A Brief Note on Opioid and Other Pain Medication Side Effects

John Daniel*

Department of Pharmacy and Pharmaceutical Care, Kingston University London, South West London, England, UK

Perspective

Received: 11-Jan-2022 Manuscript No. JHCP- 52121; Editor assigned: 13-Jan-2022, PreQC No. JHCP-52121 (PQ); Reviewed: 27-Jan-2022, QC No JHCP- 52121; Accepted: 01-Feb-2022, Manuscript No. JHCP-52121(A); Published: 08-Feb-2022, DOI: 10.4172/2347-226X.8.1.004 *For Correspondence: John Daniel, Department of Pharmacy and Pharmaceutical Care, Kingston University London, South West London, England, UK E-mail: Johndani95@mail.uk Keywords: Antidepressants; Inflammation: Non-steroidal: Anti-

drugs;

ABSTRACT

The process of providing medical care that alleviates or lowers pain is known as pain management. Analgesic medicines, such as aspirin, are often used to relieve mild to severe pain. Opiates and other narcotics may be used for chronic or severe pain, sometimes in combination with analgesics; with steroids or non-steroidal anti-inflammatory drugs when the pain is caused by inflammation; or with antidepressants, which can be potentiate.

ABOUT THE STUDY

Some pain medications without increasing the actual dose and affect the brain's perception of pain. Negative side effects and addiction are possible with narcotics. However, in the management of dying patients, the possibility of addiction is rarely an issue. Devices for self-administration of opioids are often utilized in hospitalized

Hydromorphone; Slowed breathing

inflammatory

Research & Reviews: Journal of Hospital and Clinical Pharmacy

e-ISSN: 2347-226X p-ISSN: 2319-9857

patients with severe pain. In pain management programmes, other treatments may be beneficial. Simply shifting positions on a regular basis or utilizing cushions to encourage a more comfortable posture might help bedridden persons. Massage, acupuncture, acupressure, and biofeedback have all been demonstrated to help some people manage their pain.

Opioids and other pain drugs have well-studied adverse effects that can be efficiently handled. Many of the typical adverse effects of pain relievers are also signs of other illnesses, such as cancer. That's why it's critical to take an interdisciplinary approach to symptom management.

Prescription painkillers

Opioids are the most potent of these medications. They work by blocking the nerve impulses that send pain signals to your brain and replacing them with pleasure messages. Doctors frequently prescribe them to patients who have just had surgery, suffered a severe injury, or are suffering from a serious, long-term ailment such as cancer. Opioids are a kind of painkillers that are widely used in:

- Codeine
- One medication contains both hydrocodone and acetaminophen (Vicodin)
- Hydromorphone or Dilaudid
- Meperidine or Demerol
- Morphine
- Oxycodone, also known as Oxycontin, is a narcotic pain reliever.
- Propoxyphene or Darvon

Fentanyl is another extremely potent opioid painkiller. It's up to 100 times more potent than conventional opioids, and it's typically given to cancer patients who are in excruciating pain. However, it has been misused or combined with illicit narcotics, resulting in a large number of fatalities.

The following are some of the most common opioid and other pain medication side effects:

Constipation: This typical opioid adverse effect may often be mitigated. Increased hydration intake, dietary fiber intake, and moderate exercise can all help. Constipation is frequently relieved by laxatives or stool softeners.

Nausea: Nausea and vomiting are common in the first few days or weeks after starting an opioid prescription. Notify a nurse or doctor if you have nausea or vomiting. To control these adverse effects, they might prescribe antinausea medications.

Sedation, drowsiness, or clouded thinking: For the first few days or when a dose is increased, opioids might produce sedation, drowsiness, or sleepiness. Following the use of a pain reliever, some persons get confused, disoriented, or just forgetful. Notify a doctor right once if these symptoms become severe. The dose can be changed, a different medicine prescribed, or a new drug added.

Slowed breathing: Opioids can make it difficult to breathe, especially at large dosages. As the body adjusts to the drug, the symptom normally goes away. Throughout each patient's hospital stay, we keep a close eye on their breathing and other vital indicators. Slowed breathing should still be reported to the cancer care team if it becomes unpleasant or causes other problems. To alleviate this adverse effect, additional medications may be provided.