



PATIENT INFORMATION REGARDING OPIOID PRESCRIBING AND REQUESTS FOR CHRONIC (LONG TERM) AND ACUTE (SUDDEN) PAIN

Opioids are the strongest pain killers we can prescribe and include codeine, dihydrocodeine, morphine, oxycodone, buprenorphine and fentanyl.

Opioids should only be considered for pain management when all other medication and non-medication options have been explored. For further information on pain management please access the following websites <https://www.flippinpain.co.uk/>
[My Live Well With Pain | Living Well Despite Your Pain | Home](#)

WHEN YOU MAY NEED AN OPIOID FOR ACUTE PAIN

Opioids can be helpful initially in reducing the feeling of pain in acute situations such as after an injury where you may have broken a bone. They may be used initially in hospital after major surgery as the injury repairs.

Opioid prescriptions for acute pain will not exceed 7 days supply. This is the expected duration of pain severe enough to require opioid medication.

Sometimes a prescriber may deem it more suitable for an opioid to be prescribed for you (for example if you are elderly, or when anti-inflammatory medicines may not be suitable). If this is you, your prescriber will prescribe the minimum effective dose of an opioid for a specified period of time, with advice on planned follow up, before any further prescriptions are made.

WHEN YOU ARE SUFFERING FROM CHRONIC PAIN

For chronic pain the benefits of opioids are limited, clinical evidence shows that the use of opioids for the management of chronic pain is ineffective and has the potential to be harmful (1).

We understand chronic pain can have a severe impact on your quality of life and many people who suffer from chronic pain, long for a quick solution to stop pain completely. The purpose of this information is to inform you that long term opioids are not always the solution.

Chronic pain is complex and there can be other factors which contribute to it. Some of these may be physical; others may be emotional and social. If you think there are other factors which may be contributing to your pain, please arrange for a routine appointment with your prescriber to discuss this further.

UNDERSTANDING TOLERANCE AND INCREASED PAIN

When opioids are only prescribed for a short period of time, the body doesn't have time to adapt and therefore you experience pain relief from the opioids. This initial feeling of relief is often experienced when the dose or strength of the opioid is increased.

If you have any further questions regarding this information including the ongoing management of your condition, then please arrange a routine appointment to discuss further with your prescriber.

If you are taking this medication regularly and you wish to reduce or stop it, please contact your GP practice to arrange a routine appointment with your prescriber to discuss further. **Please do not stop your medication suddenly as this may make you feel unwell.**



However when taken regularly for a long time you will find the relief from the pain is only short lived and may wear off completely. This is because the body gets used to the medicine, so it stops giving the same effect.

This can lead to you believing you need more regular doses and higher strengths. Taking high doses and strengths of opioids can result in potentially harmful effects to your body.

ADDICTION

Opioid medication is addictive. It is unusual for someone with short term pain to become addicted to opioids if they follow the prescribing advice. However, longer term use of opioids can lead to dependency and potentially addiction.

If you believe you are addicted to opioid medication, then please arrange an appointment with your prescriber at the surgery. We would not advise stopping your opioid medication abruptly.

If you believe you are addicted to opioid medication you can find further information at Forward Leeds. <https://www.forwardleeds.co.uk/>

POTENTIAL SIDE EFFECTS AND RISKS

When you first start taking opioid based medication some people get side effects such as:

- Dizziness
- Drowsiness
- Nausea and/or vomiting
- Confusion

These symptoms normally settle after a few days. Other ongoing side effects of opioids include:

- Constipation (not being able to poo) that can require laxatives
- Reduced libido (sex drive), erectile dysfunction and irregular periods
- Itchy skin
- Weight gain
- Reduced fertility
- Increased levels of pain
- Mood changes, agitation
- Loss of interest and concentration
- Difficulty breathing especially at night.

Respiratory depression (slow and ineffective breathing) can occur in opioid overdose which can lead to death. The risk is greatest when more than one opioid is prescribed or when prescribed in higher doses or with other drugs that affect breathing. For example, when opioids are taken with benzodiazepines or gabapentin or pregabalin the risk is increased.

DRIVING

This medication can cause drowsiness, dizziness and impaired cognitive function (thinking and judgement) it may affect your ability to drive safely.

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Please see the DVLA website for information on driving when taking prescription medicines such as benzodiazepines. [Drugs and driving: the law - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

ALCOHOL

Alcohol increases the sedative (sleepy) effects with opioid medication, it is best not to drink alcohol when you start taking opioid medication. (2)

LOST PRESCRIPTIONS WILL NOT BE REPLACED

If you take higher doses than prescribed and run out of medication before the next prescription is due, you will NOT be prescribed extra tablets. A routine appointment to discuss this further with a clinician is advised. These medicines are controlled drugs and will not be prescribed early.

PRESCRIPTIONS REQUESTED EARLY FOR TRAVEL WILL REQUIRE PROOF OF TRAVEL

Useful Information

link to choice and medication sight for all leaflets

<https://www.choiceandmedication.org/leedsandyorkpft/printable-leaflets/>

References

1. NICE, Medicines optimisation in chronic pain, online, updated 1/9/2019. Accessed 18/1/21. <https://www.nice.org.uk/advice/KTT21/chapter/Evidence-context>
2. Faculty of pain medicine from the royal college of anaesthetists, Version 3.1 2017, online, accessed 1/2/21.

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