



PalAssist

Palliative care support & advice

Accessible 7am-7pm, 7 days a week,
through online and telephone support

About Morphine

Information for people with the life-limiting illness.

Many people living with cancer or other serious conditions experience pain that needs to be managed with strong pain killers¹. Sometimes, low doses of Morphine are also prescribed for managing breathlessness. You might be worried about taking morphine or morphine-like medicines. This information sheet aims to answer your questions and help you optimise your symptom control.

What is Morphine?

Morphine is an opioid medicine. Opioids are naturally or synthetically produced medicines. They interact with nerves and inhibit pain signals in the brain.

According to the World Health Organisation, opioids are the medicines of choice for significant pain management. They are used when other pain medicines have proved ineffective or insufficient². Your prescribed dose will be increased until you have the right level of pain control. This is reviewed regularly and adjusted as required.

Am I going to get addicted?

No. It is understandable to be worried about this, but you have been prescribed your opioid medicine because of the symptoms you have. It is possible that you may develop some tolerance over time, but this is not the same as addiction. Your body adjusts and your pain may change, so your prescribed dose may be increased over time.

Opioids produce 'euphoric reward' or 'high' in people who take them for recreational purposes. People who take opioids when they do not have pain or other symptoms, can become addicted.

What are the side effects?

1. The most significant side effect of opioid medication is constipation. This is because opioids also act on nerve receptors in the gut and slow down the bowel. You will usually be prescribed laxatives to counter the constipating effect. It is important to take these.

2. Another side effect is nausea. Not everyone experiences this. For those who do, it often settles. Your doctor can prescribe an anti-nausea medication, either to take regularly or as required.
3. Mild drowsiness or impaired concentration can also occur. This may impair your ability to undertake some usual tasks for a while.

Can I still drive?

You should only drive if it is completely safe for you to do so. Talk to your doctor or nurse if you are unsure. You may also need to check with your insurer.

Why am I still receiving other pain medications?

A combination of medications can enhance pain control. An example is morphine plus paracetamol. Pain can have many causes. Your doctor will work with you to find the best combination for you. The aim is for you to be pain-free, while not feeling unduly drowsy or experiencing other side-effects.

Pain is a difficult and unpleasant symptom to cope with. It is important for your quality of life that it is treated optimally.

Over page...



We're here, and we care.

How do I take Morphine?

Morphine and other opioid medicines are available in several forms. Most commonly, these are:

- Liquid, tablets, dissolvable lozenges and granules (both short and long-acting).
- Skin patches, left on for a specific number of days (long-acting).
- Sub-cutaneous injection – a small plastic needle under the skin (short and long-acting/slow release).

Long-acting forms provide background, continuous pain relief. Short-acting forms act quickly on sudden, increased or 'breakthrough pain'. Most patients find using a combination of long and short-acting medicine highly effective³.

How do I store my opioid medicine?

Opioid medicines are sometimes known as 'controlled drugs' or 'S8's'. It is important to keep these medicines dry and cool in a safe, secure place at home⁴. Some people find it helpful to store their medications together, for example in a clip-lock box in the fridge or a cupboard. Some opioids should not be kept in a fridge, so talk with your care team to be sure. If you are using syringes, keep them secure with the medicines.

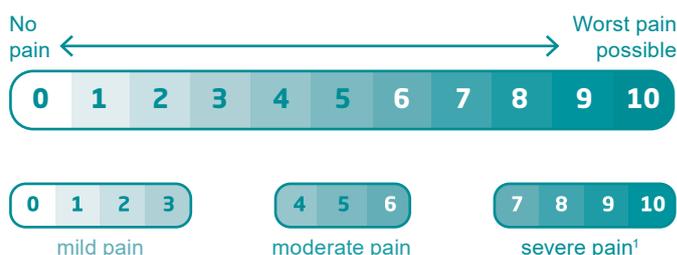
It is very important to keep the medicines away from children and vulnerable adults. Do not store more medicine than you need – you can ask your dispensing pharmacist to store them for you until you need them. Always keep your medicines in their original, labelled containers until needed.

What can I do?

1. Pain/symptom diary

Keeping a record of your pain and other symptoms can help your doctor and care team find the best dose for you. This will achieve optimal pain and associated

symptom control. For example, what triggers pain and what relieves it? How do you feel after taking a breakthrough dose? This can also help you identify and manage related symptoms such as constipation and nausea. Using a scale as below can help.



2. Food and drink

Sometimes you may not feel like eating much. Eat what you can and aim for some food containing fibre. Drink plenty if you can. Your care team will provide recommendations that work best for you. Diluted fruit juices, such as pear or prune juice, will help reduce constipation. Taking ginger tablets in your food or drink can ease nausea.

3. Adjust and rest

It may take a while to adjust to your new medications. Take time to rest between activities, as necessary. Many people find they can do the things they want to do because their pain is better controlled.

4. Talk

Communication is always important, but especially when managing severe pain and other symptoms. Always ask your doctor or nurse questions about anything that concerns you. There are options to adjust your opioid medicine if it is not working optimally for you. You can also call **PalAssist** on **1800 772 273** 7-days a week, 7am–7pm.

References:

1. Lindsay S. (2012) Patient education is vital when prescribing strong opioids for pain Guidelines in Practice 15(7) 29–36
2. World Health Organization (WHO). Cancer Pain Relief with a Guide to Opioid Availability, Second Edition. Geneva, Switzerland: WHO Press; 1996.
3. Azhar et al., (2018) Response to oral immediate-release opioids for breakthrough pain in patients with advanced cancer with adequately controlled background pain. *The Oncologist* 24 125–131
4. Australian Government. Department of Health. Guiding Principles for Medication Management in the Community. July 2006 Guiding Principle 8 – Storage of Medicines. <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06-contents~nmp-guide-medmgt-jul06-guidepr8>

 **1800 772 273**
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Call back service
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