

Methadone for Pain Control

Information for patients,
relatives and carers

Methadone for Pain Management

Other names

Methadone Hydrochloride Oral Solution: Metharose, Physeptone Solution

Methadone Hydrochloride Tablets: Physeptone Tablets

Methadone Hydrochloride Injection: Synastone

Q What is methadone and what is it used for?

A. Methadone is an effective painkiller on its own or with other painkillers. Methadone is prescribed by palliative care specialists only for patients with complex pain that is poorly controlled by other opioids and/or for patients with nerve pain. It may also be prescribed by the palliative care specialists to be taken as an add on pain killer in order to optimise the pain-controlling effects.

Q Why has methadone be chosen for you?

A. Methadone can relieve different types of pain and pain that has been difficult to control. You have been prescribed methadone for pain relief. The dose prescribed by your palliative care specialist will have been carefully adjusted for you.

Your palliative care specialist will discuss your methadone prescription with your own doctor and provide them with written information. You can continue to take methadone for as long as the palliative care specialist thinks it is appropriate. The effects will not wear off with time and the dose can be adjusted by your palliative care specialist if need be.

Q When do I take it?

A. Methadone is taken regularly either two or three times a day to control pain. If you are on methadone twice a day, then take your morning methadone when you first wake up and then your evening dose about 12 hours later. If you are on methadone three times a day then a dose should be taken about six hours after your first dose.

It is important to keep well hydrated whilst taking this medicine; it is recommended that you drink one to one and a half litres of fluid each day.

Do not stop taking methadone suddenly without speaking to your palliative care specialist first.

Q What do I do if I forget to take a regular dose of oral methadone?

A. Take a dose as soon as you remember. Do not take a double dose to make up for the missed one. If you are sick and bring up the medicine within 30 minutes, repeat the dose as soon as you feel better. Please let your doctor or a member from the palliative care specialist's team know.

Q Are there any side-effects from taking methadone?

A. Your palliative care specialist will monitor you very closely when you first take methadone and then less frequently when you are on a stable dose and when your pain is well controlled. Some of the side-effects you may experience while you are on methadone include:

Sleepiness

This may happen in the first few weeks when you first start to take methadone or when the dose is increased. It should improve after a period of time.

Dry mouth

Try to keep your mouth and lips clean and moist. Brush your teeth regularly morning and night with fluoride toothpaste, preferably not immediately after taking a dose of methadone. Frequent cool drinks, sips of water and ice cubes may help. Your doctor will be able to give you some oral gel or spray to help relieve the symptoms. If your mouth becomes sore, your doctor may ask you to try an anaesthetic mouthwash.

Sickness

If you feel sick when you first start to take methadone, try taking it with food. Your doctor may need to give you some anti-sickness medicine for a few days until the sickness goes away.

Constipation

This is a less common side-effect with methadone. However, it is important to drink plenty of fluids and have a balanced diet if possible. Your doctor can prescribe laxative for you if it is a problem. The laxative should be taken regularly as prescribed by your doctor. The dose of laxative can be increased or reduced to make sure you pass a soft stool regularly.

Q Will I become addicted to methadone and unable to stop taking it?

A. No. You may be aware that methadone is used as a substitute medication for people with drug addiction – you have not been prescribed methadone for this reason. You have been prescribed methadone for pain control. The dose and time of administration prescribed for pain control is different from those used as part of a methadone maintenance programme for drug addiction. If you no longer need to take methadone, your palliative care specialist will reduce the dose gradually and make sure you are fine with it.

Q Will methadone always relieve my pain completely?

A. Methadone is a very good pain killer but may not necessarily be effective for all types of pain. Other treatments may also be recommended by your palliative care specialist or your doctor.

Q What should I do if I get pain between my regular doses of methadone?

A. If the pain is mild, paracetamol may help. (Do not take more than eight paracetamol tablets in 24 hours).

If it is more severe you should take a dose of your quick acting pain medication prescribed by your palliative care specialist. The quick acting pain medicine has been prescribed for you in case you experience pain (breakthrough pain) in between doses of methadone. Breakthrough pain is a type of pain that happens either “out of the blue” or every time you move in a certain way. It can be sudden and severe and should be treated quickly with quick acting pain medication.

Some people find that doing certain things, like having a bath or going for a walk, brings on the pain. Your doctor or member from the palliative care specialist’s team may suggest you try taking a dose of your breakthrough medication before you start doing something that brings on the pain.

If you have been prescribed methadone for breakthrough pain you should not take it within three hours of a previous dose of methadone. Your palliative care specialist will discuss with you which quick acting pain medicine to take for breakthrough pain, how often and when to take it. Your palliative care specialist will ensure this is written down for you and your doctor. If you need more than two to three extra doses of quick acting pain medication in a day, tell your doctor or a member of the palliative care specialist’s team.

Q How will I know if the methadone is not going to work for some of my pain?

A. You may still have pain despite taking bigger doses of methadone and may feel unwell in one or more of these ways:

- more sleepy than usual
- feeling sick more of the time
- restlessness or jumpiness
- bad dreams.

Do not worry if this happens. Tell your doctor or a member from the palliative care specialist’s pain. They may reduce your dose of methadone and suggest other treatments to help the pain.

Q Can methadone interfere with my other medicines?

A. If you have been prescribed new medicines by your doctor, it would be useful to remind them that you are on methadone. This would allow them to

check your new medicines will not interfere with methadone or other pain killers that you are taking.

Q Can I drink alcohol?

A. A small glass of wine, beer, sherry or whisky may help you feel better and improve your appetite. It is best to avoid taking more than this as you may become too drowsy.

Q Can I drive?

A. You may be able to drive but you must discuss this with your doctor or a member of the palliative care specialist's team.

(Patient information leaflet: *Strong pain killers and driving*)

(Discuss this leaflet with your doctor or a member of the palliative care specialist's team who will answer any questions you may have.)

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