

Information for patients who have been prescribed a strong pain killer (such as codeine / co-codamol, tramadol and morphine) for more than 3-6 months.

We know now that the benefits of taking these medicines lessen over time, and after 3 months the risks / side effects often outweigh the benefits.

The rest of this leaflet contains some information to help you understand the different types of pain, and the risks and benefits of taking medicines for pain.

If after reading this leaflet you feel unsure whether your pain medicines are still helping you, or are [concerned that the risks / side effects outweigh the benefits](#), please make an appointment to discuss this with your GP / practice-based Clinical Pharmacist.

Our team can work with you to help you to reduce your medicines slowly so that you don't get an increase in your pain. Your clinician will work *with* you to come up with a plan designed around **your** ideas, concerns and expectations. Our team can also help you to find other ways to manage pain that are more effective in the long term.

[Many people find that after a few months they can reduce their opioid dose without the pain increasing.](#) As fewer side effects are experienced, quality and enjoyment of life can improve.

For now, do not stop taking your medication suddenly, (particularly if you have been taking stronger drugs, higher doses, or you have been using the medicine for a long period of time) as you may experience withdrawal symptoms. Speak with your clinician first.

About pain

Pain is usually described as:

- acute (short term, less than 3 months) or
- chronic (long term, more than 3 months)

Acute pain usually has an obvious cause such as a broken bone or wound.

Acute pain can be severe but usually gets better within days or weeks.

Simple pain relief such as paracetamol or ibuprofen are preferred for less severe pain, but opioid medicines such as codeine, tramadol or morphine may be added for more severe pain.

Pain relief will allow you to stay mobile and / or exercise as instructed by a healthcare professional – this will help your recovery, and the dose / strength of medication should be reduced as healing occurs, aiming to be medication – free by the time the injury has healed, which is usually within 3 months.

Chronic pain sometimes begins with an injury but the pain doesn't get better as expected. **Chronic pain is defined as pain that continues for longer than 3 months: longer than it takes for the original injury to have healed.**

Common types of chronic pain include low back pain, pain related to arthritis and pain related to a past injury.

Chronic pain can cause low mood, irritability, poor sleep and reduced ability to move around. Incidence of depression is also higher in people with chronic pain.

When managing chronic pain, medicines are often not very effective, with **most treatments helping less than a third of patients.**

Chronic pain is thought to happen when your pain system becomes 'sensitised' and starts to feel pain during activity that should not be painful. Pain medicines can sometime make this sensitisation worse, but the good news is you can learn to desensitise your pain system – see the resources at the end.

Neuropathic pain can be managed differently, though like most chronic pain, strong pain medicines can be ineffective. Find out more here:

<https://www.nhs.uk/conditions/peripheral-neuropathy/treatment/>

Cancer pain is not covered by this leaflet as it is managed differently.

Fibromyalgia is an example of a central sensitivity syndrome; the cause is not well understood. Patients with fibromyalgia often respond poorly to pain medicines and often benefit from attending a body reprogramming course. Your GP can refer you to this course, more information is available here:

<https://www.plymouthhospitals.nhs.uk/body-reprogramming>

Long term use of opioids like codeine, tramadol and morphine for pain

Opioids provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals. They are considered to be some of the strongest pain medicines available and are used to treat pain after surgery, serious injury and cancer.

While opioids can have a positive benefit for some people living with long-term pain, they can have serious consequences when they are taken for longer or at a higher dose than is necessary.

Taking opioid drugs for many months or years can affect your body in a number of ways. This can include:

- reduced fertility
- low sex drive
- irregular periods
- reduced ability to fight infection
- increased levels of pain
- itching
- weight gain
- erectile dysfunction in men
- constipation;
- difficulty breathing at night; this is most common if you are overweight and if you snore heavily. If you have a condition called obstructive sleep apnoea it may not be safe for you to take opioids

The risk of death or serious harm associated with long term / high dose use of these medicines should not be underestimated.

Has my body become used to opioid medicines?

Opioids can become less effective with time (this is called tolerance). This means that your body has got used to the pain-relieving effect of the medicine.

You can also become dependent on opioid medicines (dependence). This means that if you stop taking the drug suddenly, or lower the dose too quickly, you can get symptoms of withdrawal:

- tiredness
- sweating
- a runny nose
- stomach cramps
- diarrhoea
- aching muscles

Addiction to opioids when used for pain relief is very uncommon. It is more common if you have been addicted to opioids (including heroin) or to other drugs (or alcohol) before. Addiction may be more common in people with severe depression or anxiety.

Links and Resources:

Find out how pain works and how the brain and body are linked here:

- <https://livewellwithpain.co.uk/self-management-skills/understanding-pain/>

Find out how our understanding of how to manage chronic pain has developed here:

- <https://www.youtube.com/watch?v=ikUzvSph7Z4>

Learn how to live well with pain here:

- <https://livewellwithpain.co.uk/self-management-skills/>

Find out about the '@live well with pain 10 footsteps programme' here:

- <http://resources.livewellwithpain.co.uk/ten-footsteps/well-done/>

These resources from Versus arthritis are helpful guides to exercising with various types of pain:

- <https://www.versusarthritis.org/about-arthritis/exercising-with-arthritis/exercises-to-manage-pain/>

This resource, called "The Pain Toolkit" is packed full of tips to help people live well with chronic pain.

- <https://www.nhs.uk/Planners/Yourhealth/Documents/The%20pain%20toolkit%20-%20Oct%2010%20-%20READ.pdf>