

Opioids for chronic pain which is not caused by cancer

Dear patient,

You are in so much pain that the usual painkillers are not enough. You and your doctor are now considering whether an opioid could relieve your pain. However, these medications do not help every cause of pain. Opioids are neither a panacea nor the devil's work. When used properly, an opioid can help you reduce pain somewhat, and return to an active life. This information tells you what opioids are, how they work, when they can be used, and what you should be aware of when taking them.

What are opioids and how do they work?

Opioids are proven painkillers. They contain opium-like active ingredients that occur naturally in the opium poppy. The best known is morphine. Opioids specifically inhibit the transmission of pain, especially in the brain and spinal cord.

They are also produced by the body itself and released during stress, to suppress sudden pain. In the case of particularly severe or persistent pain, these endogenous substances (hormones made in your body) are soon exhausted. This is when artificially produced opioids, for example in the form of a tablet, can sometimes help.

What opioids are available?

Examples of opioids are buprenorphine, codeine, fentanyl, hydromorphone, morphine, oxycodone, tapentadol, tilidine/naloxone, tramadol. These medications are available as tablets, and some in drops or transdermal systems.

When should opioids not be used?

Opioids should not be used for: migraine, tension headaches, irritable bowel syndrome, fibromyalgia syndrome, and mental disorders with chronic pain such as depression. In these diseases, opioids have little or no effect and the side effects predominate.

When are opioids used?

For people with cancer, opioids are an important part of pain management. However, for other long-term pain, which is not caused by cancer, opioids are not fundamentally more effective than other pain medications.

The use of opioids should only be considered, if non-pharmacological treatments (such as physical or psychological therapies) and non-opioid analgesics are

- Not effective and /or
- Not tolerated and/or
- Contraindicated

In most cases, a combination of non-opioid medication, physiotherapy and psychological measures is used. You should decide together with your doctor which therapy is suitable for you.

For some conditions, such as nerve pain from diabetes, chronic osteoarthritis pain, chronic back pain, and pain following shingles, high-quality studies show that opioids may be effective for up to 3 months. For other causes of pain, experts say treatment can be attempted. Opioids can be taken for longer than 3 months if they were previously effective and are well tolerated. Often, patients cannot say for sure whether the treatment is working well. In this case, lowering the dose or discontinuing the opioid can help determine whether the pain is increasing again.

Can opioids make you dependent?

When you take opioids for longer than 4 weeks, you may or may not become physically dependent (habituated). This is normal and occurs with almost all medications that are taken for longer periods of time. However, this does not mean you are addicted to them. Addiction is the uncontrolled, improper, and compulsive use of a drug. If your doctor prescribes an opioid for chronic pain, the risk of addiction is low, when the opioid is used appropriately. If opioids are stopped suddenly, withdrawal symptoms such as restlessness, runny nose, or diarrhoea may develop. These can be avoided by stopping the opioid gradually ("tapering off") in consultation with your doctor.

Are there other relevant side effects?

Yes - as with any other medication. Common side effects are: nausea, drowsiness, constipation, dry mouth, weakness, itching, increased sweating. Rare side effects are decreased sexual desire and sleep-related breathing disorders. Some of these side effects such as nausea and constipation can be managed by other medication. Some other side effects (e.g. sexuality, sleep-related breathing problems) might require the reduction of the dosage of opioids or discontinuation of opioids.

What you can do?

- Tell your doctor in detail about your symptoms, other diseases and wishes so that you can choose the right pain medication together
- Tell your doctor about your fears and reservations about opioids
- Work out realistic goals together, such as reducing the intensity of pain by about a third and improving everyday functions, such as resuming work or sleeping better.
- Avoid driving and operating dangerous machinery during the opioid adjustment and conversion period.
- Take opioids as prescribed. Get a plan that tells you how to take your medication.
- Visit your doctor at regular intervals (at least once every three months) to assess whether the therapeutic goals continue to be achieved and whether there are indications of adverse events (e.g. loss of libido, or psychological changes such as loss of interest, or falls)
- Talk to your doctor if you feel that pain treatment is not working well enough. You may find it helpful to keep a pain diary. Report any abnormalities or side effects. There may be a medication that is better-suited to you.
- Do not use tranquilizers and hypnotics, because they can increase some side effects of opioids such as somnolence and breathing-disorders.
- Discuss a dose reduction or drug holiday with your doctor after 6 months of opioid treatment with a good response to assess whether you need to continue the treatment and your response to any non-pharmacological treatments (e.g. multimodal therapy) that you are used at the same time.
- Relaxation techniques can help reduce tension, anxiety, and pain. Visit a support group.
- Try to distract yourself from your pain by doing things that are pleasant for you, such as spending time with friends or animals.
- Never pass on medicines, including pain medications. Other people should always contact their doctors themselves.

SOURCES, METHODOLOGY AND RELATED LINKS:

This information is based on the 2021 position paper of the European Pain Federation on the appropriate use of opioids for chronic noncancer pain.

[Leaflet](#) based on Patient-Information.de which is a joint portal of the German Medical Association and the National Association of Statutory Health Insurance Physicians.

RESPONSIBLE FOR CONTENT:

Pain Alliance Europe, PAE

Rue de Londres 18, 1050 Brussel, Belgium