

## **What are opioids?**

Opioids are natural or synthetic chemicals that reduce feelings of pain. Common prescription opioid pain relievers include:

- Hydrocodone (Vicodin)
- Oxycodone (OxyContin)
- Oxymorphone (Opana)
- Methadone
- Fentanyl

Opioids are powerful narcotic pain medicines that can help manage pain when other treatments and medicines are not able to provide enough pain relief. However, even when used properly, opioids also carry serious risks, and they can be misused and abused, causing addiction, overdose, and death.

## **Are opioids safe?**

Prescription opioids can help with some types of pain in the short term but have serious risks. They can be an important part of treatment in some circumstances and can effectively relieve suffering for patients with active cancer or others in hospice or palliative care, **but studies are not available to indicate whether opioids control chronic pain well when used long-term.** Before taking opioid medication for your chronic pain:

- Discuss pain treatment options, including ones that do not involve prescription drugs.
- Tell your doctor about past or current drug and alcohol use.
- Discuss all of the risks and benefits of taking prescription opioids.

Remember you are prescribed **opioid pain medication/some call them "narcotics" and you must use them exactly** as prescribed. They may have various side effects, and also potential for habituation, dependence, addiction, tolerance and withdrawal. They need close monitoring.

We have discussed these issues in detail with you. You also did receive a copy of the opioid use consent and agreement form today/ or in the past. Please take time occasionally to read it again and remind yourself about your responsibilities.

You promised to keep 100 % compliance. You understand that compliance is of utmost importance. You were given appropriate

opportunity for questioning and voiced understanding.

**WARNING: Patients taking prescription opioids are at risk for: UNINTENTIONAL OVERDOSE OR DEATH, ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION ACCIDENTAL INGESTION NEONATAL OPIOID WITHDRAWAL SYNDROME (if taken while pregnant)**

The use of prescription opioid pain relievers can have a number of side effects, even when taken as directed.

Opioid side effects include (but are not limited to):

**Respiratory depression:** If you have issues with shortness of breath after starting/using the pain medication, or become very drowsy and fatigued, stop the medication and call 911 immediately. These symptoms may be a sign of respiratory depression, *which may lead to death*

**Sedation/fatigue/sleepiness/fogginess/confusion:** Especially as the opioid medication is started you can expect sedation, but it usually resolves in a few days.

You may have to accept mild sedation (e.g. noticeable drowsiness, falling asleep unintentionally during relaxing activities such as watching TV or reading) for a few days as long as you are in a safe environment. If you are falling asleep during stimulating activities (while eating, conversing, etc.) or severe sedation *please call the clinic promptly to discuss next steps.*

**Itching:** This is likely not an allergy, as opioid medications have been known to rarely cause significant itchiness. You may require antihistamines to control this itching.

**Urinary retention:** Rare but potentially an emergency. Please seek medical care immediately if you lose the ability to urinate.

**Tolerance:** meaning you might need to take more of the medication for the same pain relief

**Physical dependence:** meaning you have symptoms of withdrawal when the medication is stopped

**Low levels of testosterone:** can lead to lower sex drive, energy, strength, impotence, erectile dysfunction, lack of menstruation or infertility.

**Adrenal insufficiency:** A condition in which the adrenal glands will not produce enough of the steroid hormone, cortisol, particularly during stressful conditions. Symptoms of adrenal insufficiency include nausea, vomiting, loss of appetite, fatigue, weakness, dizziness, low blood pressure

**Serotonin Syndrome:** This is a serious central nervous system reaction resulting from too much serotonin. This is usually in the setting of taking certain medications with opioids that also increase serotonin levels such as antidepressants and migraine medications. Symptoms of serotonin syndrome include agitation, hallucinations, rapid heart rate, fever, excessive sweating, shivering, muscle twitching or stiffness, trouble with coordination, nausea, vomiting, diarrhea, fatigue. Cases of serotonin syndrome were reported more frequently with the **opioids fentanyl and methadone** used at the recommended doses.

**Increased sensitivity to pain:** Known as **Opioid induced hyperalgesia (OIH)**. OIH is where long-term opioid use can induce a state of opioid-induced hyperalgesia in which you respond to increasing doses of opioids with increasing amounts of pain (instead of the logical decreasing amounts of pain).

**Increase your fracture risk:** Elderly persons (greater than 65 years old) using opioids are potentially at risk of developing osteoporosis/osteopenia and may also be at an increased risk of fractures.

**Increased infection risk:** Opioids may also increase the your susceptibility to infections like pneumonia because of the immune system suppression.

**Nausea:** usually resolves once on a stable consistent dose

**Constipation:** (see constipation information below)

**Sweating**

**Depression**

**In an Emergency: Weaning Opioid Painkillers/ stretching your opioid medication until you can get a refill.**

-If you are unable to refill or get your opioid medications, symptoms of withdrawal will vary depending on how long you were on the opioid medication and what type you were taking.

-If you are taking morphine, hydrocodone, hydromorphone, or oxycodone you may experience withdrawal symptoms within 6-12 hours of the last dose.

- If you are taking methadone or controlled-release opioids/long acting opioids you will experience symptoms 1-4 days after the last dose.

-Typically the most significant withdrawal symptoms from morphine takes 5 to 10 days while withdrawal from methadone or other long-acting opioids take longer.

-Ideally, discontinuing the medication would be a slow tapering process under the care of a physician or other appropriate medical provider. If this cannot be accomplished, **it is important to make an effort to taper the dose on your own as slowly as possible.**

-The best way to avoid serious withdrawal symptoms is to reduce the amount of medication you are taking or how often you are taking it before you run out.

- For example, you could reduce the amount by 25% per day, or by 25% every other day. This may still result in some withdrawal symptoms, but it is better than having to suddenly stop the

medication when you run out.

-If you are taking any of the **extended release versions** of opioids, such as OxyContin, Kadian or fentanyl patches, **do not tamper with them in any way. Breaking or opening these capsules, or cutting patches, can release the entire dose at once, causing overdose and possible death.**

-Instead, take the whole tablet or capsule or use the whole patch, but take the medication less often to reduce the dosage.

-For example, if you take an extended release medication 2 x daily reduce to once per day and later to every other day.

**-Always contact the clinic if any questions or concerns.** Always seek professional healthcare assistance as soon as you can — if possible, before running out of medication.

-Drink a lot of fluid, try to stay calm, and keep reassuring yourself that the withdrawal reaction will pass and you will eventually feel better. One of the symptoms during opioid withdrawal is a state of increased pain, meaning your pain may feel more intense or severe. This also will pass with time.

### **Driving Safety Issues:**

**-Opioids and other drugs working on the brain (central acting medications such as medications for nerve pain/muscle relaxants/tranquilizers/depression/anxiety) can slow reaction time, cause drowsiness, or cloud judgment when they are first started or increased. Most experts agree that driving or operating heavy machinery is unsafe and should be avoided until a stable dose has been reached.**

-Patients on chronic **stable doses** of opioids or other drugs working on the brain (defined as no dose change within the last 2 weeks) are safe to drive. If doses of medications are increased or a new

medication is started that could affect the brain than you should wait until you are on a stable dose before you resume driving.

**Bottom line:** patients who have been on a stable dose for a week, who feel no cognitive changes (drowsiness, 'fuzziness,' difficulties in concentrating) can drive.

**If you feel drowsy, fuzzy or cognitively impaired you must NOT drive.**

-For **commercial driving**, the Federal Motor Carriers Safety Administration generally prohibits opioid use, but with the caveat that these rules "do not apply to the possession or use of a substance administered to a driver by or under the instructions of a licensed medical practitioner...who has advised the driver that the substance will not affect the driver's ability to safely operate a motor vehicle". Individual states, employers, and insurance agencies may have further restrictions, and patients should be advised to investigate these prior to driving commercially.

## **OPIOID BOWEL HYGIENE**

**Opioids most often will lead to constipation and you need to keep a bowel hygiene program.**

Routine bowel program/bowel hygiene/Prevention is the best approach to constipation:

- Know what is normal for you and do not rely unnecessarily on laxatives.
- Eat a well-balanced diet that includes unprocessed bran, whole-wheat grains, fresh fruits and vegetables.
- Drink at least eight 8 oz. glasses of **water/or other fluids**/64 oz.
- Exercise regularly! Motion keeps the bowels moving.
- Set aside time after breakfast or dinner for undisturbed visits to the toilet.
- Don't ignore the urge to have a bowel movement.
- Toileting is recommended 5-15 minutes after meals
- Always take sufficient time for the bowel movement and do not bear down too much.

**Basics to be kept as a daily regimen:**

**1. Start stool softeners 1-4 caps twice a day (docusate/colace)**

*It takes several days for stool softeners to work. Not to be used for acute constipation.*

**2. Consider adding daily prune juice/prunes.**

**3. Start some fiber (Bulk-forming laxatives)**

(e.g., Citrucel®, Metamucil® and Fibercon®) Fiber has a low incidence of serious adverse effects and is not expensive. Common side effects include abdominal bloating and gas. It is important to take these products **with plenty of water to avoid** bowel blockage.

**Start low and go up to target dose slowly.**

A diet high in fiber is not recommended for individuals who are immobile or who do not consume at least 1.5 liters of fluids per day.

-*Insoluble fiber* is found in wheat bran, vegetables, and whole grains.

It does not dissolve in water. This type of fiber is most helpful in preventing constipation.

-*Soluble fiber* is found in oat bran, barley, some beans, and certain fruits and vegetables. This fiber forms a gel when mixed with water. Soluble fiber has minimal benefit in preventing or managing constipation.

-High fiber bran products, such as wheat bran, bran flakes, or bran cereals can be substituted in recipes to increase the fiber content of the food

-The most beneficial means to prevent constipation is a combo of insoluble and soluble fiber by increasing dietary intake of bran, fruits, and vegetables

**4. If more needed: Start stimulant laxative if basic measures don't resolve the constipation** e.g. plant derived **Sennakot/** senna or Dulcolax. Start with 1 tablet and may go up to 1-3 per evening (*these usually reveals results the next day*).

**5. Or start an osmotic laxative like Miralax** (17 g in 8 ounces of water daily (*may take 2-4 days to work*)).

Osmotic laxatives cause water retention in the colon resulting in bowel distention. This leads to increased pressure, which induces intestinal motility. These may be used as bowel preps for procedures

(e.g., magnesium citrate) or as regular treatment for constipation (milk of magnesia, polyethylene glycol solution). People with diabetes should be monitored for electrolyte imbalances.

Saline osmotic laxatives, such as magnesium hydroxide or sodium phosphate, may lead to hyper-magnesemia or hyper-phosphatemia in **those with kidney insufficiency**.

Other osmotic laxatives, such as **lactulose** and **sorbitol**, may cause diarrhea and are to be used last.

6. **If even more needed:** If above has no results, and you don't have a bowel movement **at least every 3 days** you need to add another step:

**7. Take Magnesium citrate or Milk of Magnesia**

**8. Consider lubricants like Vaseline/glycerin suppositories.**

Lubricants grease the stool, enabling it to move through the intestine more easily. (Lubricants typically stimulate a bowel movement within eight hours).

Use of **mineral oil should be avoided due to risk of serious side effects**. One concern is the development of lipid pneumonia, which may occur if mineral oil is aspirated. Another adverse effect associated with long-term use of mineral oil is reduced absorption of fat-soluble vitamins

9. If you have no sign of bowel obstruction (abdominal pain, nausea vomiting and sickness) you may **apply fleet enema**. This will help to eliminate from the bottom.

10. If you still continue with constipation and experience abdominal pain, fevers, chills, nausea and vomiting please contact us immediately or go to the ER. You may be developing a more serious condition including bowel obstruction/blockage.

**Suggestions to safe guard your opioids at home:**

- Do not reveal to anyone what medications you are utilizing.
- Do not share medications with others.
- Lock all medicines especially opioids in a lock box or cabinet.



**-Make sure none of the family members like children or their friends have access to these potentially deadly drugs.**

-Never leave medicine especially opioids in you medicine cabinet.

-Never leave medicine especially opioids on your night stand or table.

-Never leave or store opioids in your glove compartment, the heat can be unsafe.

-Never leave opioids were they are easily accessible to others such as your purse.

-Store all medicines in their original bottles with the original labels intact.

-Keep medicines out of direct sunlight to prevent the heat from degrading the medication (which can make it unsafe).

-Keep medications in a cool dry place.

-Do not crush or cut extended release medications.

-Do not cut or chew pain patches that contain opioids.

-Keep track of the medications you take to ensure you are taking them properly.

-If you suspect someone has stolen your prescription opioids notify your local police department, this will hopefully prevent the illegal sale and distribution of your prescription medications.

-We all have a responsibility to prevent abuse, and diversion of prescription opioids in our community.

