

Dear Patient,

You have been given this information sheet because you have been taking painkillers for a time. We are particularly talking about painkillers in the opioid class like co-codamol (zapain, kapake), co-dydramol, codeine, dihydrocodeine, oxycodone (oxycontin, oxynorm, longtec), hydromorphone, buprenorphine (butrans, butec) patches and tramadol.

Recent medical evidence questions the benefit of drugs like this (which are in the morphine family) for long-term pain. Strange as it might sound – we don't think they are very good at killing pain at all when taken for more than a few months.

And there are some risks too – they can

- sometimes make pain worse
- cause multiple side effects as per the attached leaflet (opiate side effect lottery)
- make the body feel dependent on them so if you miss a dose you feel a bit jittery and anxious
- increase the risk of falls and fractures
- there's even a risk of overdose and death, especially if taken with alcohol or benzodiazepines like diazepam.

Do you still have pain despite using your opioid medication regularly?

- Does your medication cause side-effects that affect your daily activities e.g. drowsiness that stops you driving
- Have you noticed a change in your sex drive or sexual function?
- Do you take your medication because it helps you to relax?

If you answer 'yes' to any of those questions, it is likely that the opioid medication is not doing what it is supposed to and may be causing you harm.

For these reasons we suggest you try a "drug holiday" This means you taper off and stop your painkillers gradually by 5-10% of your dose every 2-4 weeks to see for sure whether they're helping or not. It's not unusual for pain to flare up a bit when doses are reduced and discontinued but that's to be expected. Once you're off them for a month you'll have a good idea as to whether they're making a positive difference to your life. If they are, feel free to restart them – try to find the lowest dose that works. For those on butec / butrans patches, ask the surgery for lower strength patches and reduce the dose every 2-4 weeks until you're off them.

Modern management of chronic pain is geared away from drug therapy and more towards self-management where the patients take control of their lives and their pain

with the use of physical therapies, emotional / mindfulness type practice plus pacing strategies.

If you've got any questions about this feel free to make an appointment with a doctor of your choice to discuss.

Best wishes and good luck!

Medical Team  
Strand Surgery

*Pain usually alerts us to an injury, like a fire alarm alerting us to a fire.*

*That's fine – it tells our body to pay attention to the injury and make us rest and get better.*

*But sometimes the pain goes on after the injury has healed. Or pain comes out of the blue for no apparent reason. If it goes on for more than 3 months we call it chronic (or persistent / long term) pain. Think of it as a faulty fire alarm – alerting us to danger... except there's no fire.*

*Here are some links to other resources to help you manage chronic pain yourselves (with less emphasis on medications) and reduce the impact it has on your lives.*

*We hope you find it helpful*

- Video - Brain man understanding pain in less than 5 minutes

<https://www.youtube.com/watch?v=5KrUL8tOaQs>

- Live well with pain website – resources for chronic pain

<https://livewellwithpain.co.uk/>

- The NHS website about managing chronic pain <https://www.nhs.uk/live-well/healthy-body/ways-to-manage-chronic-pain/>

- Podcast Feel better, Live more with Dr Rangan Chatterjee episode 310 how to heal chronic pain with Howard Schubiner



## The Great OPIOID SIDE EFFECT Lottery



Opioids ('strong painkillers') can be really useful for a short time – after an injury or surgery. But longer term they aren't much help. They only reduce pain for about 10 percent of people in the long term.

So out of every 100 people, 90 get no benefit long term. And they'll still get the side effects.

If you're taking opioids, the chances are you'll be experiencing at least some of the side effects listed here. Tick the ones that affect you, and you may decide it's time to review your medicines with your clinician.

(Remember – never come off your medicines suddenly as this may cause other problems).

<input type="checkbox"/> Feeling dizzy, sickness	17 to 35 in every 100 people
<input type="checkbox"/> Sweating	35 in every 100 people
<input type="checkbox"/> Confused, sleepy	14 to 29 in every 100 people
<input type="checkbox"/> Constipation	20 to 40 in every 100 people
<input type="checkbox"/> Risk of falls and fractures	
<input type="checkbox"/> Weight gain	29 in every 100 people

<input type="checkbox"/> Dry mouth	50 in every 100 people
<input type="checkbox"/> Reduced sex drive, erectile dysfunction, infertility	25 in every 100 people
<input type="checkbox"/> Unable to pass urine	4 in every 100 people
<input type="checkbox"/> Immune system affected	
<input type="checkbox"/> Increased levels of pain	
<input type="checkbox"/> Sleep problems	26 in every 100 people
<input type="checkbox"/> Forget things / memory loss	24 in every 100 people
<input type="checkbox"/> Euphoria (feeling high)	
<input type="checkbox"/> Mood changes	
<input type="checkbox"/> Emotionally numb	



### Other consequences

**Tolerance** – your body gets used to it, so the same dose is less effective than it used to be

**Dependence** – withdrawal symptoms if stopping suddenly or without clinical support

**Addiction** – psychological dependence and behaviour patterns develop

**Misuse** – not using them in a responsible way