



The use of opioids – APM Position Statement

Key points

- Opioids are safe and effective drugs to use in cancer pain management and to relieve other symptoms associated with cancer and non-malignant diseases.
- Side-effects are a major concern for patients, but these can usually be well managed.
- Opioids are not routinely recommended for use in chronic pain in non-malignant diseases due to the risk of long-term side-effects.
- Opioid abuse and addiction is rare in people with advanced illness when opioids are prescribed under close medical supervision.
- Correct opioid use, at the end of life, does not shorten life.

Context

Pain management is regarded as a basic human right. Opioids are drugs used in pain management and are derived naturally from the opium poppy. The most well-known natural opioids are codeine and morphine, however, many other opioids are now made synthetically. In palliative care, they are used for pain associated with cancer and to relieve the symptoms of cough, breathlessness and diarrhoea arising from both cancer and non-malignant diseases.

Why is it important?

Pain is common in patients with advanced cancer. Guidelines from the European Association of Palliative Care, The National Institute for Health and Care Excellence and the World Health Organisation all support the use of opioids for cancer pain. Despite these guidelines, the evidence shows that patients do not always get adequate pain relief. Opioids are generally safe painkillers when they are prescribed and monitored by trained healthcare professionals.

Benefits to patients

Adequate pain and symptom relief will improve a patient's quality of life, wellbeing and ability to perform activities of daily living. Cancer pain has been shown to be associated with shorter survival and pain itself suppresses the immune system, so pain is an important symptom to relieve.

Risks to patients

Side-effects from opioids are often a major concern for patients. Side-effects are recognised, but not every patient will experience them and, if they do, their severity will vary from person to person. Side-effects can include nausea, constipation, itch, twitching, confusion, drowsiness, hallucinations and paradoxical increases in pain. Side-effects can be limited by co-administration of anti-sickness medication, antihistamines and laxatives, dose reduction or by switching to another opioid.

With long term use, opioids have been shown to reduce hormone levels, leading to decreased bone and muscle strength, reduced libido, irregular periods, fatigue, depression and anxiety. Opioids have also been shown to suppress the immune system in varying degrees. Consequently, opioids are no longer routinely recommended in the management of chronic pain in non-malignant conditions (although they might be used under specialist supervision in certain circumstances). The effects on immunity and the relationship to patient outcomes in cancer is currently unclear, as they may either help or hinder cancer progression.

What is the societal view?

Pain is the most feared symptom in cancer patients, however, there is also fear about the use of opioids for pain relief because of their association with abuse and addiction. Heroin is an opioid that is commonly

associated with abuse and methadone, another opioid, is known to be used to treat addiction. Due to the potential for abuse, the use of opioids is regulated and controlled. The reality is that abuse and addiction are rare in patients given opioids for cancer pain or other symptom relief, who did not already have a history of abuse or addiction.

Patients are sometimes concerned that opioid use may hasten their death, but there is no evidence that opioid use, at the end of life, reduces survival.

These fears and concerns, along with burdensome regulation and control, has led to the lack of availability of opioids in developing countries and the reluctance of some healthcare professionals to prescribe them.

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