



Prescription Pain Medicines: What You Need to Know

Learn more about taking your
pain medicine safely and effectively

National Council on Patient Information and Education

A woman in a hospital gown is holding a newborn baby. The background is a soft, out-of-focus image of the same woman and baby. The text is overlaid on the left side of the image.

You are not alone

The type of pain that caused your doctor to prescribe a pain medicine for you can make you feel that you are different from everyone else.

But you are not alone.

As many as 50 million Americans suffer from the chronic, or ongoing, pain of arthritis, low back problems, migraine headache, cancer, and other serious medical problems.

And each year 25 million people have acute, or short-term, pain related to injuries, surgery, and disease. The result is that millions of Americans are taking pain medicines every day.

The information in this brochure will tell you more about these types of medicines, and will help you manage your pain as safely and effectively as possible.

Pain is not something you need to “live with”

It is important to understand that lasting pain is not normal. It is not part of getting older or something you need to learn to “live with.” Nor is it a sign of weakness or that you have done something wrong. Pain is a common medical problem that can and should be treated.

You know better than anyone how pain can have a bad effect on your overall health, your emotions, your job, and how you get along with your friends and family.

Under proper medical supervision, millions of Americans are having their pain safely and effectively managed by medicines. With the right treatments, many people are able to gain control over their pain so they can return to leading normal lives.

Of course, some people get nervous about taking a pain medicine. They might think something is “just not right” about them. Is that how you feel? That is understandable. After all, we all read articles and see TV shows and movies about people who are addicted to pain pills or have an overdose or other serious problems because of them.

The fact is that people who take pain medicines under medical supervision typically do not have these types of problems. In the same way that people with high blood pressure or diabetes can be safely treated with medicines, almost everyone with pain can be safely treated with medicines, too.

The keys to getting the most out of pain treatment are to learn as much as you can about any medicines your doctor prescribes for you, follow your doctor’s instructions, and talk to your doctor or pharmacist about anything that concerns you.



What are opioids?

A non-prescription remedy such as aspirin or acetaminophen can help with a common headache, muscle pains, or other mild aches and pains. However, a strong medicine prescribed by a doctor may be needed when the pain is more severe and/or long lasting. Medicines of this type are called *opioids*.

Opioids include such medicines as morphine (MSIR®, MSContin®, ORAMORPH®), which is often used before or after surgery, and codeine. Other opioids include oxycodone (Percocet®, OxyContin®), propoxyphene (Darvon®), hydrocodone (Vicodin®, Lortab®), hydromorphone (Dilaudid®), and meperidine (Demerol®).

The following are some issues related to opioids that you will want to talk about with your doctor. If there is anything you do not understand about what the doctor is saying, keep asking until you do understand. The more you know, the better you will be able to use the medicine effectively. That is your doctor's goal, too.

Physical Dependence

Nearly everyone who takes opioids on a regular basis for a long enough time will become physically dependent on them. *Physical dependence* is normal and expected, and does not mean the person is addicted to the opioid. In fact, people can become physically dependent on medicines besides those that are used to treat pain, such as some prescribed for high blood pressure or even a stuffy nose. Physical dependence happens because the person's body gets used to having the medicine in the system. It is not harmful or dangerous.



Most people who are physically dependent on a medicine don't even know it. The only time a person might realize it is if they stop taking the medicine all at once or lower the dosage they are taking too fast. When that happens, the person might have *withdrawal symptoms*. The withdrawal symptoms caused by opioids look like a bad case of the flu, with a runny nose, goose bumps, diarrhea, and lots of aches and pains. But this rarely happens to a person under medical supervision. When it's time to stop taking the medicine, your doctor will avoid withdrawal symptoms by gradually lowering the dose over a number of days rather than having you stop all at once.

However, if you have been taking an opioid at a very low dose or only for a few days, your doctor may have you just stop when you no longer need it. This is because you will not yet have become physically dependent upon it and there is no risk of withdrawal symptoms.



Addiction

Many people confuse physical dependence with the *disease of addiction*. These are actually very different issues. Some of the confusion comes from the fact that a person who is addicted to a medicine has usually developed a physical dependence upon it, as well.

Addiction is a serious disease that makes people crave a medicine for the mental effect it has on them (a “buzz” or a “high”). The addiction makes them unable to control how much of the medicine they take. It may cause them to harm themselves and others through arrests, driving under the influence, injury, job difficulties, and similar problems.

People taking opioids can run the risk of becoming addicted to them, especially if they abuse them by taking them in a way other than how the doctor instructed. People who have abused opioids or other prescription medications or alcohol in the past may also have a greater risk of developing an addiction to opioids. In addition, some people are simply more prone to addiction than others.

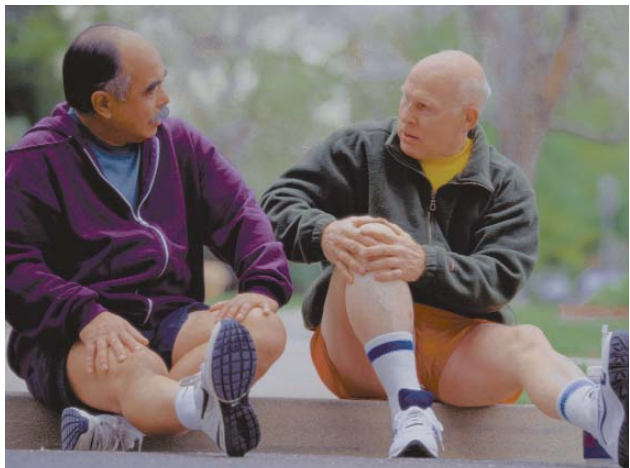
The important fact to remember is that most people who follow their doctor’s instructions will not become addicted. And you are not addicted to a medicine just because you take it for a long time.

Respiratory depression

A very high dose of an opioid can cause a person to stop breathing. This is what happens when a person is said to *overdose* from an opioid medicine. A person taking the prescribed dose of an opioid while under medical supervision is unlikely to have this type of problem. However, the risk of this happening can rise if a person takes opioids along with other medicines, such as sedatives or tranquilizers, that can affect the way they breathe. Alcohol can also significantly increase the risk of respiratory depression. That is why it is important to tell your doctor about every medicine that you take, even if you only take it some of the time, and if you drink alcohol.

Tolerance

Tolerance means that as a person takes an opioid over time, larger and larger amounts of the medicine may be needed to provide the same amount of pain relief. This sometimes happens, but it is rare with patients who are taking the medicine as prescribed. When a higher dose of the medicine is needed, it usually means that the amount of pain has increased and not that the medicine is being less effective. Your doctor will work with you to make sure you are taking the right dose to control your pain.





Medication Schedule

Opioids are the most effective in managing pain when they are taken on a *regular* schedule. The goal is to make sure you have around-the-clock relief. Some people feel they should take a pain medicine only when the pain becomes more than they can bear. That only makes the pain more difficult to control. The most effective schedule is one that never lets the pain return. You can usually use less medicine to *keep* pain under control than it takes to *get* pain under control. Your doctor will work with you to come up with the most effective schedule for you.

Will I have any side effects?

All medicines can cause side effects. This applies to opioid medicines, too.

Some side effects can be serious, while others might just be annoying. You should always contact your doctor right away if a side effect seems serious or is causing you concern.

The most common side effects of opioids include:

- constipation
- feeling sleepy, especially when first starting an opioid
- nausea/vomiting
- itching
- dry mouth
- sweating
- weakness
- tiredness
- headache



Some of these side effects may just go away on their own after a few days or become less of a problem as you continue to take the medicine. Constipation, however, usually needs to be managed as long as you are taking an opioid medication.

Be sure to ask your doctor what side effects you might have and what you can do to manage them. For instance, your doctor may recommend a stimulant laxative such as casanthanol (not a bulk laxative such as Metamucil® or Fibercon®) and a stool softener to help relieve constipation. It might be possible to adjust the amount of medicine you are taking so it makes you less sleepy but still controls your pain. And there are treatments that can help reduce nausea and vomiting if that is a problem for you.

Since opioids may make you sleepy, you should not do anything that could possibly be dangerous, such as driving or operating machinery, until you know how you will react to the medicine.

It is important that you do not drink alcohol while taking opioids. Alcohol can increase the effects of the opioid to a dangerous level.



You have a special responsibility

Opioid pain medicines play an important part in helping people manage their pain and lead more normal lives.

Unfortunately, there are people who abuse these medicines. They obtain them illegally and use them without medical supervision. The federal and state governments have strong laws to regulate the use of opioids. In fact, these medicines are among those that are called “controlled substances.”



You should not be surprised if the pharmacy asks you for identification or for more information about yourself when you have a prescription filled for an opioid. There may even be a short waiting period before

you can pick up the medicine. The pharmacy has a responsibility to ensure that these medicines do not fall into the wrong hands.

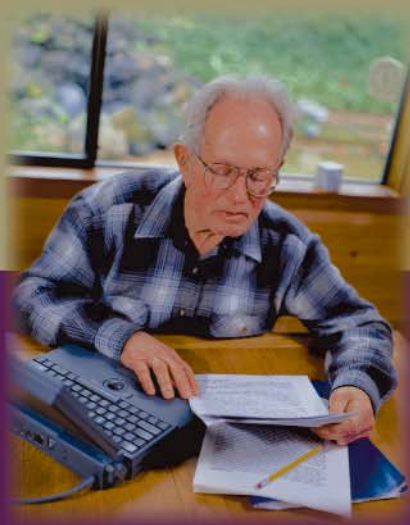
Your doctor has prescribed this medicine for your use only. It is illegal for you to give them to other people. In addition, they are to be taken only for the condition your doctor prescribed them. Opioids are powerful medicines and can be dangerous when used in ways for which they were not intended.

Keep opioids and all other medicines out of the reach of children. Do not leave the medicine where someone might find it and take it. If you no longer need the medicine, since communities have different rules on how to discard prescription drugs, check with your local pharmacist on proper methods in your area. Never throw medicines in the trash where children, pets, or other people might find them.

You have a key role in helping to make sure that opioids are not used improperly by others!

Tips on using opioid pain medicines wisely

- Make sure you bring the doctor a list of all the medicines you take, even if you only take some of them once in a while. Also tell your doctor if you drink alcohol.
- Tell the doctor about any drug or alcohol problems you may have experienced or similar problems with anyone in your family.
- When you get your prescription filled, ask your pharmacist to talk to you about how to make the best use of your medicine and how to reduce the risk of any problems with it.
- Follow your doctor's instructions exactly on how to take the medicine. For instance, some opioids must be swallowed whole—not chewed or broken. Your doctor will tell you if this is the case with your medicine.
- If you continue to have pain while taking the medicine, contact your doctor so that your dose can be adjusted.
- Contact your doctor for a refill far enough in advance so you do not run out. You never want to have less than at least a three-day supply.
- Use the same pharmacy for all of your prescriptions. This will let them become familiar with you and your schedule and help them make sure that the medicine is in stock.
- In the case of an overdose, contact your local emergency number or poison control center right away.
- Talk with your doctor or pharmacist before starting any new prescription or non-prescription medicines. They might affect how well the opioid is working.
- Do not hesitate to contact your doctor or pharmacist about any concerns you have about your medicine.



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This brochure contains general information and is not intended to take the place of any advice from your healthcare professionals. They know your specific medical condition and medicines.

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