

MYTHS ABOUT MORPHINE

MYTH

MYTH: Morphine is a poor medication for pain when taken by mouth.

MYTH: Morphine lowers breathing function.

MYTH: Morphine tolerance, or the body's decreased response to the benefits of morphine, is an important problem in patients.

MYTH: If morphine is prescribed too soon during the illness, nothing else is left.

MYTH: Morphine addiction is an important problem in patients with chronic illnesses.

FACT

FACT: Morphine taken by mouth is very effective when prescribed and taken appropriately. Experience has shown morphine therapy to be responsive or workable in many situations, reliable and safe. It is now recognized that when given in appropriate amounts, morphine taken by mouth is highly effective in relieving pain.

FACT: While respiratory depression (lowered breathing function) is the main possible hazard of all morphine preparations, medically important lowered respirations or breathing rarely occurs in patients with pain in whom initial doses of morphine are appropriately chosen and then increased. (We call this process of monitoring and increasing dosages "titrating," which means to give to achieve an acceptable balance of pain control without unacceptable side effects.) Studies of patients with advanced malignancies or cancers showed no evidence that chronic breathing failure is either common or severe in those receiving high doses of morphine.

FACT: Tolerance usually does not develop rapidly when morphine is used for controlling cancer and other pain. Some increase occurs with time, but is usually relatively small, and is usually due to the disease worsening.

FACT: As pain increases, the morphine dose can usually be adjusted upward to treat the increased pain. There is no maximum amount that can be given.

FACT: Fears about psychological dependence (addiction) are often exaggerated when morphine is used to treat severe pain. The abuse of medications made from opium is rarely seen in patients with cancer or other severe pain, nor do these medications lead to addiction in terminally ill patients.

MYTH: Unacceptable sedation (sleepiness) and mental clouding (confusion, reduced attention span) are frequent side effects of morphine in patients.

FACT: When correctly prescribed and taken, morphine does not often produce unacceptable mental clouding or unacceptable sedation. While sedation is relatively common, it is usually only a temporary problem and frequently clears with continued use of morphine.

MYTH: Constipation makes it impossible to use adequate doses of opioid analgesics.

FACT: Constipation is a common side effect of morphine use, and may occur in patients using adequate doses of morphine and morphine-like medications and should be treated aggressively. Stool softeners, laxatives, suppositories and enemas are used to prevent constipation.

MYTH: Morphine should be given on an as-needed basis.

FACT: To avoid pain from occurring again and again, management of chronic pain may require using medication on a regularly scheduled basis. Morphine may be scheduled “around the clock” at regular times, with a dose given in between these times if pain is experienced between doses.

MYTH: Morphine signifies that physicians have “given up” on a patient with a terminal illness.

FACT: Morphine does not have this meaning today and is not used only for terminal care. There is evidence that patients whose pain is relieved do better than those whose rest and nutrition continues to be disturbed by continued pain.

MYTH: Taking morphine is a kind of “living death.”

FACT: The correct use of morphine improves the quality of life of the patient with pain and helps the patient maintain his/her level of self care and independence, mental awareness and dignity. Life is enhanced because pain is reduced to a tolerable level and the patient is better able to rest, sleep and eat.

MYTH: Morphine cannot be used with other medications for pain control.

FACT: The majority of patients with chronic severe pain have a complex medical status, and a combination of medications for pain may be used. There are specific treatment benefits gained from the use of other medications to control anxiety, as well as different types of pain.