



## Opioid Treatment Consent

This document provides you with information about using opioid medication as part of your pain management plan; we need your written consent in order to proceed.

### Potential benefits

- Opioids (morphine like medicines) are more effective in the treatment of *acute pain* than chronic pain. While opioids can, at times, significantly reduce acute pain, the expected reduction of chronic pain is only about 20% at the beginning of the treatment period.
- Opioids can also, at times, improve some other aspects of life such as mobility and sleep.

### Potential Problems

- The benefit of opioid treatment often becomes less over time. This is called *tolerance*. Sometimes a change to a different opioid can help to maintain the reduction of pain.
- Side effects may include: mental clouding, sedation, falls, driving impairment, constipation, nausea, itch, sweating, dry mouth, sleep and breathing problems, hormonal imbalance leading to weight gain, sexual dysfunction, fertility problems and osteoporosis. The sedative effects are more troublesome if the opioid is combined with other drugs such as alcohol, sleeping tablets and benzodiazepines (i.e. Diazepam)
- In some situations opioids can make pain worse, this is called *opioid induced hyperalgesia*
- Dependence and addiction can be a problem. Everyone on longterm opioids becomes physically dependent, meaning that withdrawal symptoms can occur if the treatment is stopped suddenly. Addictive behaviour can occur in a smaller number of people.
- Babies born to women on opioid therapy may require treatment for opioid withdrawal after birth.

### Practical Issues

- Opioids are only *one part* of the pain management package, rather than a stand-alone therapy.
- An initial opioid trial is recommended to assess your response before deciding to start ongoing treatment. The decision will be made by weighing up the benefits, risks and side effects.
- One doctor will be responsible for prescribing your opioid medication. This is usually your GP; arrangements can be made for a deputy to cover if your usual doctor is away. You are advised to use one pharmacy to dispense your opioid medication.
- Regular review by your GP is required for ongoing opioid treatment.
- Random urine testing may be carried out.
- Requesting prescriptions early, or replacing lost prescriptions, will *not* be done. If you run out of your medication you are likely to get withdrawal symptoms.
- If your behaviour suggests drug misuse or addiction your doctor will consider tapering and ending your opioid treatment and will refer you to a drug and alcohol service. Behaviour that indicates misuse or addiction includes giving your medication to others, using your medication in a non-prescribed way, excessive use of other drugs including alcohol, repeated *loss* of medication or prescriptions, visiting other doctors for prescriptions and worsening function at home or work.

**Goals of opioid treatment** My goals of treatment are:

1. Reduction of my average pain score
  - i) At rest from \_/10 to \_/10
  - ii) On movement from \_/10 to \_/10
2. Improvement in the following day to day activities
  - i) \_\_\_\_\_
  - ii) \_\_\_\_\_
3. Improvement in the following exercises
  - i) \_\_\_\_\_
  - ii) \_\_\_\_\_
4. Other
  - i) \_\_\_\_\_
  - ii) \_\_\_\_\_

The planned duration of the opioid treatment is \_\_\_\_\_ and will be reviewed every 3 months

During this period of treatment I agree to:

- explore active pain management options
- attend all appointments with my doctor and/or pain service, or to notify postponements in advance

## Agreement

I have read and understood this information and agree to the terms outlined for the period of my opioid treatment. I agree to proceed with opioid treatment as part of my overall pain management plan. I agree to a copy of this consent being sent to my GP (if applicable).

Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_