FAST FACTS: Opioid Side Effects

Side effects of common medication pain treatments can be a deterrent to good pain control --- especially with older adults who are physically vulnerable.

✓ General Information:
- Older adults are more sensitive to side effects, also called adverse effects (AE).
- You should anticipate adverse effects when using pain medications.
- Watch for dry mouth, constipation, sedation (i.e. excessive drowsiness), nausea, delirium (i.e. restlessness, illusions, and incoherence of thought and speech), urinary retention, and respiratory depression.
- Work with your loved one's Healthcare provider to prevent and vigorously treat adverse effects.
- Opioids, prescription pain medications used for the treatment of moderate to severe pain, should start at a low dose and be slowly increased to minimize harmful side effects like sedation and delirium.
- When starting on an opioid treatment the patient should also be prescribed a routine laxative and the dose of laxative should be increased as the dose of opioid is increased.
- Tolerance, the body's normal response to continued exposure to a medication resulting in a reduction of the side effect over time, can develop to most of the adverse effects of opioids, except constipation.
- Prolonged side effects should be proactively treated with further medication management to counter medication-related adverse effects.

✓ Overview of common Adverse Effects to pain medication:
- Drowsiness and change in cognition (i.e. thought, understanding, awareness).
  - This generally improves within 72 hours of starting or increasing an opioid medication.
  - If drowsiness/decrease in cognitive function persists, ensure it is reported to Healthcare team who should review situation.
• **Respiratory Depression**
  o Common fear, but actually very rare when opioids are used for routine persistent pain. Note changes in respirations at end of life are to be anticipated.

• **Delirium**
  o Report to Healthcare provider to determine cause – physical issue vs drug effect.

• **Nausea**
  o This generally resolves within 72 hours of initiating new pain medication.
  o Non-pharmacological treatments include:
    ▪ Lie down
    ▪ Take medication with food
    ▪ Increase circulating air
    ▪ Place a cool towel on head/neck
    ▪ Don’t eat foods at extreme temperatures
    ▪ Avoid spices in foods
    ▪ Avoid strong odors
  o If you are constipated report this to your healthcare provider.

• **Constipation**
  o Your healthcare provider should prescribe medication to combat constipation along with opioid pain medications.
  o Take medications for constipation as prescribed.
  o If constipation persists, report to your healthcare provider, who will increase dose as needed.

• **Involuntary muscle twitching (Called: Myoclonus)**
  o Can occur with high-doses opioid therapy.
  o Report to your healthcare provider.

• **Itching (Called: Pruritus)**
  o Can occur with high-doses opioid therapy.
  o This is most common with morphine but can occur with other opioids. For most people, itching is a side effect, not an allergy- discuss with your healthcare provider.
  o Report to your healthcare provider.
  o Antihistamines are a common medication used for itching.
  o You may also benefit from cool compresses and/or moisturizers to soothe the itching.

✓ **What else the Caregiver should do:**

  • Report all information about your adverse effects to your healthcare provider.
  • Consider using a [Pain Diary](#) to note important information (should as adverse effects) useful to the provider.
References


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