

HIVInfo.us presents

An HIV Information Site & HIV Educational Resource Site (HIS & HERS)

opiate analgesics

including morphine, methadone, fentanyl, oxycodone, hydromorphone, hydrocodone, codeine, and others

General Information

Opiate analgesic drugs include drugs made from extracts of the opium poppy as well as synthetic drugs which act like the naturally derived ones.

Opiate drugs include the following: morphine (MS Contin, Oramorph, Roxanol,) methadone (Dolophine), oxycodone (OxyContin, Percocet, Roxicet), hydrocodone (Vicodin, Lorcet, Lortab), hydromorphone (Dilaudid), fentanyl (Duragesic, Actiq), codeine (Tylenol #3, Tylenol #4, Fiorinal #3) and many others.

Specifics

Opiates have been used for serious painful conditions for many, many years.

Dosing

The dosing of opiates depends on a number of factors: the exact drug, whether or not it is a long-acting preparation, the nature and severity of the pain, and the patient's tolerance to the medication.

As opiates carry a risk of death if used improperly, it is important to never deviate from the dosing guidelines that are proposed by your healthcare provider.

Combined Opiates with Acetaminophen

Several opiates are produced in combination with acetaminophen (Tylenol). Hydrocodone (Lortab, Lorcet, Vicodin,) oxycodone (Percocet, Roxicet), propoxyphene (Darvocet,) and codeine (Tylenol #3, Tylenol #4) are all coformulated with acetaminophen. Acetaminophen may add a small of pain relief, but usually not a significant amount especially for people with chronic pain or pain of an intensity anything more than mild. However, the acetaminophen in these medications may limit the amount of opiate medication that can be administered because it may be toxic to the liver to take more than 3000 mg of acetaminophen per day on a sustained basis. For example Vicodin 5/500 consists of 5 mg of hydrocodone mixed with 500 mg of acetaminophen. It would be unwise to take more than six of these tablets a day as acetaminophen toxicity might be seen. If pain control is inadequate with the acetaminophen combination drug, an alternative pain medication that is available in pure form

should be considered (oxycodone, morphine, fentanyl).

Adherence

This refers to your willingness, ability, and actual performance in taking your medications.

For further information and tips on adherence, go to the **Adherence section** of this site.

It is very important to take every dose that is prescribed unless instructed by your healthcare provider or unless you are limited by side effects.

If the medication is not taken correctly or long enough, you may not get the benefits of this medication.

Do not adjust the amount of the dose or the frequency of any opiate medication without speaking to your healthcare provider first.

Withdrawal

Unless one has been taking an opiate pain reliever for a short period of time (<72 hours), the dose of the opiate has been taken infrequently, or the dose is relatively low, it is inadvisable to suddenly stop opiate analgesics as there may be unpleasant "withdrawal" symptoms. Withdrawal is characterized by diffuse body pain, an elevated heartrate, elevated blood pressure, sweating, anxiety, restlessness, and diarrhea. Withdrawal is a sign of physical dependence; withdrawal does not necessarily indicate that addiction to opiates has developed. Withdrawal may be prevented by tapering off of the opiate slowly. If one reduces the dose of opiate by 50% every 2 days, the chance of withdrawal is minimized. **To avoid withdrawal and uncontrolled pain, note carefully when you will run out of your opiate pain reliever and plan ahead to get a refill from your healthcare provider on a timely basis.**

Possible

Most people take opiate medications without any or very many side effects. Opiate medication does not produce permanent side effects; any side effects that occur with opiate medication will go away with dose reduction or discontinuation of the medication.

Many side effects get better with time.

The most frequent side effects of opiate medications are nausea, itching, sleepiness, dry mouth, constipation (which may be severe,) or feeling altered.

Occasionally patients will experience jerking of their muscles (myoclonus) which may occur when they are still.

Side Effects

The package insert for most drugs including opiate medication is often overwhelming and scary with perhaps an overemphasis on side effects. We have summarized the important and more common problems here.

Constipation

Constipation may be severe with opiates and therefore it is **STRONGLY** recommended that aggressive preventative measures should be employed. **Use a stool softener once or twice a day if you take opiates on a regular basis.** Drink plenty of fluids. Use an over-the-counter laxative such as senna or Senokot once or twice a day if needed. Take enough stool softener and/or laxative to keep your bowel habits close to normal for you. If over the counter laxatives and stool softeners do not work well enough, inform your healthcare provider promptly for further advice.

Overdosage

If the dose is too high or the patient is taking other drugs which act similarly on the brain ("CNS depressants") the patient may experience intoxication with slurred speech, decreased inhibitions, impaired walking, and sedation. If the patient continues to take the pain medication while intoxicated or if too large of a dose is taken too soon, the patient may go to sleep and experience a decrease in respiratory function or stop breathing altogether. **This is called "respiratory depression" and it is a potentially deadly effect.**

Addiction

One definition of addiction is to use an opiate drug for purposes other than for which it was intended, to use more and more of the drug, and to suffer health consequences as a result. Addiction is very unlikely to result from the use of opiates to treat genuine pain. If addiction does develop, your healthcare provider can provide the proper treatment for this problem.

Make sure that your healthcare provider is aware of all the medications you are taking so that important and possibly dangerous interactions are not overlooked.

CNS Depression or Overdosage

Opiate medications can interact with other medications that can cause sedation which can make the sedation worse and produce intoxication and possibly even death. These medications include the following:

Sleeping pills: temazepam (Restoril), zolpidem (Ambien), flurazepam

Interactions

This refers to the way that opiate

medication affects other medications and how other medications might affect opiate medication.

(Dalmane), and others

Muscle relaxers: cyclobenzaprine (Flexeril), carisprodal (Soma)

Anxiety medications: diazepam (Valium), lorazepam (Ativan) and others

Older antidepressants: amitriptyline (Elavil) and others

Antihistamines: diphenhydramine (Benadryl)

Nausea medications: promethazine (Phenergan), perchlorapazine (Compazine)

Barbiturates: meprobamate, secobarbital

Other opiates

Antagonism and Withdrawal

Avoid taking certain opiates such as propoxyphene (Darvon, Davocett) or buprenorphine (Stadol, Suboxone) as these opiates block the receptors that other opiates use and this may result in **withdrawal**.

Report to you healthcare provider or go to an Emergency Room if you have severe side effects, increasing side effects, increasing shortness of breath, fever, eye pain or redness, loss of vision, jaundice (eyes and skin turn yellow,) nausea and vomiting (so that you cannot hold down your food and liquids) or rash. If someone observes that you become intoxicated or unresponsive to verbal or physical stimuli, they should be instructed to call for immediate emergency help for you.

You can download this handout in PDF format by clicking [HERE](#).

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