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Encourage normal activity and good fluid intake

Avoid activities that can be affected by increased somnolence.

Reassure the patient and family.

Ask the patient and family about fears regarding opioids and address these fears if present.

Explain to the patient the difference between physical dependence, addiction, and tolerance

Physical dependence is a normal physiological response to the pharmacological effects of chronic opioid administration. It is only seen when administration of the opioid is abruptly stopped or an antagonist is administered. The withdrawal syndrome is typically characterized by sweating, tremors, agitation, muscle cramps, abdominal cramps, tachycardia, fever and dilated pupils. In some rare instances, patients taking opioids may have their pain alleviated by non-pharmacological measures such as surgery neurosurgery, radiation or anaesthetic procedures. In these cases, the opioids should be reduced at a rate of 15-20% per day rather than being abruptly discontinued.

Addiction (psychological dependence) is a pathologic psychological condition that includes a compulsion to take a specific drug (*e.g.*, opioid) to experience its psychic effects. Several large studies have shown that patients receiving opioids for cancer pain almost never become psychologically dependent, *i.e.*, “addicted” to opioid analgesics.

Tolerance is a normal physiological phenomenon in which increasing doses of an opioid are required over time to produce the same analgesic effect. The mechanism of this is complex but may be related to changes in opioid receptors or drug metabolism. The degree and rate to which tolerance develops varies greatly between different individuals. True tolerance is rare. The most frequent reason for dose escalation remains disease progression. Although true tolerance is rare, it does occasionally occur and, when it does, it can usually be adequately dealt with by using a different opioid.

Cross tolerance between various opioids is not complete and an alternative drug can be substituted if the rate of development of tolerance is a problem or if the patient experiences dose-limiting side effects from one particular opioid. However, for patients with cancer, the most frequent reason for dose escalation is progression of the disease causing increased pain.

Almost all patients with pain from advanced cancer require treatment until death and concerns about physical dependence or addiction are irrelevant. Concern regarding tolerance is not a reason for ‘saving up’ the use of opioid drugs until the terminal phase.

NB: Placebos should not be used in the management of cancer pain.

2.4 Maintaining a patient on an opioid

Patients on opioids will require regular assessments. Assessments L must include monitoring for opioid adverse effects and signs of disease progression. Opioid titrations will be required to manage increased pain resulting from disease progression or opioid tolerance. The appropriate dose is the amount of opioid that controls pain with the fewest adverse effects.

Titration opioids

In most cases, titration involves an increase in opioid dose. Dose increases can either be:

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