SUPPORT Meds

Opioids for persistent pain

Is this medicine still right for me?

Are you taking one of the following opioids for persistent pain?

- **Buprenorphine** (B-Patch®, Bupredermal®, Norspan®)
- **Codeine** (Brufen Plus®, Nurofen Plus®, Panamax Co®, Panadeine Forte®)
- **Fentanyl** (APO-Fentanyl®, Fentanyl Sandoz®)
- **Morphine** (MS Contin®)
- **Oxycodone** (Endone®, OxyContin®, Targin®)
- **Tapentadol** (Palexia®)
- **Tramadol** (Tramal®, Tramedo®, Zydol®)

Common brand names are listed above. Other generic brands may be available; these often start with the words APO, APX, Mylan, Sandoz, Viatris, WGR, or other generic equivalents.

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RACGP Royal Australian College of General Practitioners · Pharmaceutical Society of Australia · apna · Ageing Australia · NSW TAG NSW Therapeutic Advisory Group Inc. · MONASH University

Opioids for persistent noncancer pain

Acute and persistent pain: What is the difference?

Acute pain is short-term pain that usually happens after an injury, surgery or illness. It's the body's way of warning you that something is wrong, and it often gets better as the body heals. Opioids may help to relieve this kind of pain.

Persistent pain is pain that lasts for a long time, often for months or years. It can come and go, or be there all the time. Persistent pain is different for everyone. It can affect how you feel, what you can do, your sleep, mood, and daily life.

What causes persistent pain?

For some people, the cause of persistent pain is known, such as nerve disease, disc problems or arthritis. For others, the cause is not known. Scans and tests can be important, but they may provide only part of the story.

There may be no physical explanation for why the pain has lasted so long. However, this does not make it less real.

Some people with persistent pain take prescription opioid medicines to help with pain, but that may not be the best option.

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How well do you know your medicine?

1.	My pain, function and quality of life might improve if I reduce my opioid.	○ True	○ False
2.	Opioids are safe to take for a long time.	○ True	○ False
3.	Overdose can still happen, even if I'm taking my opioid as directed by my doctor.	○ True	○ False
4.	Only opioids can relieve my persistent pain.	○ True	○ False

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Answers

1. My pain, function and quality of life might improve if I reduce my opioid. **TRUE**

Taking higher doses of opioids usually doesn't improve persistent pain and, for some people, can even make pain worse. Many people discover that when they lower or stop their opioids, their pain, ability to do everyday activities, and quality of life often stay the same or actually improve.

2. Opioids are safe to take for a long time. **FALSE**

We used to think opioids were safe, but we now know that is not always true. Even small daily doses can cause side effects, and the risks increase as the dose gets higher and if you are also taking other medicines, like benzodiazepines, gabapentin or pregabalin. Long-term use needs to be monitored carefully to prevent serious side effects. You may still be at risk of harm from opioids, even if you have been taking opioids for a long time.

3. Overdose can still happen, even if I'm taking the opioid as directed by my doctor. **TRUE**

Accidental overdoses can happen at any dose, even when taking an opioid as prescribed. Higher doses and combining opioids with alcohol or medicines for sleep increase your risk of overdose.

4. Only opioids can relieve my persistent pain. **FALSE**

There are many other ways to help you move better and manage your pain - see 'Relieving persistent pain without opioids' on page 7.

Your health professional can work with you to find safer options that might suit you.

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Did you know?

Pain, function and quality of life often improve when opioids are stopped. This is because opioids can become less effective over time, with increasing doses only increasing side effects. As the dose is reduced, side effects generally fade, and many people feel better.

Opioids can cause harmful effects at any dose, including drowsiness, slowed or stopped breathing, and even death.

Naloxone is a freely available medicine that reverses the effects of opioids. Having naloxone at home may save your life if you have a severe opioid reaction. For more information, talk to your doctor, nurse or pharmacist, or see The Opioid Safety Toolkit https://saferopioiduse.com.au/naloxone.

Men who take opioids for a long time are 40% more likely to have low testosterone, which can cause a lower sex drive or erection problems.

Stopping opioid medicines suddenly can cause unpleasant withdrawal effects, including insomnia, anxiety and nausea. To avoid this, the dose should be reduced gradually - see page 9 for information on gradual dose reduction.

Consult your doctor, nurse or pharmacist before stopping any medicine.

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Ask yourself...

When did you last review your pain?

1. Have you recently talked with your doctor, nurse or pharmacist about the best ways to manage your pain? ○ Yes ○ No
2. Do you have a pain management plan that includes reviewing your opioids and other pain medicines? ○ Yes ○ No
3. Has your pain improved with increases in your opioid dose? ○ Yes ○ No

If you answer NO to any of these questions, bring this brochure with you to your next doctor's appointment and make a plan for regular review of your opioids and pain management strategies.

Are you experiencing side effects from your opioids?

1. Tiredness ○ Yes ○ No
2. Memory problems ○ Yes ○ No
3. Nausea ○ Yes ○ No
4. Constipation ○ Yes ○ No

If you answered YES to any of these questions, reducing the dose of your opioid could reduce these side effects without reducing your level of pain control. Most people find little difference in their pain when opioid medicines are stopped.

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Relieving persistent pain without opioids

There are a wide variety of alternatives to manage persistent pain:

- Self-management strategies
- Psychotherapy
- Specialist pain care or pain clinics
- Non-opioid pain medicines
- Electrical nerve stimulation
- Massage therapy
- Structured exercise programs
- Physiotherapy
- Mindfulness-based stress reduction
- Yoga, Pilates or stretching
- Acupuncture
- Counselling or social support

Talk to your health professional to see what options are right for you and available in your area.

For more information and videos on managing persistent pain, see:

Pain Management Network
www.aci.health.nsw.gov.au/chronic-pain/for-everyone

Faculty of Pain Medicine
www.anzca.edu.au/patient-information/about-pain-medicine/patient-resources

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Bert’s story

After 53-year-old Bert almost died in a car accident in 2020, he woke in “excruciating” pain. His doctors put him on powerful opioid medicines.

“I started taking opioids 5 years ago after a car accident. I ended up on higher and higher doses over the years. At first, I didn’t think much about it. Then I saw a news story about the overuse of opioids, and how they can cause problems like drowsiness, falls, car accidents and even overdose. That’s when I realised I was taking opioids. I tried to stop them straight away, but when the medicine wore off, I felt awful. I started taking them again.

When I told my doctor, I learned I was going through withdrawal. My doctor was supportive of my desire to stop my opioids, so they worked with me to make a tapering plan so I could reduce the medicine slowly over the next six months, with the option to slow down if I needed to. It went much better than when I stopped abruptly. My doctor also recommended some other ways to help me manage my pain.

I’ve made some changes to my lifestyle that really help. I still have pain some days, but it’s no worse than when I was taking the opioid. With my physiotherapist’s support, I’ve found some strategies that work for me. I no longer take opioids, and gradually I have felt an increase in my energy and activity levels.”

> *My energy levels are better and my pain is no worse.*

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Gradual reduction plan

Stopping opioids needs a **gradual dose reduction plan** to prevent severe withdrawal symptoms and to keep you safe. This may take a few weeks, months, a year, or longer.

Do not cut slow-release tablets or patches. This can release too much medicine at once and increase the risk of overdose.

As your dose gets lower, your body's tolerance changes. Going back to a high dose too quickly can be dangerous — always follow your healthcare professional's advice.

Take this brochure to your doctor, nurse or pharmacist to start a conversation. Your health professional will create a **personalised plan** that's right for you and your pain. This will include regular follow-up visits to see how you're feeling, and will allow some flexibility (e.g. the option to pause or go a little slower than planned).

Talk to your doctor, nurse or pharmacist about the best reduction plan for you.

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Questions to ask

5 questions to ask your health professional

1. Do I still need this medicine?
2. How can we work together to reduce my dose?
3. Is there a safer option?
4. What symptoms should I look for when I stop my medicine?
5. Who do I follow up with and when?

Questions I want to ask my health professional about my medicine

Use this space to write down other questions you want to ask:

This brochure can be found online on the SUPPORT-Meds website
www.monash.edu/mips/support-meds

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