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## Dispelling Myths of Opioids

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**Opioids, often called narcotics, are commonly used in hospice and palliative care to keep patients comfortable. Many patients, family members, and even healthcare providers are afraid to give these medications because of what they have heard in the news, on television, and from friends. The following information is designed to help dispel some of the myths surrounding the use of opioids.**

**Myth:** Opioids are addicting.

**Reality:** There is a difference between physical dependence and addiction. Physical dependence is a state in which physical withdrawal symptoms occur when a medication is stopped or decreased abruptly. This is expected. Addiction is a chronic disease in which people have a poor control over drug use and continue to use the drug despite physical and social harm. Addiction is rare for patients who are terminally ill when the goal of care is comfort.

**Myth:** Opioids cause respiratory depression.

**Reality:** When opioids are adjusted slowly to provide pain relief, respiratory depression is rare.

**Myth:** If a person takes large doses of opioids early in their disease process, the opioids will not be as effective later on when he/she needs higher doses.

**Reality:** There is no maximum dosage for opioids. A patient should get whatever dose is needed to provide pain relief. One should not focus on “the numbers” but instead be focused on making sure the patient’s pain is controlled.

**Myth:** Giving opioids to a terminally ill patient will hasten death.

**Reality:** Research shows that the use of opioids does not lead to a quicker death. Withholding pain medication at the end of life is not appropriate when medications are available to relieve pain and suffering.

**Myth:** Opioids cause a person to feel foggy and lose control.

**Reality:** When opioids are taken on a regular basis, tolerance quickly develops and the feeling of being foggy or out of control should go away within a week.

**Myth:** Opioids damage the body.

**Reality:** Opioids are very safe drugs when used as directed. Of interest, the American Geriatric Society has determined that opioids are safer for older people than non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil<sup>®</sup>) or naproxen (Aleve<sup>®</sup>).

**Myth:** Using opioids means that you are a weak or bad person.

**Reality:** Because there have been many stories in the news about people who abused opioids, their legitimate use for pain has been questioned. As a result, too many people suffer with pain who could be relieved with opioids.

**Myth:** All types of pain respond well to opioids.

**Reality:** Pain caused by bone or nerve injury (neuropathic) may need the help of additional medications along with opioids to provide better relief for these types of pain.

**Myth:** You cannot give opioids to a child.

**Reality:** Children of all ages can receive opioids at doses appropriate for their weight and age and with adjustments based on physical condition.

If other questions arise, please ask the nurse assigned to your patient.

**Other HPNA Teaching Sheets on are available at [www.HPNA.org](http://www.HPNA.org)**

#### Reference

Ferrell B, Coyle N. *Textbook of Palliative Nursing*. New York, NY: Oxford University Press; 2006.

McCaffery M, Pasero C. *Pain: Clinical Manual*. 2<sup>nd</sup> ed. New York, NY. Mosby Press. 1999.

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