

Why does my GP want to reduce my pain killers?

If you are in pain, you may feel that the idea of reducing and stopping pain killers doesn't make sense. This leaflet will help to explain why it may be beneficial. We are referring to opioid painkillers used for long-term, non-cancer pain.

What are opioids?

Opioid drugs include:

- Buprenorphine patches (e.g. Butrans®, Butec®, Reletrans®, Sevodyne®)
- Codeine (e.g. co-codamol, Zapain®, Codipar®, Solpadol®)
- **Dihydrocodeine** (e.g. co-dydramol®, DHC Continus®)
- Fentanyl patches (e.g. Mezolar®, Fencino®, Matrifen®)
- Morphine (e.g. Zomorph®, MST®, Sevredol®, Oramorph®)
- Oxycodone (e.g. Longtec®, Shortec®, Oxycontin®, Oxynorm®)
- Tramadol (e.g. Zydol®, Tramulief®, Zamadol®)

10 reasons why reducing opioids might be beneficial for me.

- 1. Recent evidence shows little benefit of opioids when used long term for pain. They are not actually very effective when taken for more than a few months.
- 2. Patients in pain taking opioids have been compared with patients in pain who are *not* taking opioids. Patients taking opioids tend to have more pain, a worse quality of life and more problems due to side effects.
- 3. Everyone who takes opioids long term will become tolerant to them. This means that higher doses are required for the same effect. If you think your opioid must be working because your pain increases when you miss a dose, you may in fact be experiencing withdrawal symptoms. Often pain is no worse after a slow reduction and eventually stopping opioids sometimes it is improved. Lowering the dose is likely to make you feel better in yourself too.
- 4. Reducing opioids may reduce pain! This is more common when very high doses of opioids have been taken as they can damage the pain nerves, making them too sensitive.
- 5. Opioids can cause constipation, abdominal pain, weight gain, itchy skin and difficulty breathing at night.
- 6. It may be more difficult to think clearly when taking opioids.
- 7. Opioids can affect your hormones which can result in you feeling miserable and tired or can lead to reduced sexual drive and fertility.
- 8. Taking opioids for many years can affect your ability to fight infection.
- 9. Opioids can affect your ability to drive. It is against the law to drive if your ability is impaired, even if this is due to prescribed medication. If in doubt, you should not drive. See https://www.gov.uk/drug-driving-law.
- 10. Opioids are linked with an increased risk of death, particularly at high doses and when combined with some other medications such as benzodiazepines (diazepam, temazepam), zopiclone and / or alcohol.

How can I reduce my opioids?

Discuss a tapering programme with your GP.

Slow, gradual reductions are needed to reduce withdrawal symptoms from the opioids. Your dose may be reduced by 10% every 1-2 weeks. A slower reduction may be required if you have been taking opioids for several years. Do not stop your opioids suddenly as this will result in more severe withdrawal symptoms.

Ask for support from your family and friends.

Self-management.

Ideas to help you to look after your own health and wellbeing are available on the internet. These can help with understanding and managing your pain:

Understanding Pain: Brainman Stops His Opioids: YouTube video. https://www.youtube.com/watch?v=MI1myFQPdCE

The Pain Tool Kit: Videos and resources about pain self-management. https://www.paintoolkit.org/tools

The Retrain Pain Foundation: 8 lessons on understanding pain (one minute each) https://www.retrainpain.org/

What should I expect?

You may experience increased pain to start with. This might be the same pain you are being treated for or might be general joint and muscle aches. This is a withdrawal symptom and should settle within a few days. Make a plan to deal with this, for example distraction, activity, stretching, mindfulness, heat.

Other withdrawal symptoms can be flu-like, for example, sweats, chills and headache. Diarrhoea, fatigue, anxiety and sleep disturbance can also occur.

Withdrawal symptoms can be reduced by slowing the tapering rate or holding the dose. Ensure you inform your GP and agree a plan to pause or reduce the taper rate.

Do not take a higher dose of opioid once tapering has started. This may be dangerous as your tolerance of the opioid will be reduced making you at risk of overdose.

Make sure you are reviewed by the same GP each time (either by telephone or by attending the surgery) so they can provide you with continued support with your dose reductions. It is ok to take a break in the tapering, but continue to try and move forward after the pause.

Remember that the long term goal is improved pain control and better quality of life while reducing potential harms of treatment.