

## **Patient information**

# **Methadone for pain relief**

### **What is methadone?**

This medicine is used for moderate to severe pain. It belongs to a large family of medicines called strong opioid medicines which are drugs similar to morphine. Common examples of other strong opioids are: morphine, diamorphine, oxycodone, fentanyl and buprenorphine.

### **Why is methadone better for me than other opioid medicines?**

Certain types of cancer pain respond better to methadone. Cancers affecting the chest wall, deep in the belly especially around the pancreas and also cancers affecting the bone round your hips and the areas near your bottom can cause severe pain which can be treated with methadone.

All pains including some chronic non-cancer pains can be helped by methadone, especially when the dose of the other opioids has escalated over months or years and gradually lost their effects or caused more side-effects.

Your doctor may suggest switching to methadone, if you are experiencing uncontrolled pain despite taking bigger doses of strong opioids, or having ongoing side effects on strong opioids such as:

- Feeling more sleepy
- Feeling sick more of the time
- Restlessness, twitching or jerking
- Bad dreams
- Confusion and hallucinations (seeing or hearing things that are not really there and are not seen or heard by other people).

Although you could still get these unpleasant effects when you start with methadone, they will rarely carry on more than a few days. We expect you to feel a lot better on methadone once we know how much you need.

### **If methadone is so much better than other strong opioids, why do we bother using them?**

Although methadone is a very good painkiller, it requires more experience in prescribing than morphine and other strong opioids, because the dose of methadone needed is very different from one person to another. This means that the doctors need to skilfully adjust your methadone dose, to stop you getting too sleepy whilst trying to control the pain, especially at the start of this treatment. It can also take much longer to find the right dose if the doctor is not available to review you frequently. In the right hands and started in the right environment, methadone is extremely effective in difficult to control pain.

### **Is methadone only used for people at the end of their life?**

Like other strong opioid medicines, it is given for different sorts of moderate to severe pain that may be as a result of cancer or other illnesses. We have learnt over more than 20 years of prescribing methadone that it is best to change over to methadone long before the last few weeks of life. Indeed a few patients are known to have been on methadone for years. When methadone has been started successfully, it is best to continue on methadone indefinitely.

## Isn't methadone a medicine that drug addicts take?

Apart from pain control, methadone is used to help wean people from illicit use of drugs such as heroin. In these situations, methadone prevents withdrawal symptoms (cold turkey) and reduces the urge to go back to using drugs. People go on having a better quality of life, whilst staying on methadone.

However, methadone is also prescribed widely for pain relief by healthcare professionals across the world- especially Britain, Ireland, Australia, USA and Canada. The prescription of methadone for pain relief requires expertise and is only prescribed under supervision by a few specialist centres. It is important to understand that you are having methadone for the reason of pain relief, and there is no other meaning to you being on methadone.

## If I take methadone or other opioids, will I get addicted to them and be unable to stop taking them?

No, taking methadone or other opioids for pain will not make you an addict. It is quite normal for the dose to increase over time, although many people remain on a stable dose for long periods. Methadone seems to remain effective for years, and certain patients have even taken methadone for more than 10 years with excellent effect on pain and quality of life.

As with other medicines, you should not stop taking methadone or any opioids suddenly without discussing this with your doctor or nurse as your body needs time to adjust. If you no longer need to take opioids, your doctor or nurse will reduce the dose gradually.

## How will I start taking methadone?

Methadone is very different to other painkillers like morphine. We cannot work out in advance the dose you will need. So, we therefore always start afresh and work out the dose you need with a method that does not rely on what you took before. Methadone must be monitored carefully when started, to reach the right dose safely. This is why switching to methadone is carried out in a specialist unit, such as a hospice. You will need to be sure that you can stay in the hospice for at least 2 weeks, although sometimes you may be able to go home more quickly.

## What are the main side effects to look out for?

Opioids including methadone tend to make you constipated and most people will need to take laxatives. They can also sometimes make you feel sick when you first take them. Your doctor may give you something to stop this feeling, but it usually only lasts a few days. Opioids can make you feel sleepy for the first few days while you are getting used to them or when the dose is increased but our bodies can usually adapt gradually.

## How do we find out how much methadone you need?

1. When you are admitted to the in-patient unit, we will normally observe you during the first day, reviewing your pain control and any side effects of your existing painkillers. You will continue to take your pain medicine as you would have done at home with any other painkillers you were taking including medicine for pain breakthrough. We use a special sheet called 'Opioid monitoring chart' to record any possible side-effects related to your pain medicine. We will do an electrocardiogram (ECG) in order to make sure your heart rhythm will not be affected by methadone.
2. When we start methadone, you will normally stop any strong opioid drug(s) you are already on. You will normally be prescribed a fixed amount of methadone chosen by the medical team. Methadone can be given in a liquid or tablet form according to your preference.
3. It can take up to **3 hours** to get the full effect of each dose of methadone because it takes time for methadone to get through the bowels into your body. This is why we don't give methadone

more often than every 3 hours but, if you still have pain after 3 hours, we will give you another dose and so on until the pain is controlled.

4. You can take a top-up dose of another painkiller during the 3-hour gap if you are in too much pain but after 3 hours, it is better to have methadone.
5. **You must tell us as soon as the pain is coming back**, so we can give you methadone in time but please do not ask for methadone if you don't have pain even if it is more than 3 hours that you had the last dose.
6. We continue checking regularly for any possible side effects of your pain medicines whilst we are giving you methadone. We follow a strict method with frequent checks by senior doctors with experience in prescribing methadone.
7. During the first week on methadone, we need to watch you closely looking for pain relief obtained or any side-effects. Side effects can vary throughout the day. We check every day how much methadone you have needed so far and decide whether we should change the dose we give you each time.
8. Usually after 5 to 8 days of you telling us when the pain is coming back, we can decide how much methadone you need each day. We give it to you 3 or 4 times a day, but you can have your methadone dose a little earlier if the pain comes back before you are due your next dose. If it is less than 4 hours since you last had methadone, we will give you a top-up dose of another painkiller instead.
9. We usually keep you a few more days in the hospice once you are on the regular dose of methadone to make sure everything is alright.
10. When you go home, we will give you an appointment to see the Consultant from the hospice within the next week or two.
11. We will need to do an ECG (heart tracing) again to check for any possible risks of irregular heartbeat. If it is OK, we don't need to do it again unless the dose of methadone has to be increased a lot. If the reading of the ECG gives reasons for concern, we may need to check the ECG more often but we may also in rare cases, have to reduce the amount of methadone you take.

### Is there a maximum dose of methadone?

No, there is no maximum dose that can be prescribed. If it is taken for pain as prescribed, the dose can be increased gradually to match your pain. People can be on large amounts of methadone for a long time without significant problems. Long term, you should remain under the care of a specialist doctor who is an expert in methadone, but your GP can prescribe the repeat prescriptions of methadone.

### Can I start taking other medications whilst I am on methadone?

Your methadone specialist will have reviewed your medication when starting you on it. Other medications may react with methadone to decrease its pain relief effects, or increase its side effects. Please ensure any healthcare professional who gives you medication advice is aware you are taking methadone for pain control. If you start a new drug, even for a short course, it is wise to check with your doctor whether it could cause methadone to have more or less effect and get in touch with your specialist pain doctor to ask if the methadone dose needs changing. For this reason, it is important that you contact your healthcare professional before you start, or stop, any other medications you are on.

### Can I drive if I am taking methadone?

Driving may be possible but there are many factors to consider and your doctor or nurse will advise you. Please remember that as in any other situation you should only drive if you feel it is completely safe for you to do so. In 2015, new drug-driving laws came into place and the police can now carry out roadside testing for strong opioids. If you are taking a strong opioid (which includes methadone) and are tested for this whilst driving, no action is taken if the medication is in accordance with medical advice and you are safe to drive. It is useful to keep information of your medication with you when driving, such as your repeat prescription sheet.

However, it remains an offence to drive if your driving is impaired by the medication (e.g. drowsiness). **It is your responsibility not to drive if this is the case.** If you have any further questions you can discuss this with your healthcare team.

### **What should I do if I am sick or am not able to swallow methadone?**

Methadone stays in your body longer than other medications. This means that you may not straightaway feel the pain coming back. It is sometimes possible to continue giving you methadone when you are just occasionally sick. Methadone can be given by injection or using a syringe driver if needed. Your doctor may decide to prescribe the injections for you to keep at home just in case it is required.

### **Can I drink alcohol if I am taking methadone?**

Yes you can drink small amounts (e.g. a small glass of wine, beer or spirits) but it may make you feel more sleepy.

### **How do I store methadone at home?**

Keep the medicines in their original containers, clearly labelled and stored safely at room temperature in a dry place. Make sure that they are well out of reach and sight of children. The label should provide storage instructions but check with your pharmacist if you are unsure.

### **What should I do with any opioids that are no longer needed?**

Opioids that are no longer needed should be returned to the pharmacist for safe disposal. Do not flush them down the toilet or throw them away.

### **Further prescribing of methadone and follow up**

When you are discharged home or when you start methadone as an outpatient, you will be given a letter explaining that you are on methadone for pain, **not** because you are on a methadone programme for drug addiction. The letter is addressed to any health care professional and explains that the dose of methadone should only be changed in consultation with your specialist hospice consultant.

Your GP or your specialist doctor will provide you with further prescriptions of methadone. It is very important that you never run out of your medication. You should not stop taking this drug unless on the advice of a palliative care doctor or nurse as this would be likely to make you feel ill for a few days afterwards. This is called a withdrawal reaction. You could also get a severe return of pain.