

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Patients approach pain and its management in different ways; it is important to debunk myths about pain, when used in the context of palliative care.

Ongoing Pain

Seamus's pain is being managed by the palliative care team in conjunction with his GP. His current medicines list includes:

- > OXYCODONE Slow release (SR) Tablets 80mg twice a day
- > PREGABALIN Capsules 25mg twice a day
- > DOCUSATE and SENNA 50mg/8mg 1 each night
- > PARACETAMOL Tablets 500mg 2 up to four times a day prn
- > OXYCODONE Immediate release (IR) Capsules 10mg 1 to 2 every 2 hours prn

Seamus has come to the pharmacy to collect the oxycodone capsules, prescribed by the GP. Seamus states that he is struggling with his pain. When asked about how his pain management is going, he shares that he often takes more than 8 paracetamol tablets in a 24 hour period in preference to taking the oxycodone. He's heard that if he continues to take the oxycodone that he will get addicted to it.

Unwarranted Concerns

There are many reasons that people will choose to take less opioids than prescribed including: fear of addiction, concern about tolerance and potential for dependence.

Addiction or Opioid Use Disorder (OUD) is associated with a range of behaviours including the use of opioids in the absence of pain. It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking. Physical dependence or tolerance is not always a feature of OUD. If someone has a previous history of addiction to opioids, there should

be close consultation with their usual prescriber, and a specialist addiction service, such as [DASSA](#).

Physical tolerance occurs when someone no longer responds to the opioid in the way they did initially. If stopped suddenly, the person may experience a range of withdrawal symptoms and this can also be described as physical dependence. In the absence of OUD features, dose increases or opioid rotation are options for managing physical tolerance.

Increases in pain or reduced effectiveness of an opioid may also be explained by disease progression. Keeping a [pain diary \(518kb pdf\)](#) may be valuable.

Seamus needs reassurance to use (and document) the breakthrough opioids where needed and to limit his paracetamol to a maximum of 8 tablets in 24 hours.

Resources

- > [Facts about morphine and other opioid medicines \(635kb pdf\)](#)
- > [Drugs of dependence – SA Health](#)
- > [Is there a difference between physical dependence and addiction?](#)

For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.