



Many thanks for taking the time to read this communication from us.

This is a long communication and provides lots of information; if you are not in a situation where you are able to consider this information then no action is needed, you do not need to contact us. Our aim is to provide this information to those who are currently receptive to it. You may receive similar communications on an infrequent basis as we are aware that people will be interested at different times.

If you only have a short amount of time to consider this, you may wish to watch the 2 short videos recommended

We have contacted you as part of our efforts to ensure safe and effective prescribing whilst being responsible with NHS resources

You have received this letter as it appears you are taking regular opiate/opioid based medications for chronic non-cancer pain. If this is not correct please disregard this letter. This may be because this medication is on your repeat list or you have had more than 3 opiate prescriptions in the last 6 months

This may be a tablet such as co-codamol/codeine, tramadol, oxycodone or morphine or a patch such buprenorphine or fentanyl. You may know this medication by the brand name rather than the drug name.

We know that these drugs are helpful in pain treating pain of recent onset (e.g. a broken bone or after surgery) and they are also effective in patients with cancer related pain. However, most prescriptions for these drugs are for patients who don't have cancer but have long term "chronic" pain. The benefits of using these medications to treat chronic pain have not been proven. Furthermore, there is strong evidence that reducing these medications can reduce harm to patients and improve their quality of life.

The goals of this communication are:

- Ensure our patients are informed in regards to the potential harms of their medications
- Help our patients understand the nature of chronic pain and how best to manage this
- Support patients in making decisions about their ongoing care
- Reach out to those patients interested in reducing their opiate or other drug burden in line with best evidence and clinical practice

What are opiates/opioids?

An opiate drug is one that works in the same way as the drug morphine. They are sometimes called opiates. Opioid drugs include morphine itself as well as diamorphine (heroin), oxycodone, fentanyl, codeine, tramadol or buprenorphine.

What is Chronic pain?

Chronic pain is a common condition affecting over one third of adults in the UK.

Chronic pain is pain that continues for longer than 3 months, either as part of another health condition, or despite investigations and treatment.

Chronic pain can cause changes in your brain and nervous system. These changes can cause the brain to continue to send out pain signals even when there is no harm or damage. The signal pathway to the brain can become over sensitive meaning the signals are amplified.

We usually expect acute pain (for example following an injury) to reduce with the healing process. But sometimes the brain and body continue to send out pain signals long after your body has healed. These signals can be hard to stop, are often intense and at times seem to come for no obvious reason.

Fibromyalgia and complex regional pain syndrome are types of chronic pain conditions.

The following video from 'Tame the Beast' explains chronic pain and may help you understand your pain journey so far

<https://youtu.be/ikUzvSph7Z4>

Why might reducing/stopping my opioid be helpful?

I have listed some of the many side effects of opiates below, however as a summary you may wish to consider the following, they have lots of harmful side effects, there is no evidence that long term use provides any benefit; indeed both pain and quality of life is worse with long term use. Much of this is due to the changes opiates make to your nervous system and brain. The following video helps explain this

https://youtu.be/NDVV_M_CSI?si=v0Qea6_TuhRirZX5

1. It is unlikely that they are helping your pain. The scientific evidence states that sometimes they help pain for a month or two and then the benefit wears off. Many patients drop out of trials because of side effects. There are no good quality clinical trials lasting over 3 months showing reduction of pain levels or better quality of life scores versus placebo.
2. When patients in pain *on opioids* are compared with patients in pain who are *not on opioids*, those *on the drugs* tend to have more pain, a worse quality of life, more side effects and are less likely to be in employment.
3. EVERYONE who takes these drugs for long enough becomes tolerant to them. This means that increasing doses are required for the same effect. If you think that your opioid is helping because you feel rotten and have increased pain if you miss a dose - it may be that these are in

Brough Surgery
4 Centurion Way
Brough
HU15 1AY
tel: 01482 668668
fax: 01482 665090

South Cave Surgery
67 Ferry Road
South Cave
HU15 2JG
tel: 01430 424764
fax: 01430 471810

Holme On Spalding Moor Surgery
Rush View
Holme On Spalding Moor
YO43 4BJ
tel: 01430 860221
fax: 01430 861389

Bubwith Surgery
Highfield Road
Bubwith
YO8 6LY
tel: 01757 288315
fax: 01757 289329

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fact withdrawal symptoms. Patients find that after a slow reduction and eventually stopping the opioids - their pain is often no worse and sometimes it's improved. Lowering the dose is very likely to make you feel better in yourself too - once you've got through your withdrawal symptoms.

4. Reducing opioids may reduce pain. Yes, you read that correctly! We are not clear why this happens, but the condition of "Opioid Induced Hyperalgesia" may often be involved. This is the phenomenon whereby increasing the dose of opioid surprisingly increases pain. It is more common when opioids are taken at high doses and may be the reason many patients end up on high doses but still experiencing severe pain. These drugs increase the sensitivity of the pain nerves – a bit like turning up the volume on loudspeakers.

5. Opioids affect the bowels. Bowel relaxes, leading them to become distended (stretched). This leads to constipation and abdominal pain. In patients treated for abdominal pain with opioids, this may lead to the Narcotic Bowel Syndrome. This is where an increase in the dose of opioid, pain is relieved for a few days, then slowly returns to its previous level, or worse.

6. Opioids affect hormones and sex life. This is part of the reason that patients taking opioids tend to be miserable. Opioids particularly reduce sex hormones, which may lead to reduced sexual drive or performance.

7. Opioids increase the risk of death, particularly at high doses.

8. Reduced ability to fight infection – your immune system may not work as well as it should. ☹️

9. Memory problems – opioids can shut down one part of your brain whilst causing the emotional part of your brain to become more active. This can lead to memory loss, mental foginess and cause you to have less energy.

10. Your driving might be impaired. There are strict rules for driving when using opioids, which you need to be aware of. - <https://www.gov.uk/drug-driving-law>

Further information including stories of other people who have taken opiates for chronic pain are attached here

<https://www.england.nhs.uk/south/info-professional/safe-use-of-controlled-drugs/opioids/>

<https://assets.publishing.service.gov.uk/media/5f6a078ed3bf7f7238f23100/Opioid-patient-safety-information-leaflet-v2-Aug2021.pdf>

<https://www.hey.nhs.uk/patient-leaflet/opioid-medicines/>

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Should I reduce my opioid medication?

As discussed there are significant risks to long term opiates, the following document can help you consider your current therapy and help you discuss this your GP. You may wish to consider the harms listed in this letter to help you complete this

<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/medicines-decision-guide-2023.pdf>

How can I reduce my opioid use?

Reducing opiate use can lead to a risk of withdrawal symptoms, please book a routine appointment to discuss this with a GP or pharmacist, we may be able to support you ourselves or direct you to a specialist service that can support you in reducing prescribed medication. You may wish to complete the decision aid above and bring this to your appointment

How will I manage my pain without opioids?

Managing chronic pain is challenging, it relies on targeting the complex relationship between physical and emotional health, however there are many options to explore in managing chronic pain and it is important that we do not cause you more harm in seeking to help you, as is often the case with long term opiate use. You may wish to discuss your options with your GP. Understanding chronic pain, the options available to you and changes you can make to live well with your chronic pain are the first steps. I have provided resources to this end below

<https://livewellwithpain.co.uk/>

<https://www.retrainpain.org/>

<https://www.tamethebeast.org/>

<https://www.flippinpain.co.uk/>

<https://www.nhs.uk/live-well/pain/ways-to-manage-chronic-pain/>

<https://www.paintoolkit.org/>

<https://www.britishpainsociety.org/people-with-pain/>

<https://painconcern.org.uk/>

<https://action-on-pain.co.uk/>

The following are local services we can refer you to if you are interested

<https://www.chcpcic.org.uk/pages/e-m-p-o-w-e-r->

<https://www.chcpcic.org.uk/chcp-services/community-pain-management>

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For patients with Chronic hip, knee or back pain there is a course called Escape pain which can help, this can be done in person at local leisure centres with a referral from us (<https://www.eastridingleisure.co.uk/health/escape-pain/>) or can be accessed for free online without referral <https://escape-pain.org/>)

Many thanks for taking the time to read this communication from us. If this has led to some reflection and you would like to discuss this further please get in touch for a routine appointment.

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