



## **MANAGING PAIN with Medications**

Pain comes in many forms, and from many causes, and each person experiences it differently. There are many options to treating pain, and different medications work on different types of pain.

**BELIEVE THE PATIENT!** Remember pain is whatever the person says it is, occurring whenever and wherever the person says it does.

**Morphine** is an opioid and is the most common drug used for pain relief in terminally ill patients. Many patients are hesitant to use this effective drug because of a few common myths. The following information clarifies these myths and shows that morphine can be used safely to control pain without substantial risk.

Other names for morphine: **MSSL (Morphine Sulfate, Sub-lingual); Roxanol liquid; Morphine IR (immediate-release tablets); Oramorph tablets and Morphine ER (Extended-release, long acting)**

**Other Opioids: dilaudid, hydromorphone, fentanyl, oxycodone, oxycontin, tramadol, methadone**

**Opioids can come in short-acting forms effective within 30 minutes and lasting for up to 4 hours, or long-acting forms which should be taken on a schedule lasting 12 to 72 hours.**

### **Potential side effects of all pain medication:**

**Question: “Will it make the patient sleepy?”**

**It is common for the patient to be drowsy when they first take Morphine or when the dose is increased. When a patient has been in pain they are unable to rest. When the Morphine begins to work, the patient can be free of the burden of pain, and will be able to rest.**

**Question: “Will the patient get constipated?”**

**Constipation is a very common side effect of many medications, including Morphine. It is important for the patient to drink plenty of fluids, and always take laxatives regularly as prescribed by their Physician and Care Team. Please let your Care Team know if the patient is having difficulty moving their bowels (passing stool), or if the frequency of the patient’s BMs change.**

**Question: “Will the patient get confused/loopy?”**

**Confusion may occur with opioid use, but this is not common. Often the confusion is due to the disease process and other changes in the patient’s body and brain. Opioid use may increase risk for falls related to drowsiness.**



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**Other common side effects include, itching, dry mouth, and nausea.  
Common Myths about Opioid Use:**

**Myth: “People die once morphine is prescribed.”**

Many people with chronic pain take morphine for many years. This allows them to work, raise families and enjoy life fully. A patient with chronic pain may take a dose much higher than the dose needed by a patient with a terminal illness. Morphine does not shorten patients’ lives. It allows them to rest better, eat more, and interact with family and friends when their pain is controlled.

**Myth: “Morphine should be saved until the end, and only used for dying patients.”**

No, morphine is an effective pain medication at any stage of a patient’s illness. There is no maximum dose of morphine or similar pain medications. The dosage can be increased to whatever level controls a patient’s pain. This varies considerably from patient to patient. Many patients continue on the same dosage for several years.

A few patients develop “tolerance” to morphine. This is when the body changes its response to morphine over time, requiring a slightly larger dose. It is easily taken care of by increasing the morphine dose to the level that controls the pain, or by switching to one of the other equally effective pain medications now available. No patient should ever be in pain because of the fear of “starting on strong pain medication too soon.”

**Myth: “The patient will become an addict.”**

“Addiction” is characterized by behaviors that include one or more of the following: uncontrollable drug use, compulsive use, craving and continued use despite physical or social harm. The legitimate medical use of morphine for patients with pain is not the compulsive use of drugs for their pleasurable effects. Taking morphine for pain very rarely leads to the type of addictive behaviors described above.

The body does become “physically dependent” on morphine. This is a predictable effect in all patients who take morphine or similar medications. This is no different from the diabetic patient whose body is “dependent” on insulin, or the patient with asthma whose body is “dependent” on a steroid medication to help with breathing.

**Myth: “Morphine causes you to stop breathing.”**

Respiratory depression (breathing which slows or stops) is very rarely seen in patients for whom morphine is appropriately prescribed and administered. Respiratory depression is a risk if patients (particularly elderly or very debilitated patients) are given large initial doses of morphine without having previously taken smaller doses of morphine or similar medications.



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**Many patients with lung diseases take morphine routinely as they find that it actually helps them breathe more easily.**

### **Talk to Your Team About:**

- If the pain persists in spite of medication regimen
- The patient's pain goals, i.e. no pain with drowsiness or some pain with alertness
- Side effects of pain medication: sleepiness, constipation, nausea/vomiting, itching, increased confusion
- Ask your Care Team about Integrative Therapies that may supplement current treatment

### **How You Can Help:**

- **Always** give medications as ordered. The goal is to keep the patient comfortable and with as little pain as possible. Medications are ordered at certain times to assist in the management of pain, and it often takes less medication to manage pain if it is given regularly, as scheduled.
- Give "As Needed" or "PRN" medication for "break-through" pain. "Break-through" pain is pain that happens in spite of regularly scheduled doses of medication. If advised by the Care Team to give extra doses of medication for break-through pain, always give it. Otherwise, the pain could continue to increase out of control, and cause the patient more suffering.
- Keep track or record the medication you give - how often and how much will help the Care Team determine changes that should be made to your plan of care.
- Integrative Therapies are non-drug methods of relieving symptoms, often used to compliment traditional medications. This can be requested through your Care Team.

**Need more information or help? Call 633-3400 24 hours a day, 7 days a week to get live help. Thank you for letting us help care for you and your loved ones.**