



Managing Pain with Opioid Medicines

Introduction

This factsheet is about opioid medicines and how they help people control pain.

People's experience of medicines and pain change over time. The prompts and spaces below are for people to note their experiences of taking opioid medicines and any questions they may want to ask their doctor, specialist nurse or pharmacist about managing pain with opioid medicines.

Pain and health professionals

People experience pain when tissue inside their bodies is damaged. The tissue inside people's bodies can be damaged by illness (e.g. cancer). The damage to tissues is picked-up by nerves which send pain messages to the brain. When the brain gets enough messages, people feel pain.

Health professionals help people to manage pain caused by ongoing illness such as cancer. Health professionals that do this are the GP, a hospital or hospice doctor, a specialist palliative care nurse (sometimes called a Macmillan Nurse) or pharmacists. These professionals help to manage pain at all stages of someone's life, including when people have an illness that cannot be cured (palliative care).

Opioid medicines and pain control

Opioid medicines are given by health professionals to people with pain when other pain-relief medicines have not helped or have not been strong enough. People are given a prescription for opioid medicines by a doctor or specialist nurse. Some examples of opioids are morphine, oxycodone, buprenorphine and fentanyl. The types of pain-relief medicines that don't need a prescription (over-the-counter) are paracetamol, aspirin and ibuprofen.

Opioid medicines work by stopping pain messages from traveling along the nerves in the spinal cord to the brain. People feel less pain because the brain gets fewer pain messages.

Opioid medicines control two types of pain:

- Background pain is the pain people feel over a long time. It is controlled with slow-release medicines.
- Breakthrough pain is a burst of intense pain people get when coping with background pain. It is controlled with fast-release medicines.

To control background pain, people take regular doses of slow-release opioid medicines every day.

To control breakthrough pain, people take a fast-release opioid medicine. The fast-release opioid medicine is an extra dose on top of the slow-release medicines. It is taken to control the sudden burst of breakthrough pain. The person will keep taking their slow-release opioid medicine to control the background pain.

Taking opioid medicines for pain

Slow-release opioid medicines give out a steady amount of opioid over several hours to provide long lasting pain control. To control background pain means taking a dose of slow-release opioids by mouth usually twice a day, every day. Sometimes slow-release patches on the skin are used which can be changed every 3 or 7 days. After taking a dose of slow-release opioids by mouth it takes about 1-2 hours before a person starts feeling their background pain is being reduced.

- The usual slow-release tablets are morphine (called morphine sulphate tablets) or oxycodone (called OxyContin). The usual slow-release patches are buprenorphine (called Butrans) or fentanyl (called Duragesic).
- Fast-release opioid medicines give out all the opioid quickly. They start working after about 15-20 minutes and wear off after 3-4 hours. Fast-release medicines are sometimes called fast-acting or immediate-release medicines.
- Fast-release medicines are taken by mouth in tablet, capsule or liquid form. The usual fast-release tablets are morphine (called Sevredol). The usual fast-release liquid form of morphine is called Oramorph. There is also a fast-release form of oxycodone called OxyNorm which comes in tablet or liquid form.

Tips for managing breakthrough pain

- Sometimes people feel a burst of intense pain even if they have taken their regular doses of slow-release opioid medicine.
- To control this breakthrough pain people take a dose of their fast-release opioid.
- People wait at least an hour to give it time to start working before taking a second dose of fast-release opioid.
- If you find you need to take 3-4 fast-release doses in 24 hours to control your breakthrough pain you should contact your specialist nurse and ask them to review your pain control.
- Before going to bed at night, some people find it useful to prepare a dose of their fast-release opioid in case they wake at night in pain.

Experiences of taking opioid medicine


People have different experiences when taking opioid medicines. People's experience depends on the type of illness they have, the opioid-medicine they take, other health issues, other medicines, and their size, weight, and age. Studies of patients' experiences show:

- About 70% of people say that taking opioid medicines helps control their pain. Most people find their pain becomes manageable. For some people, there are times when they feel no pain.
- People find that it is easier to keep on top of pain by taking regular doses of their slow-release opioid medicine.
- When pain is manageable, people can do more of what they like doing, such as seeing friends and family, reading or getting out.
- Getting on top of pain can help with sleeping.
- Some people get other symptoms like being constipated, feeling sick or tired when they take opioid medicines. Health professionals talk to their patients about these side-effects of opioid medicines and can help to find the right dose to manage pain with fewer side-effects.


Starting my opioid medicines

Nurses and doctors help people to fit taking opioid medicines into their daily routine by talking about their experiences of pain and the medicines. Writing down what opioid medicines you are taking helps start this conversation. Your specialist nurse can help with writing the information below:

	Name	Dose	Number of doses per day	Date Started
Slow-Release Opioid				
Fast-Release Opioid				

Notes page 

Notes page 



Contacts
for Advice and
Further
Information

Introduction

Nurses and doctors are here to help when people want advice about managing their pain. The spaces below can be used to note down the contact numbers you might need. Your specialist nurse can help with finding the right contact information.

People find it useful to keep these contact numbers to hand, e.g. by their landline phone or stored in their mobile phone. Sometimes people need to contact a doctor or nurse outside of normal working hours. It can be helpful to discuss with a specialist nurse or doctor what 'out of hours' services are available.

Community palliative care service

A specialist nurse is often the best initial person to speak to about medicines or symptoms.

Name of community palliative care service	
Contact number	

GP

If you need medical advice or have an urgent query contact your GP. Try to contact your GP as early in the day as possible.

Name of GP or Surgery	
Contact number	

Out of hours services

Sometimes people need advice about managing pain and their medicines outside of normal working hours. Your specialist nurse will be able to tell you how to access your local out of hours services.

Name of out of hours service	
Contact number	

Community nurses

Some people are also visited by a community nurse. This may be for skin care, help with catheters or to receive medicines. If you have a problem with something you would normally see a community nurse about they may be your best point of contact.

Name of community nurse service	
Contact number	

Community Pharmacist

Pharmacists are a good source of information about medicines, particularly the different forms that medicines come in.

Name of community pharmacist	
Contact number	

Websites for Further Information

After speaking to a nurse or doctor about opioid medicines, some people find that they want to understand more about pain and their medicines, as well as how to manage them. There are websites on the internet that some people may find helpful.

We have suggested words to search for on each of the websites to bring up information about managing pain and opioid medicines.

National Institute of Health and Care Excellence (NICE)

NICE are part of the NHS. They provide guidance to health professionals and the public about health and social care.

Web address: www.nice.org.uk

🔍 Search for: Opioids in palliative care – information for the public

NHS Choices

NHS Choices is a source of information about health, treatments and conditions for patients.

Web address: www.nhs.uk

🔍 Search for: Controlling pain and other symptoms (end of life care)

Patient.co.uk

This is a website with medical information and support for patients.

Web address: www.patient.co.uk

🔍 Search for: Strong painkillers (opioids)

HealthTalk

HealthTalk is a website with information and support for a range of health issues. Most of the information is from videos and audio-recordings of people's real life experiences.

Web address: www.healthtalk.org

🔍 Search for: Pain and pain control (living with dying)

Marie Curie

This website provides information about care and support for those with a palliative diagnosis.

Web address: www.mariecurie.org.uk

🔍 Search for: Pain relief and common side effects, Controlling pain, Managing medications

For further information specific to cancer:

The British Pain Society

The British Pain Society is a website for health professionals who care for those with pain. There is a document written for patients about living with chronic pain and pain from cancer.

Web address: www.britishpainsociety.org

🔍 Search for: Managing cancer pain – information for patients

Macmillan Cancer Support

Macmillan provide support and advice to people going through cancer.

Web address: www.macmillan.org.uk

🔍 Search for: Side effects and symptoms - pain, Common questions about painkilling drugs, Storing and remembering your medicines

Cancer Research UK

Cancer Research UK is a charity which funds research projects on cancer

Web address: www.cancerresearch.org

🔍 Search for: Cancer and pain control, Types of painkillers, Barriers to treating pain, Taking medicines



Getting Prescriptions and Obtaining Medicines

Introduction

This fact sheet has information and tips about getting a prescription from a health professional and obtaining medicines from a pharmacy. The prompts and spaces below are for people to note down their experiences and any questions they may want to ask their doctor or specialist nurse about getting a prescription or obtaining their medicines from a pharmacy.

Getting a prescription

Doctors and specialist nurses help people to manage their pain by talking to them about their experiences of pain and making a joint decision about how best to manage it. This may include opioid medicines, in which case the health professional will write a prescription for them. If a specialist nurse is not able to prescribe medicines they will contact the person's GP or hospice doctor and ask them to do it.

Opioid medicines are controlled medicines. This means that there are specific rules about how they are prescribed and extra checks are in place when they are given to you by a pharmacist.

- Once a prescription for a controlled drug, like morphine, has been written it is valid for 28 days.
 - A maximum of 30 days' supply of opioid medicine can be prescribed at one time.
 - A GP may ask for the prescription to be collected in person by you or a family member/friend and taken to the pharmacy.
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Repeat prescriptions and re-ordering medicines

A repeat prescription is for medication that a health professional has authorised that can be supplied regularly for a period of time without having to see a health professional each time. When people need to reorder medicines they can get their repeat prescription in a number of ways:

- in person at the surgery by filling out the back sheet of their most recent dispensed prescription
- via the surgery's online (computer) system
- and in some cases by telephoning or emailing the surgery

Your specialist nurse can help to find the most convenient method for you. Whatever the method used most GP surgeries usually need 48 hours to generate the prescription. Some GP surgeries can email or fax a prescription directly to a local pharmacy.

Planning ahead

After a person has requested a new or a repeat prescription it can take up to 2 days for a it to be ready to collect from the GP surgery. Once this prescription has been taken to the pharmacy it can take up to another 2 days to dispense the medicines, if they don't have them in stock. If people wait until they have run out of their medicines before re-ordering more there can be a few days without their medicines until the new supply arrives.

So that people don't run out of their medicines they keep track of how many days' supply they have left. When they have one week's supply of a medicine left they re-order them using a repeat prescription or contact their doctor or specialist nurse for a new prescription. Your specialist nurse can help with checking your medicines supply and making a plan for re-ordering more.

Obtaining medicines

Doctors and specialist nurses can help to work out the best way to get your medicines to you. People find it helpful to talk with a specialist nurse about which pharmacies in their local area stock the drugs they need and whether a friend or family member can collect the medicines for them.

Many people find it helpful to get to know the pharmacist in their local pharmacy so they can help with supplying the medicines they need. If a pharmacy doesn't routinely stock a medicine people ask the pharmacist if they can start doing so – often they can. When you collect your medicines, or someone collects them for you, a pharmacist may ask for proof of identity (such as a driving license or passport).

Some pharmacies have longer opening hours and some provide a delivery service, where they bring the medicines to your home address. Ask your specialist nurse which pharmacies in your area provide this.


When people get their medicines they usually check that everything they need is there. For example:

- Has everything been dispensed?
- Is there enough?
- Is it in the form you expected e.g. capsules or liquids?
- Is it the right dose?

Top tips for getting prescriptions and ordering medicines

- Checking your stock levels regularly can help to see what you are going to run out of in the next week or fortnight.
- Some people fill up two weekly pill boxes so that they can check that they have enough for a fortnightly period.
- Others manually check the medicine boxes and leave out the ones that are running low to prompt them to re-order them.
- Putting in a repeat prescription request a week in advance of running out means there is time for the prescription to be written by a health professional, for it to be sent or taken to the pharmacy and for the medicines to be dispensed before your current supply runs out.
- Pharmacies may need up to 48 hours to dispense a prescription if they don't have the medicines in stock.
- If someone living with you also needs prescription medicines, it can help to put the prescriptions in at the same time and use the same pharmacy.

The space below can be used to note down any questions you have about getting hold of a prescription or obtaining your medicines from a pharmacy. It can be helpful to note down which local pharmacies stock the drugs you need, which are open late and whether they can deliver the medicines to your home.

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The Prescription and Dispensing Process:

A doctor or specialist nurse makes a change to your prescription or you make a request for a repeat prescription. It can take up to 48 hours for the prescription to be ready, unless you see your GP in person or your specialist nurse is able to prescribe medicines for you.



With your specialist nurse, work out the best way for the prescription to get to the pharmacy of your choice - many GP surgeries can do this electronically for you.


- Check that your local pharmacy stocks the medicines you need or ask your GP or specialist nurse to speak to the pharmacy on your behalf.
- You can ask your pharmacy to order them if they don't have them in stock.



Once the prescription has been sent to the pharmacy it can take a further 48 hours for the medicines to be ready for collection

- You can ask a friend or family member to collect your medicines for you (they may need identification and to sign for them) or some pharmacies can deliver your medicines to your home.

Notes page 

Notes page 



Organising Opioid Medicines

Introduction

This factsheet contains information about organising opioid medicines. The space below is for people to note down any questions they may want to ask their doctor, specialist nurse or pharmacist about organising and storing their opioid medicines at home.

Understanding opioid medicines

Doctors, specialist nurses and pharmacists help people to fit taking opioids into their daily routine by talking about what is important to them and finding ways to organise their medicines. People find that getting to know the names of their medicines and what they are for helps start this conversion and it can also help with re-ordering them. People often ask their specialist nurse or pharmacist if their medicine has abbreviations (letters such as SR) on them if they are unclear what they mean.

From time to time people find that their medicines may be dispensed in different looking boxes to the last time they were dispensed. This happens when different drug companies supply the same medicine to a pharmacy. If this happens people find it helpful to discuss this with their pharmacist or specialist nurse to double check that it is the same medicine.

Organising and storing

Most people find it useful to work out their own strategies for organising and storing their medicines. A specialist nurse can help with this. Some people find it's helpful to use a set of drawers to organise their medicines. For example, morning medicines in the top drawer, lunchtime medicines in the middle drawer and evening medicines in the bottom drawer. Other people find that it helps to remember what the medicines are for if they organise them according to the purpose of the medicines.

The space below can be used to note down any questions you may have about organising medicines. These notes are helpful in conversations with your specialist nurse who can help to make a plan to organise your medicines at home.

Fitting Pain
Control into My
Daily Routine

Introduction

People find it useful to think about what activities they do each day when fitting pain-control around their routine. There are prompts and spaces in this factsheet to note down any activities people want to do when taking opioid medicines. These notes are helpful in conversations with health professionals. Specialist nurses, doctors and pharmacists use these notes to plan with people times during the day when it is best for them to take their medicines. This planning is called scheduling.

Scheduling

Health professionals help people to make a plan about when to take their medicines that suits their needs. It can help to think about which medicines need to be taken at certain times of the day or which medicines need to be taken with or before food. With a specialist nurse work out which medicines need to be taken:

With food or before food

In the morning, lunchtime, evening or bedtime

It can be helpful to think about the gaps between doses when planning medicines around your daily activities. With a specialist nurse work out which medicines:

Do not need a 4 hour gap before the next dose

Need to be taken at the next scheduled time

For some people using a medication chart can help them to plan taking their medicines around their daily routine. There is an example of a medication chart at the end of this factsheet. People find it helpful to note on the medication chart:

The medicine name and dose

Instructions of when to take it

What it is for

Ask your specialist nurse to fill out a medication chart with you if this would help. Some people keep this on their fridge so that they and their family can easily refer to it. A pharmacist is also a good source of information when planning when to take medicines and how to fit taking them around your daily routine.

Remembering

For some people feeling tired or changes to their daily routine can affect whether they remember to take their medicines. Some people ask others they live with to remind them when to take their medicines. Alternatively, setting reminder alarms on a mobile phone or storing medicines somewhere obvious, like next to the kettle, can help with remembering to take them. If people are using a medication chart, keeping it close at hand and crossing off the doses when the medicines have been taken can help people keep track of their medicines.

With a specialist nurse find ways to remember to take medicines and check that they have been taken:

- Using phone, watch and clock alarms
- Filling up weekly pill boxes
- Putting pills in a place people see often, like near the kettle or radio
- Using a daily list or medication chart and crossing off when medicines are taken

Taking medicines

Specialist nurses, doctors and pharmacists talk to people about the different forms their medicines come in. This helps to make a plan about what suits them best. Most medicines can be prescribed in a liquid form which for some people is easier to swallow. If people are feeling sick (nauseous) taking an anti-sickness medicine can help with taking their other medicines.

Below are some things to consider that other people have asked their specialist nurse, doctor or pharmacist for advice about:

- Opening child proof tops on bottles
- Pushing tablets out from blister packs
- Measuring liquid medicines with syringes
- Reading small print labels – pharmacists can make larger print labels

With a specialist nurse check if there is a better way to take the medicine:

Tablets /

Capsules /

Liquids /

Patches /

Other /

Example of Medication Chart

Start date: Monday 10th August		Week of: 10th August							Week of:							Week of:							Week of:						
Medicine		M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
Medicine name and dose Amitriptyline 25mg	Breakfast																												
Instructions Take 1 tablet every evening	Lunch																												
What it is for For nerve pain	Evening meal																												
What it looks like Round blue pill	Night/Bed	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

Notes

Always take at night





Checking Opioid Medicines are Managing Pain

Introduction

This factsheet has information on checking how well opioid medicines are managing a person's pain, what side-effects they have, and when side-effects go away. Keeping a track of pain control and side-effects can help health professionals find the right balance of opioid medication that best suits you.

Keeping track of how opioid medicines are working

For some people, their pain is controlled better by opioid medicines than other types of pain-relief. To keep on top of their pain, people take regular doses of slow-release opioid medicine, every day. Keeping track of how well your pain is controlled can help you and your healthcare team work out which medicines suit you best and in what circumstances.

Health professionals usually give people a starting dose of opioid medicine and check if this starting dose helps manage their pain. Each person's experience of taking opioid medicines is different. The starting doses of opioid medicines may not be right straight away. Health professionals review a person's pain control by talking to them about their experience of opioid medicines.

It can be helpful to think about:

- Which medicines are controlling your pain and in what circumstances?
- Do you experience any side-effects, like constipation, nausea (feeling sick) or drowsiness?
- Do the medicines work a little or a lot? If you think one of the medicines takes the edge off the pain but is not controlling it, speak to your specialist nurse about this.
- What works well together? This could be heat pads, distraction and massage, in combination with the opioids.

When health professionals review someone's pain control they ask questions about the person's pain and how taking opioid medicines fits into their daily routine. These details help health professionals' judge if a dose and strength of medicine is right for them, at this time. If the prescribed opioid medicine is not controlling a person's pain, health professionals can change its dose and strength.

Monitoring pain

To keep track of pain and how well opioid medicines are managing it, some people note down what opioid medicines they have taken each day or keep a pain diary. These notes can help you and your health professional talk about how opioid medicines are managing your pain and work out the best dose for you that fits into your daily routine.

Here is an example of recording slow-release and fast-release doses of opioid medicines for one day.

Date	Time	Opioid Name and Dose	Notes
14 July	10am	MST 15mg	Slow-release dose (background pain)
14 July	1pm	Oramorph 5mg	Fast-release dose (breakthrough pain)
14 July	8pm	Oramorph 5mg	Fast-release dose (breakthrough pain)
14 July	10pm	MST 15mg	Slow-release dose (background pain)

Here is an example of a pain diary. Many people create their own pain diary, including information on:

- When a pain starts
- How strong the pain is
- Medicines taken for the pain and whether they helped
- Where the pain is
- Whether anything causes the pain to start
- Any side-effects

There is no set way to record this information, but people think about what they have tried, what worked and what didn't, and how long the pain lasted.

Time of day					
Where was the pain?					
What was the pain like?					
Level of pain (0-10 rating)					
Name and amount of medicine taken/other pain control methods used					
What worked and what didn't?					
How long did the pain last?					



Common concerns when taking opioid medicines

Introduction

This factsheet has information about some of the concerns people have when they start taking opioid medicines or their dose is changed. By talking about concerns people have when taking opioid medicines, health professionals can help people make a plan to manage their pain.

When are opioids used to control pain

Doctors and some specialist nurses prescribe opioid medicines to control pain when other types of pain-relief medicine do not help or are not strong enough. Opioid medicines are used to control pain caused by illness (e.g. cancer) but also for other causes of pain, like surgery.

Being offered opioid medicines to control pain can happen at any stage of a person's life or at any time during the course of a person's illness. Taking opioid medicines for pain does not mean that people are close to the end of their life. For many people, taking opioid medicines helps to control their pain. When pain is manageable, people can do more of what they like doing, such as seeing friends and family, reading or getting out.

Missing a dose of opioid medicine

People find that fitting regular doses of opioid medicines in with their daily activities helps them to keep on top of their pain while still being able to do the things they want. When people miss a dose it is harder for them to keep control of their pain. It is helpful to talk to a doctor or specialist nurse when people are worried that feeling drowsy will stop them from doing something they want to do. Feeling sleepy or drowsy should wear off after a week of starting a new dose of opioids. If you continue to feel sleepy talk to your specialist nurse or doctor who will find ways to help you.

Finding the right dose

Some people find that their pain gets worse and they may need a higher dose of their opioid medicine. For others, pain can improve and the dose of opioids can be lowered. When people start taking an opioid it is usual for a doctor or nurse to adjust the dose up or down until they find the right dose that controls pain with the minimum amount of side-effects. Your doctor or specialist nurse will work with you to adjust the dose of your opioid medicine to get to right dose for your pain.

Some people find that once they are on the right dose of opioids for their pain, they stay on that dose for some time.

Taking extra doses of medicine to control breakthrough pain

Sometimes when people are taking their regular dose of slow-release opioid medicines they can experience a burst of intense pain. This is called breakthrough pain. People take a dose of fast-release opioid medicine to control breakthrough pain without fear of overdosing if they follow the advice given to them by their health professional.

Specialist nurses and doctors should explain the breakthrough dose that you have been prescribed and that you can take it when you need it. After taking a breakthrough dose you should feel it starting to work within 30 minutes. If you still have pain after an hour of taking a breakthrough dose, then it is safe to take another breakthrough dose. However, if you still have pain an hour after taking the second breakthrough dose, then you should seek help from your GP or specialist nurse before taking more breakthrough medicine. If you need 3-4 breakthrough doses over 24 hours it may be that your pain is not being managed by your slow-release dose of opioid medicines. You should speak to your specialist nurse so they can review your pain management with you.

Driving and opioid medicines

A person's ability to drive depends on many different factors, including what medicines they may be taking and what car insurance companies will accept. People tell their car insurance company about any serious illness they have to make sure that they are covered in the event of an accident.

With regard to opioids, people may be able to drive when taking the same dose of medicines for a few days or more. If people feel sleepy or the side effects are bothering them, often they won't drive. Drowsiness is more likely to occur when someone starts taking opioid medicines, or when their dose is increased. However, when people have been on the same dose for a while and they feel alert, driving may be possible. If in doubt, speak to your specialist nurse or GP. UK law states that it is your responsibility to consider whether you believe your driving may be impaired (by feeling sleepy) because of any medicines you take.

Concerns about long terms effects

Opioid medicines control pain by blocking the pain messages sent by nerves in the body reaching the brain. People taking opioids can sometimes worry that if they continue to take them for a while they will stop working. The way opioid medicines work means that they will continue to block pain message reaching the brain even if they are taken every day for a long time.

When opioids are used for pain management there is very little risk of addiction. If people feel that their pain has decreased they talk about this with their specialist nurse and discuss whether the dose of opioid medicines they take can be reduced. You should not suddenly stop your pain medicines.



Keeping on Top of Side-Effects

Introduction

This factsheet has information about the side-effects of opioid medicines. People have different experiences of taking opioids and the side-effects of these medicines. Talking to a specialist nurse, a pharmacist or doctor about managing pain and side-effects helps people to make a plan to fit taking opioids into their daily routine.

Understanding side-effects

When people start taking opioid medicines or their dose is changed it can take time for their bodies to get used to them. During these few days, some people have other symptoms like feeling sick or tired. These other symptoms are called side-effects and are caused by the opioid medicines. Most people find that after a few days of getting into the habit of taking opioid medicines, their pain is manageable and these other symptoms get less.

For some people, the side-effects do not go away after a few days. Health professionals talk with their patients about any symptoms they get when taking opioid medicines. There are different types of opioid medicines that can be used to control pain. Some may suit people better than others. If side-effects are a problem, health professionals can adjust the dose or suggest a different opioid medicine which may have fewer side-effects. They also talk about tips that other patients have tried.

The common side-effects from opioid medicines include constipation, feeling sick (nausea) and feeling tired (drowsiness).

Constipation happens to nearly everyone taking slow-release or fast-release opioid medicines. It means people do not have their usual bowel movements and stools (faeces) block up the gut. It can be painful and upsetting. A diet high in fibre is not usually sufficient to prevent opioid related constipation. Health professionals give laxative treatments to people when they are taking opioid medicines. Laxative treatments are usually tablets or liquids taken by mouth to help the body pass out stools. Laxatives which are taken by mouth usually take a few days to take effect, so people taking opioid medicines take laxatives each day. Some laxatives soften stools and make them easier to pass, while others stimulate the bowel to push the stools along more quickly. A combination of these two types is often best at preventing constipation.

People find that taking laxatives each day for as long as they are taking opioid medicines helps them to manage constipation. When people wait to take laxatives once they are already constipated they find it more difficult to treat and may require additional treatments, like suppositories and enemas.

