

Patient Information Leaflet - 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. Common examples of other strong opioids are: morphine, diamorphine, oxycodone, fentanyl and buprenorphine.

Why is methadone better for me than other opioid medicines?

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.

It is important that you do not take extra methadone or alter the dose yourself.

If a patient fails to take their methadone dose for any reason for 2 or more consecutive days it is important to contact the hospice doctor as the dose may need to be adjusted.

If methadone is so much better than other opioids, why do we use 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

Isn't methadone a medicine that drug addicts take?

Apart from pain control, methadone is used to help people who are withdrawing from illegal drugs. However, methadone is also a pain killer in its own right, and prescribed widely for pain relief by healthcare professionals across the world- especially Britain, Ireland, Australia, USA and Canada.

If I take methadone or other opioids, will I get addicted to 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. 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. Methadone must be monitored carefully when started, to reach the right dose safely. This will be done by your pain control specialist from the hospice.

Can I drink alcohol if I am taking methadone?

With caution, you can drink small amounts (e.g. a small glass of wine, beer or spirits) but it may make you feel more sleepy, and possibly have other more important side effects. Please discuss this with the hospice specialist before drinking any alcohol.

Grapefruit juice should be totally avoided as it may cause serious side effects.

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. Excessive drowsiness should be reported to the doctor.

Is there a maximum dose of methadone?

When methadone is prescribed for pain 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 pain control 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. For this reason, it is important that you contact your healthcare professional before you start, change or stop, any other medications you are on, or are aware of changes.

Can I drive if I am taking methadone?

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. 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.**

Further prescribing of methadone and follow up

When you are discharged home or when you start methadone as an out-patient, 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 you could also get a severe return of pain.

If you need advice, or have problems out of normal hours, please contact Shropdoc or Severn Hospice Telford on 01952 221350 or Shrewsbury on 01743 236565. A senior doctor will be contacted and will return your call.