

## Pain and pain relief

### Frequently asked questions – fact sheet

These frequently asked questions are only a small sample of questions which can arise in the course of managing pain and the answers are necessarily brief. **There is no such thing as a stupid question.** Don't be afraid to ask your doctor or nurse any questions you may have. If it is a concern to you it is important and needs to be answered.

#### **Will my pain get worse as the disease progresses?**

Pain does not necessarily increase with the progression of disease. If you do feel more pain, report the problem to your doctor or nurse, your pain can then be reassessed and your treatment reviewed.

#### **Does an increase in my pain mean that the disease is getting worse?**

There can be many reasons for increasing pain levels. Some of these may not be related to your disease. Sometimes pain can be made worse by an infection or a change in the biochemical balance of the body e.g. high calcium levels. It is important you do not just put up with pain. Report it so your pain can be properly assessed and managed.

#### **If I start strong pain relieving medications too soon will they be 'less effective later?**

No. There is very good evidence showing that starting pain medications (especially morphine

and the other opioids) as early as possible results in better pain control, less pain over the course of the illness and less total opioids overall. If pain is not controlled early the pain perception of the brain and nervous system changes and pain becomes entrenched needing more opioids and is often more difficult to control. There may however, be times when changes to the doses and types of medications you take are needed to manage changes in the levels or types of pain.

#### **Will I become addicted if I take opioids (morphine like drugs) all the time?**

Addiction is **EXCEEDINGLY RARE** (1:12,500) when morphine or similar medications are taken to relieve pain. Addiction happens when people take these drugs for reasons other than pain and they end up developing a psychological dependency on some of the effects of morphine.

When you take morphine to relieve pain the pain acts as an antidote to these effects. If the pain goes away with successful treatment of the underlying disease, then the opioids can be withdrawn.

If you ever want to stop your opioids "to see how you can manage without them" discuss this with your doctor so a managed (step down) decrease can be done. Stopping them suddenly can precipitate a physical withdrawal reaction as your body has become dependent on the added opioids. Physical **DEPENDENCE** is not the same as **ADDICTION.**

## **Will I become drowsy, confused and 'lose control of my mind' if I take opioids (morphine like drugs)?**

When morphine or a similar medication is first started it may cause a little drowsiness. This should pass within a few days. The dose of morphine you take can be adjusted to relieve your pain without causing drowsiness, confusion or hallucinations. If you are taking morphine or a similar medication and experience any of these problems, inform your doctor or nurse immediately and your medication can be adjusted.

## **Will opioids (morphine like drugs) cause me harm or hasten death?**

No. Opioids are very safe when taken to relieve pain. There is evidence that poorly managed pain will hasten death and that patients with well managed pain live longer and more comfortably.

Opioids can cause drowsiness and it is important to ensure that there is some supervision to safeguard yourself whenever an opioid is commenced or the dose changed. It takes a few days to allow the drug to settle in your system.

There are some well-known side effects such as constipation and sometimes nausea. Medications to prevent these problems may be started at the same time as the opioid. Most people taking an opioid for pain find being pain free increases energy levels and enables them to 'get the most out of life'. If you have any concerns, discuss them with your doctor or nurse.

## **I have read that not all pain can be controlled even with the best of palliative care – what will happen to me if my pain can't be treated?**

Pain management has its limits. All pain can be managed to a degree and everyone can be made more comfortable. The majority of people will have their pain controlled. Unfortunately there remain a significant proportion of people (5%) where pain cannot be controlled without

significant drowsiness and limitation of their ability to function. It may become necessary to increase pain control to the point of inducing a coma. This is often called terminal sedation. If this is necessary, it is not embarked upon lightly and extensive consultation is carried out to ensure proper decision making is undertaken. Pain control is continued until death.

## **Can I drive?**

If you are taking opioids (morphine like medications) your reaction times will be affected and you could pose a risk to others on the road. You should not drive if you are starting an opioid nor should you drive if you need to alter the dose or are taking extra breakthrough doses of opioids. If your opioid dose is stable you need to use your common sense. We suggest you check with your doctor and the transport authorities. If they say it is alright we would recommend short trips in daylight hours on roads you are familiar with, avoiding peak times.

## **Can I drink?**

Probably. The main reason pharmacists caution about alcohol when you are on medications including opioids (morphine like medications) is that they can increase drowsiness and alter your reaction times. This could make you liable to injure yourself and others if you are driving or operating complex machinery. If you don't have to do either it is probably safe to drink moderately. It is probably wise to not drink alone as you could inadvertently injure yourself.

## **Is Heroin better than morphine?**

No. Heroin's chemical structure is diamorphine which consists of two morphine molecules stuck together. The liver "unzips" heroin into the two morphine molecules in the body. The only difference that Heroin has is that it is more soluble than morphine. This effectively means that the first dose is absorbed into the body faster. This solubility accounts for the "rush" that addicts feel, but with repeated regular dosing

the rush does not recur. Waiting till the heroin levels drop to allow the pain to return so that the “rush” can be experienced is just bad medicine.

### **What about Marijuana?**

Marijuana has a lot of conflicting evidence about whether or not it is useful. There is certainly good evidence to suggest it is useful in nausea but the evidence in pain is inconclusive at this time. What seems to be evident is that people who have used marijuana in the past and have not suffered too many side effects seem to prefer it to conventional medications despite the research which shows that the conventional medications are as effective and have less side effects than marijuana.

### **My doctor has prescribed Methadone for me. Does that mean he thinks I’m a junkie?**

No. It is true that Methadone is used in heroin addiction as an opioid substitute. However, it is not widely known that Methadone started life as an analgesic. It is not widely used as an analgesic as it is difficult to finely tune the dose because of the length of time it lasts in the body. Other opioids, morphine, Oxycodone, etc. are more predictable and have become more widely used. Methadone has a unique chemical structure which makes it very effective in managing difficult pain conditions especially when there is nerve involvement.

### **Related Fact Sheets**

Pain Medication

My pain chart

My diary of pain and pain medication

### **CONTACT DETAILS**

Palliative Care South

Ph: 03 6224 2515 or [palliativecare.south@dhhs.tas.gov.au](mailto:palliativecare.south@dhhs.tas.gov.au)

Palliative Care North

Ph: 03 6336 5544 or [palliativecare.north@dhhs.tas.gov.au](mailto:palliativecare.north@dhhs.tas.gov.au)

Palliative Care North West

Ph: 03 6440 7111 or [palliativecareservicenw@dhhs.tas.gov.au](mailto:palliativecareservicenw@dhhs.tas.gov.au)