Side Effects of Opioid Medications and General Approaches to Management

The side effects of common pain treatments can be a deterrent for effective pain control --- especially with older adults who are physically vulnerable. Dosing of opioids should start low and be slowly increased to minimize harmful side effects, such as sedation and delirium. Certain expected side effects, such as drowsiness and nausea, often resolve after a few days of use or modifying administration times. Opioid induced constipation side effects must be treated and prevented. In response, prolonged side effects should be proactively treated with further medication management. The following Table provides an overview of common pain medication side effects and associated management strategies.

For more information, see also Problematic Opioid Use in Older Adults.

Side Effects	Management/Comments
Central Nervous System (CNS): Drowsiness and change in cognition	• Generally resolves within 72 hours of initiating new opioid medication or increasing doses. • If drowsiness or decrease in cognitive function persist, consider other CNS-acting medications that may be worsening this side effect. Also need to rule out other correctable causes (e.g., infection, dehydration, metabolic imbalances). • If side effects persist, but pain relief is achieved, cautiously consider the possible benefit of psychostimulants for drowsiness. Adjust dose and timing to avoid nocturnal insomnia and monitor for psychotomimetic effects (e.g., hallucinations, agitation, irritability) ○ Dextroamphetamine 2.5 - 5 mg PO q am and midday. ○ Methylphenidate 5 - 10 mg PO q am and 2.5 - 5 mg PO midday
CNS: Respiratory Depression	• Common fear, but rare when opioids are used for routine persistent pain. • Oversedation is more common when opioids are initiated for acute post-operative pain. Decreases in respirations at end of life are to be anticipated. • When respiratory rate is less than 8/min and associated with opioid use, slow cautious titration of naloxone should be instituted. Refer to the manufacturer's Naloxone initial and subsequent dosage and administration guidelines for adults (IV, sub-Q, or IM injection; by IV infusion; or intranasally).
CNS: Delirium	• Opioid medications can cause delirium. • Untreated pain can also cause delirium. • Use delirium assessment tools to screen for delirium. • Evaluate opioid dose or change to a different pain medication to improve delirium. • Delirium is anticipated at end of life and is predominately related to organ failure.

Side Effects	Management/Comments

GI: Nausea	• Generally resolves within 72 hours of initiating new pain medication.
	• Assess for constipation which can cause nausea.
	• Non-pharmacological treatments include:
	  ○ avoid foods at extreme temperatures.
	  ○ take medication with food.
	  ○ avoid spices in foods.
	  ○ avoid strong odors.
	  ○ increase circulating air.
	  ○ cool towel to head/neck.
	  ○ ginger chews.
	  ○ acupressure on point on inside of wrist.
	• Opioid-induced nausea can be treated with ondansetron (Zofran). Avoid Compazine (prochlorperazine) when possible.

GI: Opioid Induced Constipation (OIC)
 	
See also: **Bowel Management for Opioid Use**
	• Anticipate, prevent, and treat aggressively.
	• Assess daily bowel habits and risk factors.
	• Perform abdominal assessment.
	• Assure adequate fluid intake and roughage in diet.
	• Encourage physical activity.
	• Position sitting upright on toilet.
	• Initiate stimulant laxatives concurrently when opioids are started.
	  ○ Senna + docusate 1-2 tabs BID
	  ○ MOM 30-60 cc BID to TID
	  ○ Lactulose 30-60 cc BID to TID
	• Avoid using only stool softeners (docusate/Colace) as they do not stimulate a bowel movement
	• If symptoms of constipation continue, double dose of regimen above OR add second agent, such as Lactulose or Miralax.
	• Avoid bulk laxatives, such as Metamucil, due to increased risk of bowel obstruction with decreased fluid intake.
	• Inquire about use of medications for opioid-induced constipation (OIC), such as lubiprostone or methylnaltrexone bromide, if constipation does not improve.

GI: Myoclonus (involuntary muscle twitching)	• Can occur with high-dose opioid therapy. • Switch to alternate opioid, especially if using morphine. If change in opioid dose does not improve myoclonus, discuss symptoms with provider for treatment options.
GI: Pruritus (itching)	• Most common with morphine but can occur with other opioids. For most people, pruritus is a side effect, not an allergy; although patients may report an allergy to opioids when they have experienced itching. • Antihistamines (e.g., diphenhydramine) common first-line approach, but potential for resulting sedation and confusion. Second or third generation antihistamine (e.g. cetirizine, desloratadine, fexofenadine, levocetirizine, loratadine) may offer less CNS side effects. • Use cool compresses and/or moisturizers.

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