Patient’s fears and misconceptions about pain and opioids

Discussion Questions and Teaching Guide

Discussion leader: ask the group the numbered, bolded questions. Guide the group to cover the key bulleted points that follow each question.

1. **What are the common concerns that patients may have about pain and opioids?**
   
   Research has shown some of the more common concerns and misconceptions expressed by patients and families about pain and opioids include:
   
   - The expectation that pain is an inevitable experience with disease or aging.
   - Belief that pain builds character—it’s good for you.
   - Concern that complaining about pain will distract the physician and the rest of the healthcare team from taking care of more important health concerns.
   - Concern about not being a “good” patient.
   - Worries about unmanageable side effects.
   - Fear of addiction or being thought of as an addict.
   - Concern that strong medications like opioids should be saved for when they are “really” needed.
   - Belief that the parenteral route (shots or injections) is needed to control pain.
   - Fear that pain means the disease is worse.

2. **What is the difference between physical dependence, tolerance and addiction?**
   
   - Physical dependence is a normal, expected consequence of taking opioids. If the patient has been on an opioid for more than several days, the body reacts by going through withdrawal if the opioid is stopped suddenly. The presence of physical dependence or withdrawal does not by itself signify addiction.
   
   - Tolerance is signaled by the need to take more drug to achieve the same analgesic effect. Development of tolerance is highly variable and unpredictable. Often the need for more drug signals a worsening of the underlying disease. To treat tolerance, either increase the dose or switch to another opioid.
   
   - Addiction is very rare in patients taking opioids for pain relief. It is signaled by continued use despite harm (negative personal, legal or medical consequences), frequent intoxication, preoccupation with obtaining the drug, and poorer function and quality of life while on the drug.

3. **How should a nurse intervene if a patient has adequate pain relief but is sleepy 2 days after starting a new opioid?**
   
   - The nurse should help the patient and family understand that some sedation is normal for the first few days after a patient starts a new opioid, or after a dosage increase. The sedation should diminish within 3-5 days. Point out that some of the “sedation” may simply be the patient catching up on sleep that the pain had previously prevented. Remember that other medications may also contribute to sedation.

4. **Your patient calls you one day after starting an opioid, and mentions that he is nauseated. How do you intervene?**
   
   - Nausea is a common side effect at the beginning of opioid therapy. It will usually resolve within a few days. In the interim it is better to treat the nausea with an anti-emetic than to switch opioids, as the latter may leave the patient with the erroneous impression that he or she is “allergic” to that drug.

5. **A patient is starting an opioid. What should a nurse teach her about constipation?**
   
   - Teach the patient that constipation is an expected side effect of opioids and start a bowel management plan.

6. **How should a nurse respond to a patient with a pain score of 7/10 who says: “I have pretty good tolerance to pain. After all, a little pain never hurt anyone!”**
   
   - The nurse should help the patient to understand that pain can have a very negative impact on health
   
   - A pain score of 7/10 is severe pain. Moderate (5-6/10) to severe (7-10/10) pain can cause significant interference with function and quality of life.
   
   - Pain can cause stress, immuno-suppression, cognitive impairment and sympathetic nervous system activation leading to increased cardiac workload, respiratory and GI dysfunction.

7. **Since pain can have such significant impact on quality of life, is it reasonable to expect that patients will tell health care professionals about their pain problems?**
   
   - Because of the common fears and misconceptions about pain and opioids, many patients may be reluctant to discuss their pain. Some may not want to bring it up because they don’t want to distract the healthcare team from curing their illness, or have concerns about the medications to treat pain, or assume that pain is inevitable.
   
   - Nurses should actively ask patients whether or not they have pain, and if pain is present, do a complete pain assessment. Documentation systems should prompt nurses to screen for and assess pain as they do for other vital signs such as temperature, pulse, respiration, and blood pressure.
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Teaching Guide – Case Study
Discussion leader: make copies of the cases below. Separate your group into teams of two. Have the teams read each case study and spend about 5 minutes answering the questions. Then spend 5-10 minutes discussing their responses as a group. Be sure to cover the discussion points outlined below and on the opposite side of this card.

Case 1
You recently admitted an 80-year-old woman who is newly diagnosed with metastatic breast cancer. She has pain in her right chest wall that she rates at 8/10. In the course of teaching her about her new opioid pain medication, she says: "I've had arthritis pain for years. This cancer pain really isn't any worse. If I start taking this medicine, I'll be sleepy all the time and I'll just need more and more of it. I'd rather save it for when the pain gets really gets bad."

1. What might be this patient’s underlying concerns about pain relief?
2. What other possible patient and family concerns would you want to evaluate and address over time?

Case 2 discussion points
1. This patient may believe that pain is an inevitable part of aging and cancer, particularly because she's lived with chronic arthritis pain for years. The nurse should inform the patient that comfort is very important, both for her general well being and because pain drains the energy that she will need to have good quality of life and to participate in her treatment.

   This patient may also assume that opioids lose their effectiveness over time, and should not be used until they are "really needed." Nurses should help patients to understand that the development of tolerance to opioids is rarely a clinical problem. Opioids generally do not lose their effectiveness over time. If tolerance does develop, or if the pain gets worse, the dose of the opioids can be gradually increased until the pain is once again relieved. Very high doses of opioids can be given if necessary – for example morphine infusions of 1000mg/hr or more, as long as the dose is systematically and gradually increased with ongoing monitoring of the patient’s response.

   This patient also appears to believe that opioids will make her sleepy. The nurse should help the patient to understand that she may feel sleepy for 3-5 days after she starts an opioid as her body adjusts to it and as she catches up on the sleep that the pain may have disrupted. The sleepiness will likely clear up after she has been on the medication for a few days. Assess whether other medications are contributing to the problem.

2. Other patient and family concerns that might interfere with pain management over time include: fear of the use of "shots" that the patient might assume would be necessary to control severe pain, fear of side effects such as nausea or constipation, and the desire to be a “good” patient who does not "complain." The patient and family may hesitate to report pain out of fear of being told that increased pain signals that the underlying disease is worse.

Case 2 discussion points
1. Many patients and families have exaggerated fears about opioids, particularly about their addictive potential. The nurse should help them to understand that the incidence of addiction in patients taking opioids for pain is very rare – less than 1 in 1000 in one study. Help them to understand the difference between addiction, which is a driven psychological need, and physical dependence, which is a normal, expected physiological consequence of taking certain medications, including opioids. Physical dependence simply means that the medication should be tapered gradually when it is no longer needed, so that the patient does not experience withdrawal. The overwhelming majority of patients will take opioids only if needed for pain, and do not experience the psychological cravings characteristic of addiction when the opioid is stopped.

2. Despite the low incidence of addiction in patients taking opioids for pain relief, the majority of patients are likely to have concerns about it. Nurses should assess for this concern, and institute and document appropriate patient education if needed, particularly if the patient is hesitant to take the full dose of medication needed to control his or her pain.
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Post test

1. Which one of the following is not true about the fears and misconceptions patients and families may have about pain:
   a. They often get in the way of good pain control
   b. Patients and families will usually bring up their concerns about pain even if the nurse does not ask
   c. They may make patients hesitant to take prescribed analgesics
   d. They are very common

2. Patients may assume the following about pain:
   a. It is an inevitable part of certain illnesses
   b. It often cannot be relieved
   c. It is not an important part of their care
   d. All of the above

3. Your patient tells you that he “wants to save the strong stuff for later when the pain gets really bad”. You should teach this patient to:
   a. Take the medicine only as needed.
   b. Understand that tolerance to opioids is rare, and that there is no ceiling dose for the strong opioids.
   c. Have confidence that his pain can be easily managed by injectable opioids later
   d. Cope with pain, since his pain is likely to get worse.

4. Your patient’s wife calls to say he is sleepy but easily rousable after starting scheduled morphine yesterday. You should
   a. Instruct the wife to hold the next dose of morphine
   b. Call the doctor to discuss a dose reduction
   c. Teach the wife that sleepiness is common after starting an opioid, and that it should clear up within a few days.
   d. Call the doctor to discuss changing to a different analgesic.

5. Addiction:
   a. Is a common problem in patients taking opioids for pain relief
   b. Occurs when patients need more and more opioid to relieve their pain
   c. Is indicated by the appearance of withdrawal symptoms if the patient abruptly stops taking opioids
   d. Is commonly feared by patients and families, and may be a factor in reluctance to seek or accept pain relief.

6. Which of the following is true about opioids?
   a. They cause nausea, to which tolerance usually does not develop
   b. They are most effective via the intramuscularly route
   c. They cause constipation, to which tolerance does not develop
   d. They often lost their effectiveness over time