Dispelling Myths of Opioids

Opioids, often called narcotics, are commonly used medications in hospice and palliative care to keep patients comfortable. Examples include morphine, oxycodone, hydrocodone, hydromorphone, fentanyl and methadone. Many patients, family members and even healthcare providers have concerns about giving these medications because of negative information they have heard in the news, on television and from friends. The following information is designed to help dispel some of the myths surrounding the use of opioids.

**Myth:** Opioids are addicting.
**Reality:** There is a difference between dependence and addiction. Physical dependence is a state in which physical withdrawal symptoms occur when a medication is stopped or decreased abruptly. This reaction is expected. Addiction is a chronic disease in which people have poor control over drug use and continue to use the drug despite suffering physical and social harm. Addiction is rare for patients who are terminally ill when the goal of care is comfort.

**Myth:** Opioids cause respiratory depression.
**Reality:** When opioids are adjusted slowly to provide pain relief, respiratory depression is rare. Patients who have been taking opioids for weeks to months tolerate this side effect better than during the first few days.

**Myth:** If a person takes large doses of opioids early in the disease process, the opioids will not be as effective later on when he/she needs higher doses.
**Reality:** There is no maximum dosage for most opioids. Dose escalation is usually limited by side effects. A patient should take whatever dose is needed to provide the most effective pain relief without unwanted side effects. One should not focus on “the numbers” but instead be focused on making sure the patient’s pain is controlled.

**Myth:** Giving opioids to a terminally ill patient will hasten death.
**Reality:** Research shows that the use of opioids does not lead to a quicker death. When pain is well controlled, the patient can concentrate on living more fully and enjoying the time he/she has left. Withholding pain medication at the end of life is not appropriate when medications are available to relieve pain and suffering. Family members may be fearful of giving too much or the last dose. Contact the nurse if medication is not given.

**Myth:** Opioids cause a person to feel foggy and lose control.
**Reality:** When opioids are taken on a regular basis, tolerance quickly develops, and the feeling of being foggy or out of control should go away within a week. Also, a person whose pain is now under control may be able to get some much needed sleep.
Myth: Opioids damage the body.  
Reality: Opioids are very safe drugs when used as directed. In fact, the American Geriatric Society has determined that opioids are safer for older people than non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®).

Myth: Using opioids means a person is weak or bad.  
Reality: Opioids, like other medications, are needed when the body is not healthy and do not reflect on a person’s strength or abilities. These medications are given to help the body use its strength for living. But because there have been many stories in the news about the abuse of opioids, their legitimate use for pain is now often questioned. As a result, too many people suffer with pain that could be relieved with opioids.

Myth: All types of pain respond well to opioids.  
Reality: Pain caused by bone or nerve injury (neuropathy) may require other medications in addition to opioids to provide better relief.

Myth: Children cannot take opioids.  
Reality: Children of all ages can receive opioids at doses appropriate for their weight and age and with adjustments based on physical condition. Children can safely take opioids after surgery, medical procedures and to manage other pain control issues as needed.

If more questions arise regarding the use of opioids, please ask the nurse assigned to your patient.

Other HPNA TIPS Sheets are available at www.goHPNA.org

References

