

How to take your Opioid Pain Medication

Today your doctor gave you a prescription for medication to help relieve your pain. The pain medication is called an opioid or narcotic. Taking pain medication, on a regular basis, helps to relieve pain and discomfort. With good pain relief you feel better. You are better able to do everyday activities, enjoy visits with friends and family, and sleep.

Names of opioids

- Morphine — Statex[®], MS Contin[®], M-Eslon[®], Kadin[®]
- Hydromorphone — Dilaudid[®], Hydromorphone Contin[®]
- Oxycodone — Oxy-IR[®], Supedol[®], OxyNeo[®], Oxycocet[®], Percocet[®]
- Codeine — Tylenol #1,2,3,4[®] and Codeine Contin[®]

This handout provides you with important information on how to take the medication. If you are not sure what to do, please ask. Fentanyl and methadone are different types of opioids. They are not discussed in this handout. If you have questions about their use, please ask us.

Symptom Assessment

Before each clinic visit, please complete your symptom assessment at the computer kiosk. Your responses will help us to manage your pain.



If you are low on medication, please reorder a few days before you run out.

There is no need to live in pain. If you still have pain, please tell us. Sometimes it takes a few changes to find the right type and amount of pain medication that will work best for you.

Will I become addicted to opioid pain medications?

Many people worry about becoming addicted to “strong pain killers”. There is a lot of talk in the news about the misuse of opioids and drug abuse. These stories are not about people with cancer who use opioids for pain. They are about people who buy street drugs and misuse prescription drugs.

People with cancer, who take pain medication, help themselves by relieving their pain so they can be more active and sleep better.

If you are:

- using the opioid pain medication to treat clearly identified pain,
- over the age of 35 with no history of addiction to alcohol, street drugs or other prescription drugs,

then it is very unlikely that you will become addicted to your pain killers.

Tips to safely use these medications:

- Have one doctor or team responsible for writing all of your prescriptions for your pain medication.
 - Fill all prescriptions at one pharmacy.
 - Follow the directions you are given, DO NOT increase the dose on your own without talking to your health care team first.
 - Store your medications safely (a locked cupboard is best), so that no one else can take your medication. This is very important if you have children, teens or young adults in the home.
 - Do not use old pain medication that you may have left over from previous surgeries or injuries.
 - Do not share your medication with family or friends. Do not borrow pain medication from family or friends.
 - Attend your scheduled appointments with the team who ordered your pain medication. **If you miss appointments we will not be able to renew your prescriptions.**
 - Return unused medication to the pharmacy as soon as you no longer need the medication.
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Long Acting or Control Release Pain Medication

Long acting pain medication is used for people who have pain all of the time. These medications have “Neo”, “Contin”, “CR”, “Eslon” or “SR” in their name. Examples are OxyNeo[®], M -ESLON[®], MS Contin[®], Kadian[®] and Hydromorphone Contin[®]. These medications are released slowly into your body over 12 to 24 hours.

It is important to take them on a schedule equally spaced throughout the day and night. This helps to keep your pain under control for 24 hours.

For example:

- Every 12 hours could be taken at 8 am and 8 pm.
- Every 8 hours could be taken at 6 am, 2 pm and 10 pm.

Do not delay taking your regular dose of long acting pain medication even if you recently took a breakthrough dose.

It is time to take my next long acting pain medication. I am not in pain, should I still take my next long acting?

Yes. Take your long acting pain medication on a regular schedule for constant pain control throughout the day. Often you are not in pain when it is time to take your next dose because the previous pill you took is still working. If you do not take another pill when it is due, the old one will wear off and there will be no new one to take over and so you will be in pain again.

What do I do if I forget to take my regular long acting dose of pain medication?

You may still take it if it is within 4 hours of the time you normally take it. If it has been longer than 4 hours, use your short acting or breakthrough pain medication to manage your pain until your next long acting pill is due. Then, continue on your regular schedule. **Never take** 2 doses of long acting pain medication at the same time.

I vomited after taking my pain medication, should I take another pill?

If you vomit and can see the pill/capsule in your vomit, you can take another pill/capsule.

If you do not see the pill/capsule in your vomit, do not take another long acting pill. You may take a short acting "as needed" pill for any pain you have until it is time to take your next regular long acting dose.

Do not crush long acting or controlled release medications

If the medication comes in a capsule and you are having trouble swallowing it:

- Open the capsule and pour the little beads in something cold or room temperature such as applesauce or pudding to make it easier to swallow. Do not use hot foods as heat stops the beads from working.
- Do not chew the beads. The whole bead is what makes the controlled release medication work over a longer period of time.

If the medication comes as a tablet and you are having trouble swallowing it; talk with your doctor. Your doctor will work with you to develop a new plan to help your pain.

Short Acting Pain Medication

- You may need short acting pain medication only at those times when you have pain.

OR

- You may take a short acting pain medication in addition to your long acting (or regular) pain medication at times when you have more pain than your long acting pain medication can relieve.

Breakthrough Pain Medication

You may hear us call the short acting pain medication, **breakthrough pain medication**. This is because you take it when the pain “breaks through” your long acting or regular pain medication. Most of the time you will need to take 1 or 2 doses of short acting pain medication a day. Some days, if you have been more active you might need to take more.

How do I know when I should take the “as needed” medication?

Take the “as needed” medication if your pain is making it difficult for you to do your normal activities such as bathing and dressing, making meals, watching TV, visiting with family and friends, going for walks or shopping. Also take it if the pain is making it difficult to sleep. The purpose of the pain medication is to allow you to live as normal a life as is possible.

I just took my long acting pain medication, but I am still in pain. Do I need to wait before I take my breakthrough?

No. Taking your breakthrough pain medication does not depend on when you take your long acting or regular pain medication.

The long acting pain medication releases a steady amount of medication throughout the day. Taking a long acting pill does not change the amount of medication available to manage your pain; it continues the steady supply of pain medication.

You may use a breakthrough at any time as long as enough time has passed since the last time you used breakthrough. This will be determined by the order on your prescription bottle.

How much is too much breakthrough?

As long as you follow the directions from your team, and only take the breakthrough if you are experiencing pain or before an activity that you know will cause pain, you will not take too much breakthrough.

We suggest if you need 3 or more doses of breakthrough a day for 3 days in a row, contact your health care team to discuss whether your long acting dose of pain medication needs to be adjusted.

I took breakthrough a few minutes ago and it is not helping?

Once you take a pill, it takes 15 to 30 minutes to start working and at least an hour for it to provide maximum pain relief.

Take breakthrough pain medication:

- at least 30 to 60 minutes before an activity that you know will cause pain
- as soon as you notice the pain starting

Why did the doctor order a bigger breakthrough dose when they increased my long acting or regular pain medication?

The breakthrough dose must be strong enough so that it provides enough additional medication above what you take regularly for pain. Bigger doses of regular pain medication require bigger breakthrough doses. We hope that when your long acting or regular dose of medication has been increased that you will not need breakthrough as often. However if you do need to take breakthrough, it needs to be strong enough to provide additional pain relief.

Do not stop your opioid pain medications suddenly

If you stop opioid pain medication suddenly after you have taken them regularly for a few days, you will experience withdrawal. Symptoms of withdrawal are:

- nausea
- feeling shaky and/or hands may shake
- diarrhea
- sweating
- yawning
- runny nose and eyes
- anxious, restless

This does not mean you are addicted to the pain medication. Please contact your health care team to get help before discontinuing medication on your own.

Pain diary

It is important for you to keep track of when you take your pain medication, especially the “as needed” types. This information helps us to understand when you are having pain and how the medication is working for you. It also helps us to know how to adjust your pain medication to help you to be more comfortable.

You can set up a chart, like the one below, on a blank piece of paper or in a small notebook. Please bring your chart with you to every clinic visit.

Date	Time	Medication Name	Strength	Number Pills Taken
17/3	8 am	Morphine	10 mg	2
17/3	2:30 pm	Morphine	10 mg	1
17/3	5 pm	Morphine	10 mg	2

Side effects

All medications have side effects. You may be afraid to take opioids because of an unpleasant experience you or someone you know has had. We can help you prepare yourself for possible side effects and prevent many of them. Here are some suggestions to help you manage the most common side effects.

Nausea

You may feel sick to your stomach or have nausea after taking your pain medications. This feeling usually goes away in a week or so. During that time you may take some dimenhydrinate (Gravol[®]) that you can buy over the counter if you need it.

If you have nausea each time you take your pain medication, try taking dimenhydrinate (Gravol[®]) 30 minutes before your pain pill. Do not take more dimenhydrinate than is recommended on the package. There are other medications that your doctor can prescribe for nausea.

If you vomit several times after taking your pain pills, call the team who prescribed the medication.

Constipation

All opioids cause constipation for as long as you take them.

Constipation can be prevented by taking laxatives. Please **do not** wait until you are constipated to take the laxatives, start them as soon as you start the pain medication.

Senokot, Bisacodyl, Peg Flakes (RestoraLAX[®] or Laxaday[®]) and Lactulose are the laxatives your health care team may recommend. You can buy them at the drug store without a prescription. Follow the directions on the package unless you have been given other directions by your health care team.

You need to keep track of your bowel movements. Write it down on a calendar or in your pain diary. If your bowels have not moved in 3 to 4 days, call your team who prescribed the medication.

Drowsiness

It is normal to want to take a nap after taking your pain pills. This is usually temporary and goes away over time as your body gets used to the medication.

When you first start, or the amount you take is adjusted or increased, **do not** drive or operate dangerous equipment until you know how the medication will affect you.

If you are falling asleep during activities such as eating a meal or talking to family or friends, call the doctor who prescribed the medication, you may need to have your dose adjusted.

Confusion

It is not normal for you to be confused or see or hear things that are not really happening (hallucinate) when you take pain medication. If you experience any confusion, you need to call your doctor who prescribed the pain medication.

Fears about using opioid medications

“Opioids are only taken as a last resort”

Some patients believe they should only take opioids as a last resort. In fact, it is better to take an opioid medication and be more active than not take it and spend your time lying down and not sleeping at night.

“Morphine is for patients who are dying”

This is not true. Many patients, who are not dying, take opioids for different reasons, including chronic back pain and after surgery.

“My doctor won’t know what is happening with my cancer if we cover up the pain”

Pain is not a good way to follow what is happening with your cancer. There are many ways to follow your cancer which includes blood tests, physical exam and other tests.

Pain can get in the way of your treatment because you often become less active and have trouble sleeping. Poor pain control is a reason we often delay your treatments. Pain can also make it difficult to complete a good physical exam or to be able to lie in a proper position for tests or treatments.

“I am going to save it for when I really need it”

If you manage your pain now it will make it easier to manage any pain you might experience in the future. Living with unmanaged pain for a long time causes changes to your nervous system which makes it more difficult to treat your pain in the future.

There are many options available if your pain changes and/or becomes more severe. **There is no need to live in pain.**



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