

## Appendix 3 – What to discuss with the Person when considering Opioid Treatment

- During the first discussion about prescribing, give the person information and advice (in their preferred format) to help them balance the potential benefit of the medicine and other treatment options with the risk of long-term consequences.
- Explain that the evidence for the use of opioids as analgesics is best when used in the management of acute pain, over a period of hours from onset but tapering dose over days to a few weeks.
- Explain that opioids are poorly effective for long-term pain. For a small proportion of people, opioids may be successfully used as part of a broader plan including non-medication treatments and self-management.
- Discuss the degree of pain relief that might be expected and understand that the aim is not complete pain relief but rather reducing pain sufficiently to engage in self-management.
- Agree specific functional goals that might be achieved.
- Discuss the potential harms of opioid treatment, whether these are likely to be temporary or permanent and whether they might improve or worsen over time, including:
  - ◆ Sedation
  - ◆ Nausea
  - ◆ Constipation
  - ◆ Effects on hormones
  - ◆ Effects on the immune system
  - ◆ Potential for the drugs to worsen pain
  - ◆ Potential for problematic drug use and addiction.
- Discuss that dependence is an expected effect of these medicines and is not a reason in itself to avoid the medicine.
- Discuss the potential for developing problems associated with dependence.
- Discuss the symptoms that suggest the development of problems associated with dependence and, if appropriate, the importance of making family members, carers or other people close to them aware of these symptoms.
- Discuss opioids and impairment of driving skills.
- If relevant discuss the implications of taking the medicine if the person is pregnant or planning pregnancy.
- Discuss how difficult it might be to stop the medicine later and how that might be managed.
- Discuss the opioid trial.
- Discuss that missing doses may lead to symptoms of withdrawal.
- Discuss the circumstances in which opioid therapy will be stopped.
- Discuss what the options might be if the medicine does not work.
- Discuss how to store medicines safely.
- Discuss arrangements for review.

For people who find it difficult to communicate their symptoms, for example people with a learning disability or cognitive impairment:

- Explore a range of methods to understand the person's symptoms, including discussion with family members, carers or an advocate if appropriate.

- Make necessary reasonable adjustments, for example increasing the appointment length, using short clear sentences or alternative methods of communication and visual aids during consultations, to help the person understand their options for treatment and the associated risks and benefits of each, and to express their view.
- Ensure that family members or carers are aware of the properties of any medicine prescribed, if appropriate.

Ensure that people with a learning disability or mental health problem have had a full assessment before prescribing a dependence-forming medicine, to ensure that they do not have other unmet needs and that prescribing is the appropriate option. Consider involving the relevant specialist teams.