



OPIOIDS & CANCER PAIN

People with cancer can have pain from the cancer or from the cancer treatments. People can also have pain from other conditions, such as arthritis, that have nothing to do with their cancer.

There are several types of cancer pain; some is constant and some may last just a short time, usually caused by something like a procedure or increased movement.

No matter what type of pain you have, it is crucial to tell your NCS team. Some patients do not want to discuss pain, because they worry that pain means that the cancer has gotten worse or spread; others believe that pain is a part of living with cancer. Every patient has the right to discuss pain management with the care team.

One important part of cancer care and treatment is to relieve side effects, including pain. Pain may contribute to or worsen fatigue, depression, anger, worry, and stress. Talk with your NCS team about any pain that you have. This includes any new pain symptoms or a change in symptoms.

PART OF A TREATMENT PLAN

Your NCS team will work with you to find a comprehensive treatment plan aimed at allowing you to reach your functional goals safely and effectively. This might include:

- Procedures to help pain such as nerve blocks or draining fluid
- Treatments to help reduce the root cause of pain
- Medicines that interfere with the pain signals in the body
- Physical or occupational therapy to help you function your best
- Relaxation techniques or coping strategies to reduce the impact the pain has on your life.

TYPES OF OPIOIDS

Depending on the type of pain you have, your doctor might prescribe one or more of the following types of opioids:

- Short acting or immediate release opioids, which start to work quickly, treating pain that starts or worsens suddenly. These medicines work best when taken as prescribed only when needed. Keep track of how often you take these medicines, and write down how many doses you take each day. This can help your doctor adjust the dose.
- Long acting or continuous / extended release opioids, which take longer to get to full effect and provide around the clock “baseline” coverage for pain that is constant. It is important to take these on a scheduled basis only as prescribed.

KEEPING TRACK OF YOUR OPIOID USE

Keep a list of the opioid medicines you take every day on a scheduled basis, and also list opioids you take only as needed. For as needed opioids, keep a diary of which medicine you take, how much, when you take it, how much it eases the pain, and how long the relief lasts. When you describe your pain, give it a number from 1 to 10. 1 means “no pain,” and 10 means “unbearable” (the worst pain ever). Also remember to tell your care team how the pain is impacting your life and function.

SIDE EFFECTS AND RISKS OF OPIOIDS

The use of prescription opioids can have a number of side effects, even when taken as directed:

- Tolerance—you might need to take more of the medication for the same pain relief over time
- Physical dependence—you have symptoms of withdrawal when the medication is stopped
- Increased sensitivity to pain, called opioid induced hyperalgesia
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

Some patients have less nausea, sleepiness, or confusion after getting used to a new dose or opioid, but constipation is a side effect that rarely goes away on its own. Talk to your care team about how to prevent and treat constipation caused by opioids.

Talk with your care team if you are concerned about a specific side effect. Find out if it is manageable or if there are other pain management options that do not cause that side effect. Also, tell your health care team if a side effect does not go away. They may help relieve the side effect by changing the timing, dose, or type of medication.

Some patients worry about becoming addicted to pain medication. Opioid Use Disorder (OUD) is a real and valid concern, though it is uncommon when medication is used appropriately. Your health care team is trained to carefully monitor people taking pain medication and they can help safely decrease your dose when you no longer need treatment. Tell your doctor if you or your family members have a history of alcohol or substance use disorder. By knowing ahead of time, your doctor can help prevent a problem from developing.

SAFE STORAGE AND DISPOSAL

If someone uses opioids without a medical reason, serious side effects and even overdose can happen.

- Keep all of your opioid medication in one secure location where a pet, child, teenager, or stranger cannot easily see it or access it. Consider storing your pain medication in a lockbox that only you and your caregivers can access.
- Always store pain medication in the original bottle with a child-resistant lid.
- If your doctor prescribes a fentanyl skin patch, make sure that you keep even used patches away from others. Opioid medication from the patches can be absorbed even after the patches have already been used. After using a patch, fold it in half to seal the sticky parts and safely dispose of it. These patches can get stuck on the feet and skin of children and pets if not disposed of properly.
- Only share details about your prescription(s) with your caregiver or others who need to know.
- If your pain medicine is no longer needed, talk to your pharmacist about take back programs and safe disposal techniques.



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SIGNS OF OVERDOSE

Recognizing an opioid overdose can be difficult. If you aren't sure, it is best to treat the situation like an overdose—you could save a life. Call 911 or seek medical care for the individual. Do not leave the person alone. Signs of an overdose may include:

- Small, constricted “pinpoint pupils” (the black center part of the eye)
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

Ask your care team about naloxone, a medicine to reverse the effects of opioids and treat overdose.

WHEN TO CALL

Call NCS if you have:

- Any change in pain type or location
- New pain
- Long-term pain that gets worse or does not get better with treatment
- Side effects that are interfering with your daily activities.

Sources:

https://www.uptodate.com/contents/managing-pain-when-you-have-cancer-the-basics?search=opioids&source=search_result&selectedTitle=9~150&usage_type=default&display_rank=8

<https://www.cancer.net/coping-with-cancer/physical-emotional-and-social-effects-cancer/managing-physical-side-effects/pain/treating-pain-with-medication>



OPIOIDS AND CONSTIPATION

Constipation is a nearly universal side effect of opioids.

THINGS YOU CAN TRY TO MINIMIZE CONSTIPATION:

- Increase fluid intake
- Complete 30 minutes of moderate activity every day (walking, stretching, gentle movement)
- Attempt to have a bowel movement after the largest meal of the day
- Ensure comfort and privacy for any attempts to have a bowel movement

FIBER

- Fiber can sometimes help provide bulk to stool but can sometimes worsen constipation if you are dehydrated or have less water intake than normal.
- Some patients on fiber experience bloating and distention. Start with small amounts and titrate slowly.
- Discuss fiber with your doctor first if you are at risk for a bowel blockage or obstruction.



MEDICINES FOR CONSTIPATION

There are multiple types of medicines to help prevent and treat constipation caused by opioids.

Surfactants mix the stool components together more, but they don't soften stool or stimulate the body to have a bowel movement. One example is:

- docusate

Lubricants work by easing the passage of a bowel movement through the colon and rectum. Examples include:

- Mineral oil
- Glycerin

Osmotic agents work by increasing the water content of the stool – this will soften the texture of the stool. These help with avoiding hard painful bowel movements – think “mush”. Examples include

- Polyethylene glycol (“Miralax”)
- Lactulose
- Sorbitol
- Magnesium salts
- Sodium salts

Too much osmotic can cause dehydration and diarrhea. **Patients with heart or kidney problems should discuss with their doctor before trying any magnesium or sodium containing products.**

Stimulant agents increase the muscle movements of the bowel (called peristalsis) which helps the body move the stool forward and then have a bowel movement. Think “push” for this category of medicines.

- Senna
- Bisacodyl

These medicines can cause cramps if at high doses and should be avoided in settings of bowel blockage or obstruction.



ROUTES OF CONSTIPATION MEDICINES:

Many of these medicines are available orally or rectally.

Talk to your NCS care team before starting any rectal therapy (such as suppositories or enemas) especially if you are at increased risk of infection or bleeding.

OTHER TREATMENTS FOR OPIOID INDUCED CONSTIPATION:

Opioid antagonists (methylnaltrexone, naloxegol) reverse the slowing effect of opioids on the bowels. These medicines require a prescription and should be selected carefully if on opioids.

Secretagogues (lubiprostone) cause the bowels to secrete more fluid into the stool. They also require a prescription.

Keep track of your bowel habits (frequency, texture) and discuss management of constipation with your NCS team. It's important to be proactive in preventing and treating constipation to avoid serious problems.

Sources:

https://www.uptodate.com/contents/prevention-and-management-of-side-effects-in-patients-receiving-opioids-for-chronic-pain?search=opioid%20constipation&source=search_result&selectedTitle=1~43&usage_type=default&display_rank=1#subscribeMessage



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NALOXONE: AN OPIOID REVERSAL AGENT

Naloxone is an opioid antagonist, or a medicine that reverses the effect of opioid medicine in the body. If someone has slow or stopped breathing from too much opioid, naloxone works quickly to restore normal breathing patterns. **It can save lives.**

It is important to realize that naloxone is not effective in treating overdoses of other medicines, such as benzodiazepines, barbiturates, clonidine, GHB, or ketamine. It is also not effective in treating overdoses of stimulants such as cocaine and amphetamines (including methamphetamine and MDMA). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.



HOW IS NALOXONE AVAILABLE?

Three forms of naloxone products are available:

- nasal spray, injection, auto-injection

Naloxone is available from pharmacies in all 50 states, the District of Columbia, and Puerto Rico without a prescription.

Ask your team at NCS for a prescription, or contact your local health department to learn about community programs that may provide naloxone for free or for a reduced cost.

<https://stopodne.com/see-all-narcan-pharmacies/>

HOW CAN I LEARN HOW TO USE NALOXONE?

The Substance Abuse and Mental Health Administration's (SAMHSA) Opioid Overdose Prevention Toolkit (link below) can help you learn about the different forms and how to use them.

To learn about training on how to give naloxone, visit <https://getnaloxonenow.org>.

Naloxone can be given safely to people of all ages, from infants to older adults. This includes a child who may have accidentally taken an opioid tablet or placed a fentanyl skin patch on their skin.

HOW DO I STORE NALOXONE?

Follow the naloxone package instructions that come with the product and keep track of the expiration date, so it can be replaced before it expires. Keep it accessible, at room temperature, protected from light.

WHAT HAPPENS WHEN I THINK SOMEONE IS OVERDOSING ON AN OPIOID?

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

SIGNS OF OVERDOSE

which is a life threatening emergency, include the following:

- The face is extremely pale and/or clammy to the touch.
- The body is limp.
- Fingernails or lips have a blue or purple cast.
- The person is vomiting or making gurgling noises.
- The person cannot be awakened from sleep or cannot speak.
- Breathing is very slow or stopped.
- The heartbeat is very slow or stopped.

SIGNS OF OVERMEDICATION

which may progress to overdose, include:

- Unusual sleepiness or drowsiness.
- Mental confusion, slurred speech, or intoxicated behavior.
- Slow or shallow breathing.
- Extremely small “pinpoint” pupils.
- Slow heartbeat or low blood pressure.
- Difficulty being awakened from sleep.

WHAT TO DO IF YOU THINK SOMEONE HAS OVERDOSED ON OPIOIDS

1. Call 911 immediately. All you have to say is “Someone is unresponsive and not breathing.” Give a specific address and/or description of your location.
2. Give naloxone as quickly as possible, if available. Do not wait for emergency workers to arrive before giving naloxone.
3. Try to keep the person awake and breathing.
4. Lay the person on their side to prevent choking.
5. Stay with the person until emergency workers arrive.
6. Naloxone is a temporary treatment. More than one dose might be needed under some circumstances, especially if an overdose event involves illicitly manufactured fentanyl and fentanyl-related substances.

SIDE EFFECTS OF NALOXONE

Side effects of naloxone Naloxone can (but does not always) cause withdrawal symptoms, unpleasant physical reactions, in people who are physically dependent on opioids. Withdrawal symptoms are not life-threatening and may include

- | | | | |
|------------|-----------------------|----------------|--------------------|
| • Fever | • Anxiety | • Irritability | • Rapid heart rate |
| • Sweating | • Nausea and vomiting | • Tremors | |

However, if you give naloxone to a person who has not taken an opioid medicine, it will not hurt them.

Remember, naloxone is a safe medicine. By carrying naloxone, even when you are away from home, you can save a life. Let others you are with know you have it, where it is, and how to use it.

Sources:

<https://www.cdc.gov/opioids/naloxone/factsheets/index.html>

Substance Abuse and Mental Health Administration's (SAMHSA) Opioid Overdose Prevention Toolkit <https://store.samhsa.gov/sites/default/files/sma18-4742.pdf>



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EXAMPLE PAIN DIARY

Day 1

AS NEEDED MEDICATION NAME	STRENGTH OF EACH TABLET / CAPSULE	TIME	NUMBER OF TABLET PER DOSE	PAIN SCORE BEFORE DOSE (0-10)	EFFECT OF DOSE ON PAIN RELIEF	HOURS OF PAIN RELIEF
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	

Day 2

AS NEEDED MEDICATION NAME	STRENGTH OF EACH TABLET / CAPSULE	TIME	NUMBER OF TABLET PER DOSE	PAIN SCORE BEFORE DOSE (0-10)	EFFECT OF DOSE ON PAIN RELIEF	HOURS OF PAIN RELIEF
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	
					<input type="checkbox"/> Full <input type="checkbox"/> 50% <input type="checkbox"/> Barely any	

Adapted from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9621151/>