



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

The commonly used opioids hydrocodone (Norco, Vicodin) and oxycodone (percocet, roxycodone) are often the sole medication used for chronic pain. These medications are immediate-release and short-acting, meaning the body eliminates them quickly, so they need to be taken every 3-4 hours to maintain pain relief. This frequent use of pain medication results in marked swings in medication blood levels along with swings in severity of pain as well. By having to take these short-acting medications many times a day it creates a lifestyle pattern of almost constantly reaching for pills to reduce recurrent pain.

There can be a better way. Long-acting opioids, including extended-release formulations, are eliminated from your system more slowly so they maintain pain relief longer. They can be taken every 8, 12 or 24 hours (or longer with transdermal patches). The benefits are obvious – by keeping pain under control for longer periods of time there is less need to constantly react to the rapid swing of pain levels. By reducing the frequency of uncontrolled pain, one can lead a more productive, happier lifestyle.

Examples of extended-release opioids include Zohydro (hydrocodone), MS Contin, Avinze, and Kadian (morphine), Oxycontin (oxycodone), Opana ER (oxymorphone), Exalgo (hydromorphone), Nucynta ER (tapentadol), Ultram ER (tramadol) and others. Examples of long-acting opioids include methadone, buprenorphine (Butrans and Suboxone).

What should you know about long-acting opioids? First, they require a different mindset of expectation when taking them. Because they take longer to build up in the blood they do not provide the immediate response one grows accustomed to when taking the short-acting opioids. This lack of an immediate response often gives rise to the perception that the medicine is not working well. The use of long-acting opioids is directed at preventing the swings of pain and therefore is not meant to provide immediate response to exacerbations of pain. It may take up to a week after starting long-acting opioids before symptoms stabilize. When there are times of transient worsening of pain due to unusual activity (break-through pain), short-acting opioids (if prescribed) can be taken to reduce break-through pain.

While research is still lacking to establish definitive recommendations regarding the use of short-acting opioids vs. long-acting opioids vs. a combination of the two, studies *have* established that there is a greater potential for unintentional opioid overdose in patients taking both short-acting and long-acting opioids. When prescribed short-acting opioids for break-through pain while taking long-acting opioids, the use of short-acting opioids should be limited to an "as needed, only as prescribed" basis, and not used "by the clock" or as a preventative measure. When the use of long-acting opioids is required, the number of short-acting opioids used should be kept to a minimum as needed.

The goal when using long-acting opioids is to provide prolonged pain relief so that only on occasion is the patient required to intervene with the immediate, short-acting opioids – perhaps 1-2 times/day. Caution is required with the long-acting opioids because their full effect takes many hours to peak. When increasing the dose of these medications it should be done slowly so as not to precipitate excessive sedation – do not take them more frequently than prescribed by your doctor.



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

The DOs and DON'Ts of Extended-Release / Long-Acting Opioid Analgesics:

DO:

- Read the **Medication Guide** provided by the pharmacist
- Take your opioid and all medicines exactly as prescribed by your healthcare provider, not "as needed."
- Store your medicine away from children and in a safe place
- Flush unused medicine down the toilet or crush and mix them with kitty litter or coffee grounds and dispose of them
- Call your healthcare provider for medical advice about any side effects you may be having
- You may report side effects to FDA at 1-800-FDA-1088.
- Use your prescribed naloxone or Evzia injection in the event of overdose or signs of serious overmedication

Call 911 or your local emergency service right away if:

- You take too much medicine OR if you have trouble breathing, or shortness of breath
- A child has taken this medicine

Talk to your healthcare provider:

- If the dose you are taking does not control your pain or if you have any side effects from the medicine
- About all the medicines you take, including over-the-counter medicines, vitamins, and dietary supplements
- If you have sleep apnea or you snore heavily before taking opioids
- If you have had stomach surgery or if you have kidney or liver disease

DON'T:

- **Do not** give your medicine to others AND **Do not** take medicine unless it was prescribed for you
- **Do not** stop taking your medicine without talking to your healthcare provider
- **Do not** cut, break, chew, crush, dissolve, snort, or inject your medicine.
If you cannot swallow your medicine whole, talk to your healthcare provider.
- **Do not** drink alcohol while taking this medicine

ALWAYS:

Present your wallet card to your healthcare providers every time you see them and tell them:

- Your complete medical and family history, including any history of substance abuse or mental illness
- If you are pregnant or are planning to become pregnant
- The cause, severity, and nature of your pain
- Your treatment goals
- All the medicines you take, including over-the-counter (non-prescription) medicines, vitamins, and dietary supplement

For additional information on your medicine go to: dailymed.nlm.nih.gov