

GeriCare 5 common myths about opioids

5 common myths about opioids

So, as you have learnt from our previous videos, opioids such as morphine and fentanyl are commonly used in palliative care. Do you know much about it? How about a little game to debunk these myths! Let's begin!

Myth 1:

Opioids are addictive, just like Pringles, once you pop, you can't stop! FACT: With the appropriate indication and dose, opioids rarely lead to addiction.

Myth 2:

Opioids hasten death.

FACT: Opioids neither hasten nor cause death when used appropriately. Opioids solely help to manage patient's symptoms as relieving symptoms improves their quality of life.

Myth 3:

Opioids should be taken only when the symptoms are unbearable or when death is approaching. FACT: Opioids should be given in a timely manner and NOT when death is approaching. It is usually easier to manage the symptoms in its early stages than later. Just like how we would want to repair a leaking pipe early before it KAMBOOO! Right??

Myth 4:

Opioids need to be continued indefinitely even if symptoms subside.

FACT: Opioids are used to control symptoms. Palliative care patients are usually on long-term opioids because they often have persistent pain or breathlessness. Opioids can be stopped or tapered off when the symptom is well controlled.

Myth 5:

Elderly should not be given opioids.

FACT: Opioids can be safely given to an elderly patient if started on a lower dose and titrated slowly depending on the patient's response. However! Use opioids cautiously in elderly patients with kidney disease.

With these myths busted, we hope it can help you understand opioids better! Comment down below if you have any questions about opioids!

References

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