

# #HospiceLink

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## Exploring fear/myths around opioids and other pain relief

Palliative care is an approach designed to improve the quality of life for someone living with a life limiting condition. It focuses on your needs, as well as those important people around you – and it can begin as soon as you have been diagnosed. Managing pain and other symptoms is an important part of palliative care.

This information and resources below may be useful in supportive conversations with your patients and whanau in your residential care facility.

### What is pain?

Pain is an unpleasant signal or sensation that alerts you that something hurts. Pain signals use the spinal cord and specialised nerves to travel to our brain. Pain can wear you down, can make you irritable, make it hard to sleep, reduce your appetite, and make it hard for you to enjoy life.

### Facts about pain

- Not everyone with a life limiting illness will experience pain.
- Everyone experiences pain differently, so the way you experience pain will be unique to you.
- Most pain can be relieved to a level that allows you to continue to live your life.
- Pain can be due to different reasons dependant on the cause and therefore it may take more than one type of pain relief to control it.
- Pain is not always constant, it can change over the day, with different activities it can fluctuate with your moods, emotions and family life.

Pain management should always start with a conversation with your health care professional – it is essential that you are open and honest about your pain so it can be assessed, and planned for, for you as an individual. Non pharmacological ways to relief your pain may also be explored first such as heat packs, positioning, alternative therapies etc.

### Some common concerns/questions/myths

*“Will Morphine and other opioids medications hasten my death?”*

Morphine and opioids have been used successfully for centuries, and continues to be one of the gold standards available to ensure relief of pain and comfort. Choosing to use opioids is certainly not a decision to be made lightly, but when disease progressions and symptoms reach a certain point, it becomes a useful and necessary tool in improving quality of life. There is no evidence that the correct use of opioids hastens death. Relieving pain changes your quality of life, not its length. For people who have a life limiting illness, when they have signs of decline and are closer to dying, it is due to the disease not because they are taking medications to reduce and control their symptoms.

*“I don't want to get addicted”*

Addiction and drug seeking behaviours are rare. Addiction happens because people get a high feeling from a drug and this makes them want to take it again. But when Doctors prescribe opioids properly for pain control – most people don't get a psychological high. Your body can adapt to having opioids or become “more tolerant” of them over time, and you may need more of it to get the same level of pain control. Sometimes the Doctors will also adjust your opioid if you pain gets better or worse, for example – if pain increases due to a cancer progression, the Doctors may increase the dose of your opioid or add other pain relief. You may also need less, for example, because of cancer treatments shrinking a tumour – your Doctor may gradually low the dose of your opioids or adjunct pain relief over time

## Some common concerns/questions/myths continued...

*I take it too soon, it will not work when I really need it to"*

Some people only tell their Doctor about their pain when it gets really bad. However, it is usually easier to manage pain in its early stages, it provides a good start to ongoing management requirements and gives us good historical information about your pain. Morphine and other opioids do not really have a maximum dose, which means that the Doctors can increase the medication dose safely, and gradually if needed over time for increased symptoms. Sometimes, it may mean adding in additional medications, switching to an alternative opioids or just simply increasing the amount until it is right.

*"Morphine causes over sedation and mental foginess"*

A common worry for people taking opioids is a fear of becoming drowsy or not in control of things. This can be frightening. You might think that you'd rather be in pain than get too sleepy or fuzzy minded to do everyday things. Like all medications, opioids and other pain relief have the potential to cause side effects. You could feel slightly more tired and lethargic when you first start taking pain relief, or if your Doctor has just increased the dose. This usually only lasts a few days. In some cases, drowsiness may mean that the dose is too high, and it may need lowering – or it might be suggested to change to another type of pain relief to resolve this.

## Worries about taking opioids and other pain relief

Most pain can be relieved in some way. But some things can get in the way of treating pain and other symptoms effectively, including any worries you might have about medications. Low dose opioids may also be suggested for symptoms other than pain such as feelings of shortness of breath or cough. You are welcome to talk further with your Dr, Hospice Nurse or other Health professional about these worries to allay further concerns.

### References

<http://unityhospice.org> The Myths of Morphine in Hospice care

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Worries about taking pain killers/coping with cancer/Cancer Research UK

<https://palliativecare.org.au/> - Facts about morphine and other opioid medications in palliative care

### Other really useful resources

<https://otagohospice.co.nz/assets/Uploads/Hospice-Kowhai-08-IS-Medications-21-v2.pdf> - Kowhai programme handout about medications

<https://www.buzzsprout.com/2000355/10749154> Carer podcast Myths about Morphine and other medications



### Monthly Brain teaser:

**No one got last months brain teaser!  
Try again this month to get a prize.**

**This months brain teaser:  
What word of five letters has only  
one left when two letters are  
removed?**

## Upcoming Education

### Hospice New Zealand Palliative Care Lecture series

3rd August 2023

7.30am – 8.30am

GI Symptoms & Bowel Obstruction in Palliative Care  
Professor Katy Clark

Watch them wherever you are, via [this link](#)

If you wish to listen to earlier lectures, please go to -  
[listen now](#)

### Syringe Driver Competency

Wednesday 9 August 1pm – 3pm

[click here](#)

### Syringe Driver Refresher

Wednesday 16 August 1 pm – 2.30 pm

[Click here](#)