

Chronic Pain and Opioids – Information for Patients

Effective Date: May 22, 2024

NOTE: This handout is not for those needing opioids for cancer or end-of-life pain.

Chronic Pain is pain that lasts for more than 3 months and can continue without any clear reason.

Managing Chronic Pain

- The goal of any pain management care plan is to help decrease your pain and help improve function and quality of life. It may not take away all your pain.
- The first choice for managing pain includes self-management practices and first line medicines (see box).
- If these self-management practices do not control your pain enough, other medicines such as opioids may be considered.

What are Opioids?

- Opioids are prescription narcotic medicines used to treat short-term moderate to severe pain. They are sometimes used for chronic pain.
- Examples include morphine, codeine, oxycodone, hydromorphone, tramadol, fentanyl, and methadone.
- Opioids can be helpful, but they can also have risks such as strong side effects, dependence and addiction.

Examples of Pain Management Plan

Self-Management Practices

- Hot/cold packs
- Meditation and mindfulness
- Improving sleep
- · Spending time in nature
- · Exercise/stretching/yoga/tai chi
- Connecting with friends
- · Massage therapy
- Physiotherapy
- Pain education

First Line Medicines

- Acetaminophen (e.g., Tylenol)
- Ibuprofen (e.g., Advil)
- Naproxen (e.g., Aleve)

Deciding to Use Opioids

- The decision to use **opioid medicine** is one **made together** with your health care provider when other methods are not working.
- Starting and continuing opioids should always be on a **trial basis** and reviewed **regularly**.
- Compared to other medicines, opioids may be less effective for chronic pain and have additional risks.
- Opioids work best when combined with other pain-management practices.
- If your health care provider suggests opioids, they will start with a small amount of medicine and regularly review how it works and side effects.
- Your health care provider may decrease or stop your opioids if they are not helping you function or are causing side effects.
- Any pain management plan should be personalized. Both you and your health care provider have a responsibility to create a safe, effective, and non-judgmental plan. Health care providers are regulated by their licensing organizations for prescribing opioids.
- Your health care provider may encourage signing an agreement to help ensure both the patient and the provider understand their role and responsibilities regarding using opioids for treatment.







Important Points to Remember When Using Opioid Medicines

Safety	Avoid using sedatives such as alcohol or sleeping pills while using opioids.	
	Don't drive if you have dizziness, drowsiness, or fatigue.	
	• If you have chronic medical problems like diabetes, heart or lung disease, liver and/or kidney disease, sleep apnea, mental health issues or a past/current history of alcohol and drug dependence/abuse, talk to your health care provider about how opioids can affect you.	
	• If you are frail or elderly, you may need smaller doses. Be careful about falls and injuries if you are drowsy or dizzy.	
	Do not share or give your medication to others.	
Withdrawal	• Do not suddenly stop your opioid medication. That may cause withdrawal symptoms such as nausea, restlessness, muscle pain, stomach pain, and runny nose.	
	 Withdrawal symptoms are uncomfortable and at times very upsetting. They are usually not dangerous unless you have chronic medical problems, are pregnant or elderly and frail. Talk to your health care provider before stopping or decreasing your medicine. 	
8 Storage	• Keep opioid medicines secure, locked or out-of-reach of children and those with mental challenges.	
Overdose Awareness	 You and your family/friends should be aware of the signs of overdose including unconsciousness, slowed breathing, or slurred speech. You may ask your health care provider or pharmacist about a take home Narcan (naloxone) kit and learn how to use it. In an emergency, use the naloxone kit and call 911. 	

Common opioid side-effects and how your health care provider might manage them When it typically occurs & Suggested Management

Side Effect	When it typically occurs & how long it lasts	Suggested Management
Constipation	Continues while on the medication	Laxatives such as sennosides (Senna), polyethylene glycol 3350 (PEG 3350, RestoraLAX), or lactulose can be used for prevention and treatment of opioid induced constipation
CZ1 Drowsiness	May happen when a medication is started, often improves over time	If it continues, may need to reduce the dose, switch opioids, or adjust other sedating medications
Nausea	May happen when a medication is started, often improves over time	Acute nausea usually resolves rapidly and no real management is required. Chronic nausea may be managed with anti-nausea medications and switching to a different opioid could be considered
Itching and Rashes (especially hives)	May happen rapidly upon taking the first dose of the medication	Stop medication and consult your healthcare provider to determine if it is an allergic reaction

Tolerance and Dependence

- **Tolerance** occurs when you may need a larger dose of the medicine over time to get the same effect. Your health care provider can help manage tolerance by switching to a different opioid.
- **Dependence** occurs when your body has become used to taking the medicine every day. This can make it hard to stop. When you stop or decrease the medicine you will likely experience withdrawal symptoms (e.g., runny nose, stomach aches, agitation, restlessness).
- **Addiction** is when you feel a strong urge to use the medication, even when it causes harm to your health, relationships, and daily life.

Patient Resources

- PainBC painbc.ca
- HealthlinkBC healthlinkbc.ca/health-topics/opioids
- Government of Canada: Opioids canada.ca/en/health-canada/services/opioids
- RxFiles: Questions about Opioids rxfiles.ca/rxfiles/uploads/documents/Opioid-Patient-Booklet-Taper-RxFiles.pdf