

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 lower-level medications. Morphine comes in different formulations such as tablets, patches, or a liquid. The prescriber will discuss which is the most appropriate route of administration depending on the individual's circumstances. The team may administer Morphine by a syringe-driver (pump) that delivers Morphine into the sub-cutaneous (fatty) layer of the body via a cannula. This may be the most effective way to manage pain especially if the individual is suffering from high levels of pain or is having difficulties eating and drinking or has a reduced level of consciousness. (Palliative Care Expert Group, 2016).

There are many types of opioid medications and it is important that individuals discuss which opioid they have been prescribed, so they are fully informed regarding actions of the medication and potential side-effects.

Opioids can also be used effectively for other symptoms such as shortness of breath and managing severe diarrhoea and coughing (Palliative Care Australia, 2017).

What is Important to know about Morphine?

- Storage of medicines at the correct temperature
- Store medicines out of reach of children
- Careful measurement of doses (liquids)
- Side effects or unusual reactions
- Understanding if medications should/should not be crushed, or tablets split, or if they can be mixed with other substances
- Setting of reminders to take medication on time
- Recording medications taken in a pain diary
- Recording effects of your medications, especially any side effects or unusual reactions, and telling your practitioner about them as soon as possible
- Knowing what to do if a dose is forgotten or missed
- Can medication be taken with alcohol/certain foods?
- Whether drowsiness is likely, and if driving or the use of machinery should be avoided
- Not intentionally missing or changing medicines without telling your doctor
- Safe disposal of unused medicines by returning them to the pharmacist



- Knowing who to call for advice. (Palliative Care Australia, 2017).

Morphine has side effects

Sometimes people worry that the side effects of Morphine will shorten their life or cause an increase in discomfort.

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 potential side effects of Morphine include:

- **Reduced breathing rate** – can be relieved by dose changes
- **Constipation** – can be relieved by taking laxatives/change of diet
- **Nausea and vomiting** – often temporary and can be relieved with anti-nausea medication and a review of diet
- **Drowsiness or confusion** – may occur for only a short time after starting treatment or increasing the dose
- **Dry mouth** – may improve with time, preparations to reduce mouth dryness are available from the pharmacist.

Side effects, should be discussed with the team immediately.

Myths about Morphine

There are many myths about Morphine. Knowing the facts and busting the myths will help Individuals with pain use 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 cause drowsiness and cause the person to want to rest/sleep more. This increased sleeping can be misunderstood by family/carers and they may think that the persons condition has deteriorated.

Morphine is addictive – Morphine can be addictive if used incorrectly however, when prescribed by a doctor and regularly reviewed by the team this is unlikely.



Tolerance to opioids may develop slowly as pain levels increase with illness progression. Dosages of opioids will be adjusted to ensure that pain is managed effectively without unwanted side-effects.

Morphine should not be taken until the pain is 'really bad' - It is easier to manage pain early, with a lower-level medication, or a smaller dose of opioid than wait until pain is severe. If severe pain, high doses of opioids may be required with potential side-effects.

'Breakthrough pain' is pain that occurs in between prescribed doses of medication. This is possible as illness progresses. Any breakthrough pain should be noted in the pain diary and the doctor informed so that the pain care plan can be reviewed and effective pain management re-established.

If the person or their family/carers have any questions these should be addressed as soon as possible by the treating team.

References

- CareSearch. (2020). palliAGED Myths About Morphine. Accessed Jan 2021 at: https://www.palliaged.com.au/Portals/5/Documents/Practice-Tip_Sheets/Myths-about-Morphine-Careworkers.pdf
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