

Morphine Facts and Myths

What is Morphine?

Morphine is an opioid medicine or analgesic that is prescribed for strong or severe pain that is no longer responding to medications of lesser strength. Morphine comes in different formulations such as tablets, patches or a liquid. Your prescriber will discuss which one is best for you and your individual pain treatment. Your prescriber may administer Morphine by a syringe driver (pump) which delivers the Morphine into the sub-cutaneous (fatty) layer of your body via a subcutaneous cannula as this may be the most effective way to manage your pain (Palliative Care Expert Group, 2016).

There are many types of opioids medicines and it is important you discuss your opioids with your prescriber so you know what they do. Different opioids have been found to be effective in managing shortness of breath and it may be that you are prescribed an opioid for pain and/ or shortness of breath management. Some opioids can also have a role in managing severe diarrhoea and cough (Palliative Care Australia, 2017).

What is Important to know about Morphine?

- storing your medicines at the correct temperature keeps them working properly
- store your medicines out of reach of children for safety
- measuring your doses carefully and accurately as prescribed so that changes can be made as required to respond to your pain as it changes
- knowing the side effects or unusual reactions of the medication
- knowing when it's okay to crush and split tablets, and mix them with other substances
- setting up reminders to help you to take your medicines on time
- recording when you've taken your medicines in your **pain diary**
- recording the effects of your medicines, especially any side effects or unusual reactions, and telling your practitioner about them as soon as possible
- knowing what to do if you forget or miss a dose – for example, whether you take it when you remember or wait until the next scheduled dose?
- knowing whether you can drink alcohol – small amounts of alcohol are usually okay, but may make you more drowsy
- knowing whether you can drive or use machinery
- not intentionally missing or changing your medicines without telling your doctor
- disposing of unused medicines by returning them to your pharmacist
- knowing who to call for advice if you get unsure (Palliative Care Australia, 2017)

Morphine has side effects.

Sometimes people worry that the side effects of Morphine will shorten their life or cause more discomfort and be worse than their pain. Not everybody experiences side effects and

it is important to remember that side effects are not an allergic reaction, and are often temporary and manageable. (CareSearch, 2017; Palliative Care Australia, 2017).

Common possible side effects of opioid Morphine include;

- Decreased breaths per minute – can be relieved by dose changes
- Constipation – can be relieved by taking laxatives
- Nausea and vomiting – often temporary and can be relieved with anti-nausea medication
- Drowsiness or confusion- may occur for only a short time after starting treatment or increasing the dose
- Dry mouth – may improve with time, speak to your pharmacist for help if this occurs

Tell your practitioner promptly about any side effects, their severity and when they occur.

Myths about Morphine.

There are many myths about Morphine. Knowing the facts and busting the myths will help you use your Morphine wisely (CareSearch, 2017; Palliative Care Australia, 2017).

Morphine hastens death – Relieving the pain changes the quality of life, not its length. Morphine does not cause death, the underlying illness causes death. Relieving pain may make you drowsy and rest more without pain and therefore there is a perception from the people around you that you are “at the end” because you are comfortable and at rest.

Morphine is addictive – Morphine can be addictive is used incorrectly however if you have been prescribed Morphine for your Palliative Care / End of Life Care it is not normally an issue. Tolerance may develop slowly as pain may increase as your illness progresses and you may need more Morphine. This is because you have pain and increased need for more pain relief.

Morphine should not be taken until the pain is really bad - Some people wait to take their Morphine until the pain is really “bad”. It is easier to manage pain in its early stages and that provides a good basis for ongoing management. Morphine may feel like it is “not working” if you don’t take it in the right amount at the right time. If you have more pain in between doses of Morphine that is called Breakthrough pain and you need to note this in your pain diary and let your practitioner know as soon as possible. Increased pain that is felt in between doses of Morphine means that your current pain management plan isn’t working and may need updating with your practitioner.

Please discuss any questions about medication with your team.

It is important you don’t change the dose or time of medication without checking with your team. If you notice too much drowsiness or any confusion contact the team immediately.

CareSearch. (2017). palliAGED Myths About Morphine https://www.palliaged.com.au/Portals/5/Documents/Practice-Tip_Sheets/Myths-about-Morphine-Careworkers.pdf

CareSearch. (2017). Opioid Analgesics. Accessed April 2019 at <https://www.caresearch.com.au/caresearch/ClinicalPractice/Physical/Pain/OpioidAnalgesics/tabid/749/Default.aspx>

Palliative Care Australia. (2017). Accessed April 2019 <https://palliativecare.org.au/facts-about-morphine-and-other-opioid-medicines-in-palliative-care>

Palliative Care Expert Group. (2016). *Therapeutic Guidelines; palliative care* (4th ed.). Melbourne: Therapeutic Guidelines Limited.