

OPIATE PRESCRIBING AND REQUESTS FOR CHRONIC (long term) AND ACUTE PAIN

Opiates are the strongest pain killers we are able to prescribe and can be very effective at treating acute, severe pain caused by **injury, surgery or cancer pain**. However the role of opiates in chronic pain (pain lasting a long period of time) is less clear. For most people opiates are **NOT effective for chronic pain**.

Opiates include such medicines as codeine, dihydrocodeine, morphine, oxycodone, buprenorphine and fentanyl.

Opiates are to be considered for pain management only when all other medication and non- medication options have been explored. <https://livewellwithpain.co.uk/>

Opiates 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 in hospital after major surgery Yet we would expect the pain to improve relatively quickly as the broken bone or injury repairs.

Acute prescriptions for opiates will not exceed 7 day's supply, which is the expected duration of pain severe enough to require opioids.

In those instances where opiates are the most suitable option of analgesia for a patient, (for example in the elderly, where other analgesia is not suitable,) then a clinical decision will be made and the prescriber will prescribe the minimum effective dose for a specified period of time, with planned follow up, before any further prescriptions can be issued.

For chronic pain the benefits of opiates are limited. Recent clinical evidence shows that the use of opiates 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 eradicate pain completely. The purpose of this information is to inform you that long term opiates are often not the solution and it is important you understand the risks associated with such medications.

TOLERANCE AND INCREASED PAIN

When opiates 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 opiates. This initial feeling of relief is often experienced when the dose or strength of the opiate is increased.

However when taken regularly for long periods of time you will find the relief from the pain is only short lived and may wear off completely. This is because the body adapts to the medication. This may lead to patients requesting more and more dose increases and higher and higher quantities. Taking such high doses and strengths of opiates can result in potentially harmful effects on the body.

ADDICTION

Opiate medication is addictive. It is unusual for someone with acute, short term pain to become addicted to opiates if they follow the prescribing advice of the clinician and take the minimum effective dose for the shortest period of time. However, longer term use of opiates can lead to addiction.

If you believe you are addicted to opiate medication then please arrange an appointment with the GP or pharmacist at the surgery. We can help support you with a reduction plan which is safe. We would not advice stopping your opiate medication abruptly.

Further information can also be found at FORWARD LEEDS [Forward Leeds self referral form](#)

Chronic pain is complex and there are often other factors which contribute to the cause of pain. Some of these may be physical; others may be emotional and social. If you believe there are other factors which may be contributing to your pain please arrange for an appointment with a GP or pharmacist.

MISUSE OF MEDICATION

Opiates have the potential for misuse. They may cause physical dependence, where any of the risk factors are identified for a patient an appointment with a GP or pharmacist will be made before any further medication is prescribed.

SIDE EFFECTS

When you first start taking opiate 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 opiates include:

- Constipation 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.

There is also an increasing awareness that people can die from opiate use. This is not really a problem with weak opiates such as codeine on its own. Yet this can be an issue when more than one opiate is prescribed or when prescribed in higher doses or with other drugs that affect breathing like benzodiazepines or gabapentin or pregabalin the risk is increased.

DRIVING

Please see the [DVLA website](#) for information on driving when taking prescription medicines such as opioids. [DVLA advice drug- driving](#)

ALCOHOL

If you are taking an opiate do not drink alcohol.

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.

These medicines are controlled drugs and will not be prescribed early.

PRESCRIPTION WAITING TIME REMINDER.

The practice endeavors to fulfil the following.

PRESCRIPTION REQUESTS; Prescription requests take up to two full working day's to action. Please be aware this will only lead to a prescription if it is appropriate to prescribe.

Please refrain from waiting in the reception area for the prescription process to take place. It will not result in prescriptions being fulfilled any quicker.

Thank you for your co-operation.

Want to reduce your opiate medication or other pain meds?

If you are taking regular opiates or other pain killers and you want to stop them then please contact the surgery to arrange an appointment with a GP or pharmacist. **Please do not stop your medication abruptly as this may make you feel unwell.**

- (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>