve your pain. Managing your pain will be a team effort, but the most important person in the team is you.

The 3 steps to relieving pain are:

- sharing information
- choosing the right medicines
- using medicines appropriately.

Step 1 – Sharing information



You do not have to deal with your pain alone. Your doctor and care team will help you manage your pain. It's important that you openly and honestly share information with your doctor and care team so they know exactly what is happening with your pain.

Don't be tempted to 'just get by' so you will be ready for pain medicines 'later'. Doing this will reduce your ability to enjoy life now, and may make it harder to relieve your pain in the future.

Involving your carer and family members in the information sharing process can be beneficial because they will often pick up things you have not noticed.

Tell your doctor about all your medicines

It's important to tell your doctor about all the medicines you are taking, including any over-the-counter, herbal and natural medicines, so you aren't unintentionally prescribed a medicine that you are already taking or one that interacts with your current medicines.

Ask questions

If you have any questions, ask them. There's no such thing as a stupid question: all your questions are good questions.

Write down your questions beforehand or when you think of them, and make sure you get the answers you need.

Pain diaries and medicine charts

Pain diaries and medicine charts help you share information. Pain diaries record the details of your pain using words (for example: mild, moderate, severe) or numbers (for example: 1–10). Medicine charts record which, when and how much medicine you have used.

Pain diaries and medicine charts help you achieve good pain management by providing an accurate record of your pain and your medicine use. They also make it easier for you and your doctors, nurses, family and carers to talk about and understand your pain and how well your medicines are working. This is particularly important when medicines are being changed.

Your doctor or nurse may give you a pain diary and medicine chart to use. If not, a sample pain diary and medicine chart can be found on the Palliative Care Australia website (see back page).

Facts about your pain that your doctor needs to know

To get a clear picture of your pain, your doctors and nurses need answers to the following questions.

- Where is your pain?
- How intense is the pain?
- What does the pain feel like – for example, is it sharp, dull, throbbing, aching or what?
- When does the pain start and stop?
- What makes the pain better or worse?
- If using pain medication, how much does the medicine relieve the pain?

Step 2 – Choosing the right medicines



The second step in the pain management cycle is choosing the right medicines. Your doctor is experienced in choosing the best pain relievers for your needs. If they have difficulty choosing suitable medicines, they can obtain expert advice from a palliative care specialist.

When selecting a medicine or combination of medicines, your doctor will choose the medicines that best match the type, intensity (how strong) and frequency (how often) of your pain. Sometimes you will have to try several medicines before finding the most effective medicine or combination of medicines.

Opioids may also be prescribed for other symptoms, such as dyspnoea (difficult or laboured breathing), diarrhoea or coughing. When developing your pain management plan, your doctor may also recommend one or more non-medicine treatments, such as muscle relaxation, nerve stimulation, radiotherapy or acupuncture.

Types of pain medicines

The two main groups of pain medicines are:

- mild pain relievers, such as anti-inflammatories and paracetamol
- medium to strong pain relievers, such as opioid medicines.

Medicine names

All medicines have two names: a generic name and a brand name. Each medicine has only one generic name, but if it is sold by more than one company it will have different brand names. For example, the medicine with the generic name of morphine comes in several brands, including MS ContinR and KapanolR.

Facts about morphine and other opioid medicines

There are many different opioid medicines, including morphine, fentanyl, oxycodone and codeine.

The differences between these medicines include:

- length of time before they start working (known as onset of action)
 - immediate
 - delayed
- length of time they last (known as duration of action)
 - short-acting (for a short time)
 - long-acting (for a long time) — some opioids are designed to be released slowly and last for the whole day
- how they are taken (known as mode of administration)
 - by mouth (tablet, capsule, liquid or spray)
 - by injection into the skin, a vein or a muscle (single injection, drip or syringe driver)
 - by skin (patch)
- possible side effects.

When choosing a medicine, your doctor will match the features of the medicine with your needs. For example, you may be prescribed a long-acting, slow-release opioid twice a day to provide ongoing pain relief throughout the day. In addition, you may be prescribed a short-acting pain reliever to give you more pain relief for times when you are more active, such as when bathing.

Step 3 – Using medicines the right way



The third step in the pain management cycle is using opioid medicines appropriately. The general rules for using opioid medicines are no different to those for other medicines.

Take as prescribed

Take your medicines regularly at the times prescribed (or as close as possible to those times) to get the maximum benefit from them. For example, delaying an opioid medicine that takes time to start working may result in you experiencing pain that could have been avoided.

Learn about and organise your medicines

Knowing when, how and why to use your opioid medicines, and knowing who to ask if you have problems is a big part of achieving good pain relief. If you have any questions about your medicines, ask your doctor, nurse or pharmacist. Remember, all questions are good questions.

Organising your medicines and having an adequate supply on hand so you never run out is also essential. Ask your pharmacist for advice, and talk to them about packaging your medicines in a weekly medication organiser.

Cost of your medicines

Most opioid medicines are supplied under the Pharmaceutical Benefits Scheme (PBS), so their cost is subsidised by the Australian Government. If you are having difficulty paying for your medicines, tell your doctor so they can prescribe medicines you can afford. Also, talk to your pharmacist about ways to save money on your medicines.

Facts about using opioid medicines

Using opioid medicines appropriately involves:

- storing your medicines at the correct temperature and out of reach of children
- measuring your doses carefully and accurately
- knowing when it's okay to crush and split tablets, and mix them with other substances
- setting up reminders to help you to take your medicines on time
- recording when you've taken your medicines
- recording the effects of your medicines, especially any side effects or unusual reactions, and telling your doctor about them as soon as possible
- knowing what to do if you forget or miss a dose – for example, whether you take it when you remember or wait until the next scheduled dose?
- knowing whether you can drink alcohol – small amounts of alcohol are usually okay, but alcohol may make you more drowsy
- knowing whether you can drive or use machinery
- not intentionally missing or changing your medicines without telling your doctor
- disposing of unused medicines by returning them to your pharmacist.

Focusing on the facts about morphine and other opioid medicines

There are many myths about opioid medicines. Knowing the facts will help you use your opioid medicines wisely. Here are the facts.

Morphine and other opioid medicines are for improving life — not hastening death

Some people fear that being prescribed opioid medicines means that they're closer to the end.

Relieving your pain changes your quality of your life — not its length.

All medicines can have side effects — the side effects of opioid medicines are manageable

Sometimes people worry that the side effects of their opioid medicines will be worse than their pain. Not everybody experiences side effects, and most of the side effects are temporary or manageable.

Being aware of the possible side effects will help you cope with them if they occur. Possible side effects of opioid medicines include:

- constipation — can be relieved by regularly taking laxatives
- nausea and vomiting — is often only temporary or can be alleviated with medicines
- drowsiness or confusion — may occur for only a short time after starting treatment or increasing the dose
- dry mouth — may improve with time
- itchy skin — may improve with time.

Tell your doctor promptly about any side effects, their severity and when they occur. Your doctor may be able to alleviate them by changing the dose or the medicine.

Opioid medicines are not addictive when used for pain

When your doctor chooses the right dose of opioids for your pain, you will not become addicted. Addiction only occurs when people have no pain and they abuse opioid medicines.

Opioid medicines don't stop you from knowing how your illness is progressing

Some people stop taking their pain medicines because they are worried the medicines will 'cover up' the progression of their illness so they won't know how they're really going.

Pain medicines will not stop your doctor monitoring the progress of your illness because they have other ways of doing this.

It is often easier to relieve pain in its early stages

Some people only tell their doctor about their pain when it gets bad. However, it is usually easier to manage pain in its early stages.

The sooner you share information about your pain, the more manageable it is likely to be later.

If your pain medicines are not working as well as they used to, they can be adjusted to give you good pain relief again

People often worry that their pain medicines will become less effective. Over time, your body may become used to an opioid medicine. This is called 'tolerance'.

If your medicine is not working as well as it used to, tell your doctor so they can give you good pain relief again by:

- increasing the dose
- prescribing a different medicine
- choosing a different mode of administration
- prescribing a combination of medicines.

Having breakthrough pain doesn't always mean that your pain management plan is not working

Breakthrough pain is pain that occurs while on a pain management plan. It may mean that your opioid medicines have not been taken as prescribed, or it may mean that your doctor needs to review your plan.

Managing pain can improve many aspects of your life

Some people worry that using opioid medicines will limit their lifestyle. However, it is the pain not the medicines that limit your enjoyment of life. Without pain, you will probably feel better, have more energy, have a better appetite, and be more independent.

Want more information?

Your best source of information is your doctor and care team.

There may be times when you want additional information from one of the many organisations that provide help to patients and their families.

About palliative care

Palliative Care Australia Inc. (PCA) can direct you to your state or territory palliative care association. The PCA website also has useful information about palliative care, a directory of palliative care services, and a sample pain diary and medicine chart.

t: 1800 660 055 (office hours)

w: www.palliativecare.org.au

About pain, pain medicines, pain diaries and medicine charts

Your general practitioner can answer your questions and provide information about pain and pain medicines, and provide pain diaries and medicine charts. Also see the PCA website.

About medicines information

The pharmacists at Medicines Line can answer your questions about medicines for the cost of a local call. Remember to tell them that your medicines are being prescribed for palliation.

t: 1300 633 424 (office hours)

About home medicines reviews

Your local pharmacist or GP can arrange a home visit by a pharmacist to help you organise your medicines.

About caring for another person

Commonwealth Carer Resource Centres have services and information for family carers.

t: 1800 242 636

w: www.carersaustralia.com.au

Disclaimer

PCA advises the information in this brochure is not clinical advice. Your health care decisions are best made in consultation with your doctor.

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