



“I don’t want my mother to take that” Addressing myths and concerns about opioid medications

Introduction:

This self-directed learning exercise explores common myths and misconceptions that patients, family members, and providers have regarding the use of opioids for pain. Through an unfolding case, the student will identify ways to address these concerns and anticipate and treat common side effects of opioid medications.

Learning objectives:

After completion of this module the student should be able to:

- 1) Discuss common barriers to adequate pain management
- 2) Describe common side effects of opioids and their treatment
- 3) Demonstrate effective communication with patients and families to illicit and address concerns about opioids

ACGME Competencies:

Practice-based learning and Improvement, Medical knowledge, Professionalism, Patient care, Interpersonal skills and communication

What you need to complete this module:

- 1) Read case presentation and review questions
- 2) Read accompanying article and Fast Fact

a) Swegle JM and Logemann C. Management of common opioid-induced adverse effects. *Amer Fam Phys* 2006;74(8):1347-1354

b) Additional reading:

Fast Fact: “Why patients do not take their opioids”

http://www.eperc.mcw.edu/fastFact/ff_83.htm

- 3) Answer questions in workbook
- 4) Bring the workbook to the Palliative Medicine Workshop for discussion

Case Presentation:

Mrs. Williams is an 82 year-old woman who presents to the outpatient clinic for follow-up of pain. She has a history of severe osteoarthritis in both knees that is not responsive to acetaminophen 500 mg two tablets every 6 hours.

She has tried physical therapy, intra-articular steroid injections, heating pads, and menthol sports cream without relief. She adamantly declines surgery.

One week ago her primary care doctor changed the medication to hydrocodone/acetaminophen 5/500mg two tablets every 6 hours around the clock. She is not taking other medications. Today she is with her daughter, Claire, who you are meeting for the first time. Claire has several concerns about the new medication her mother has been prescribed.

Claire: “I know my mother is in severe pain. She can hardly get out of bed and straighten up her house anymore. Dr. Smith prescribed a narcotic medication for her. I didn’t know about it until she took the second dose. She couldn’t finish her dinner because she was falling asleep at the table.

I told her not to take it anymore. I just think these medications are too strong for someone her age. I mean, aren’t these supposed to be for cancer patients?”

- 1) **What is the *most appropriate* next best step?**
 - a) **Agree with Claire and stop the medication**
 - b) **Ask Mrs. Williams how she felt after taking the pain medication**
 - c) **Tell Claire you rarely use these medications in 80 year-old patients but that she needs them**
 - d) **Tell Claire she is over-reacting**

Mrs. Williams: “I do feel better when I take the pills but my mind did feel a little cloudy and I had trouble staying awake. So I stopped them like Claire said.”

- 2) **Which of the following recommendations is *most appropriate* at this time?**
 - a) **Start haloperidol 1 mg po daily**
 - b) **Decrease the dose to 1 tablet every 6 hours**
 - c) **Change her medication to Tylenol #3 (codeine)**
 - d) **Keep taking the current dose**
 - e) **Start Ritalin (methylphenidate) 2.5 mg orally twice a day**

Mrs. Williams: “I’ve also noticed that my bowels haven’t been so good with these pills. Maybe they are not such a good idea after all.”

- 3) Which of the following statements is *true* regarding opioids and constipation:**
- a) Patients generally become tolerant to constipating effects of opioids within 7 days**
 - b) Bulk-forming laxatives are favored in older adults**
 - c) Transdermal fentanyl is very constipating and should rarely be used in older adults**
 - d) Stimulant laxatives such as senna, with or without stool softeners, are an appropriate first step**

- 4) Opioid myths and misconceptions: True or False**

Physical dependence is more common than psychological dependence

T F

Pain medication should not be started too early as patients become tolerant to the analgesic effects

T F

Addiction is a common consequence of opioid use

T F

Older adults are more sensitive to opioid side effects

T F

- 5) Which of the following statements regarding opioids and nausea is *false*?**
- a) A patient being treated for nausea who develops an increased inability to sit still may be having a reaction to prochlorperazine**
 - b) Nausea is a common allergy seen when using opioids**
 - c) Nausea from opioids is due to decreased gastric motility**
 - d) Antihistamines are sometimes used for treatment**