

PATIENT INFORMATION: BENEFITS, RISKS AND MEASURES FOR THE SAFE AND EFFECTIVE USE OF LONG-TERM OPIOID MEDICATIONS FOR CHRONIC PAIN

Name: _____
MRN: _____
Date: _____

I understand that Kaiser Permanente is providing this Patient Information to help my doctor and me work together toward safe and effective medical care and management of my pain condition and to prevent problems with my pain management medicine. I understand that my doctor must comply with legal requirements for prescribing opioids, and that these requirements, may, on occasion, limit or even prevent my doctor from prescribing opioids to me.

What is the goal of opioid therapy?

The goal is to reduce my pain and to help me do everyday activities. I know that opioids will not cure my pain. They also have major risks and side effects. That is why it is important for my doctor and me to carefully monitor my use of opioids to see if they are the right medicine for me. I understand that opioids work best when I also use self-care skills and follow my chronic pain care plan.

What do I need to know about opioids?

- 1. Opioids may cause physical dependence:** Using any opioid daily for more than a few weeks causes PHYSICAL DEPENDENCE. This means that within a few days of quickly reducing my opioid dose, I may feel sick from withdrawal symptoms. These include: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, body aches and/or a flu-like feeling. These symptoms may last seven to ten days or longer but they are rarely life threatening. This is NOT addiction.
- 2. Opioids may cause tolerance:** Over time some people may acquire a tolerance to opioids. TOLERANCE means that the same dose of opioid gives less pain relief. TOLERANCE is not the same as addiction. After an initial dose adjustment time period, most people with chronic pain do not acquire major tolerance to opioid pain relief but I might. If I do, a higher dose may not always help my pain and may actually increase my pain and other side effects. Tolerance like this to opioids may mean that I should not continue to take them. Nicotine use causes opioid tolerance and craving.
- 3. Opioids may cause addiction.** Addiction is the use, craving or psychological need of a drug despite harm to quality of life, health or social relations. The risk for most people is low but I may be more vulnerable if I have a family or personal history of addiction. My risk of addiction is also higher if I use nicotine products (cigarettes, snuff, chew, etc.); or if I have a history of certain mental health issues. I know that if I have any of these risk factors, my providers and I will need to watch more carefully for addiction symptoms. My chronic pain care plan may then include consultation with an addiction specialist or program.
- 4. The response to opioids varies:** Some people do not respond well to opioids. My doctor has a professional and legal obligation to stop prescribing opioids to me if using them does not reduce my pain and improve my ability to function. My doctor will most often prescribe a tapering amount (see below) of medicine to reduce withdrawal symptoms. Other medicines can also help reduce opioid withdrawal symptoms.
- 5. Slowly reducing my opioids results in fewer withdrawal symptoms:** This is called a TAPER. The fastest taper is to lower the dose by a quarter each day. Some medicines taken with opioids may cause rapid withdrawal symptoms. These medicines include nalbuphine (Nubain), pentazocine (Talwin), buprenorphine (Buprenex), and butorphanol (Stadol), but there are others too. I will tell all my doctors that I am taking an opioid and may not be able to take any of the above medicines.
- 6. Long-term opioid use can affect hormone levels.** This may affect my mood, strength, sexual desire and physical and sexual performance. In men, this may lower testosterone levels. In women, this may affect periods. In both women and men, fertility may be impaired.

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7. **(Women Only)** I will tell my doctor right away if I plan to become pregnant or think I may have become pregnant while taking opioids. I am aware that if I give birth while taking opioids, the baby may temporarily be physically dependent upon opioids.
8. **I will remember that non-drug treatments may likely improve how well I function and help reduce my pain more than opioid medicine in the long run.**

What are the common side effects of taking opioids?

1. **Constipation:** Opioids often cause slowing of bowel movements. I am aware that I should take 1 or 2 Senokot® (or generic equivalent) tablets before bed every day that I take opioids unless Senokot® causes me allergic reactions. I should start such prevention before I become constipated. More fiber or taking a bulking agent alone (without Senokot®) may make my constipation worse.
2. **Nausea** is a common EARLY side effect of opioids. It often goes away within a week. My doctor can prescribe medicine to reduce the nausea until it is gone.
3. **Itching and hives** are less common, and usually stop in a few days. I am aware that I can take my opioid if I do NOT also have wheezing or breathing trouble. Antihistamines will often help until the itching and hives go away.
4. **Other more common side effects include:** feeling drowsy, loss of appetite, upset stomach, sweating, and feeling dizzy.
5. **Less common side effects include:** difficulty urinating, feeling “slowed down,” sexual problems, feeling confused, feeling more sensitive to pain, increasing pain levels with increasing opioid dose, muscle twitching, feeling sad or depressed, irregular heart beat, sleep apnea. Prolonged use can increase the chances of developing osteoporosis (thinning bones).

What are the reasons my doctor may stop prescribing my opioids?

- My doctor may decide to stop prescribing opioids for me if they no longer control my pain or improve my function and quality of life.
- I understand that if I fail to fully follow my doctor's advice, it may be a sign that my use of opioids is no longer safe and helpful.
- My doctor may also stop prescribing opioids for these reasons:
 - o I become tolerant to opioids (the same dose of opioids gives less pain relief)
 - o I have major side effects
- My doctor may taper me off opioids if I frequently request an increase in the dose or how often I take my opioids as this may mean my pain is no longer responding to opioids.
- My doctor may taper me off opioid medicines for missing opioid refill appointments, frequent rescheduling, or often being late for appointments. I recognize that all of these behaviors may be signs of opioid dependency.
- If I fail to follow the non-opioid parts of my therapy, my doctor may stop my opioid medicines.
- Violent behavior or threats to staff or other patients are grounds for stopping my treatment with opioids. My doctor may report my actions to the local law enforcement agency. If there are safety concerns for other patients or staff my doctor may not taper the medications, but stop opioids immediately.

PATIENT ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF INFORMATION CONCERNING LONG-TERM OPIOID MEDICATIONS

PATIENT'S SIGNATURE _____ **DATE** _____

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LONG-TERM OPIOID MEDICATIONS AGREEMENT

1. I will avoid driving, using heavy machinery or doing anything that requires me to be alert until I get used to the way opioids affect me. I will follow this same caution after an increase in the dose of my opioids.
2. I will take my opioids as prescribed and not change without approval from my prescribing clinician. I will NOT increase my opioids on my own for mood changes or for other pain problems; but I will use my self-care skills. I know that using more on one day means that I will have to take less on the next day. Early refills will not be given in most cases.
3. I will tell my prescribing clinician, named at the end of this document, if another clinician prescribes a new opioid or tranquilizer medication for a short-term or new pain problem. I will call or leave a message soon (usually one day).
4. I know that frequently requesting more opioids or taking them more often may be a sign that my chronic pain is not responding to opioids and my doctor may need to taper me off opioids.
5. I understand that taking more than the amount prescribed or combining opioids with other drugs can cause symptoms of overdose. I will call 911 or my local poison control center if I think I have taken an overdose.
6. I am aware that there is a risk of addiction to opioids. I have told my doctor my complete and honest personal drug history and what I know of my family history.
7. I will not use any illegal drugs or calming medicines such as tranquilizers. Combining these drugs with opioids can result in dangerous side effects.
8. I will not share, sell, or trade my medicine with anyone as this violates federal law.
9. I will limit my alcohol to times when I am not driving, operating machinery or doing any activity that requires me to be alert.
10. I will keep my opioids in a safe place to prevent theft and where children or pets cannot get to them (a locked box is best). I will avoid packing opioids in checked luggage. Lost or destroyed medicines will usually not be replaced. My clinician may replace stolen medicines if I present a police report of the theft.
11. I agree that when my clinician asks I will provide a blood or urine sample for drug testing, as the physician licensing agencies recommend, to confirm that I am keeping this agreement (usually 1 - 3 times a year). My doctor may refer me for chemical dependency counseling based on the results of my test.
12. I know that my clinician and pharmacy must abide by any state or federal laws about misuse, sale, or other diversion of my pain medicine. I allow my clinician to provide a copy of this agreement to my pharmacy.
13. I permit my doctor and other physicians and clinicians in primary care, non-primary care, Chronic Pain Program, Chemical Dependency Service*, and psychiatry, to share their findings with each other and better coordinate my care. *Special release must be signed for Chemical Dependency treatment.
14. I will fill/refill prescriptions for ALL of my opioids only at a Kaiser Pharmacy unless I have put a different pharmacy here. This is the non-Kaiser pharmacy I will use for all of my opioids (cross out if all prescriptions will be at Kaiser):
Pharmacy _____ Telephone: _____
15. I will get my opioids ONLY from _____ (name of clinician), or his/her covering clinician. I will not get opioid prescriptions or opioid medicines from any other source, including borrowing from family or friends.
16. I will bring original containers of my medications, with remaining amounts, to each office visit.

This agreement will continue in effect as long as clinician(s) named here prescribe my opioid medicines. Continued filling of these prescriptions confirms my acceptance of all parts of this agreement.

See most recent chart notes for latest medication regimen.

PATIENT'S APPROVAL OF THE LONG-TERM OPIOID MEDICATIONS AGREEMENT:

I have read the information and have had a chance to ask for more information about this therapy. I am satisfied with the information I have received. I have no further questions. I understand that my failure to comply with **all** parts of this agreement may cause my doctor to decide that continued use of opioids is no longer safe and effective and to stop prescribing them.

Patient's Signature _____ Date: _____
Clinician's Signature _____ Date: _____