

# Starting on Morphine for Breathlessness

This information leaflet is for people who have been advised by their doctor or nurse to consider taking a small dose of morphine medication to help their breathing.

It has been developed following the MABEL clinical trial of morphine in people with daily breathlessness due to long-term medical conditions.

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## LIVING WITH DAILY BREATHLESSNESS

Living with daily breathlessness can limit you more and more in your daily activities.

Even walking slowly, getting to the shops, or seeing friends and family may make you feel uncomfortably breathless.



## LIVING AS WELL AS YOU CAN WITH BREATHLESSNESS

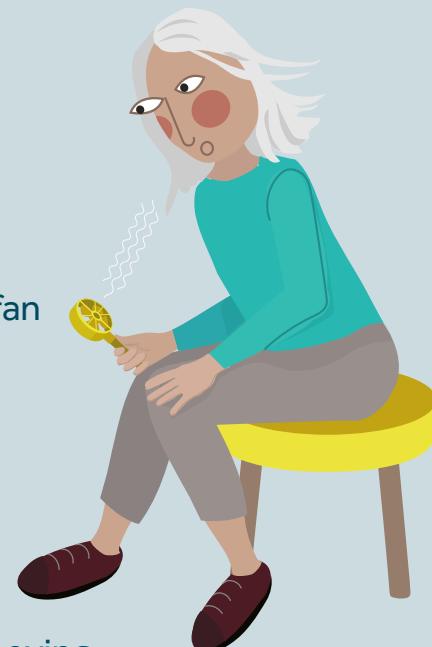
1

**Firstly**, take your prescribed medications, for example, inhalers for lung disease, or tablets for heart disease.

2

**Secondly**, get the most out of each breath, using techniques like:

- Concentrating on the 'out' breath to make room for the next 'in' breath
- Sitting forwards and using a hand-held fan to cool your face.



3

**Thirdly**, keep moving to keep your muscles in good condition. Therapists can help you learn how to control your breathing and to move more.



## MORPHINE FOR BREATHLESSNESS

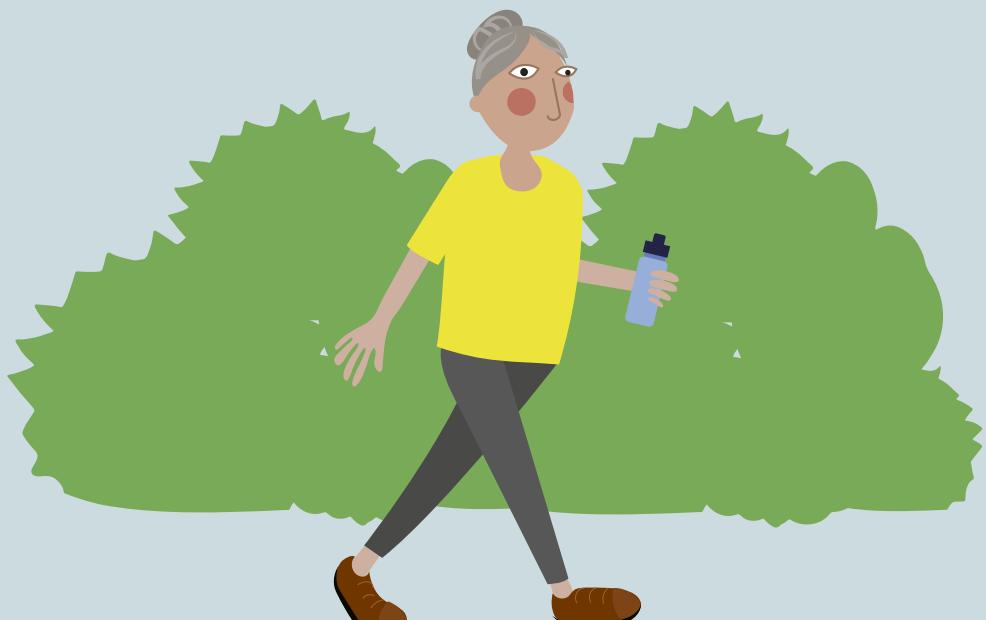
Despite doing all these things, you may find that you are still breathless with minimal exertion or even sitting

doing nothing. In this situation, your doctor may suggest you try a small dose of morphine every day to help manage your breathlessness.

### Not just for pain

Whilst everyone knows that morphine is used for pain, not many know it can also be useful for shortness of breath.

Our bodies naturally produce morphine-like substances (called endorphins) in response to pain or physical exertion, which act on the brain to blunt the sensation.



Exercise-laboratory tests showed that people receiving extra endorphins or small doses of morphine-medicines were able to exercise more, and were less breathless for any given level of exertion

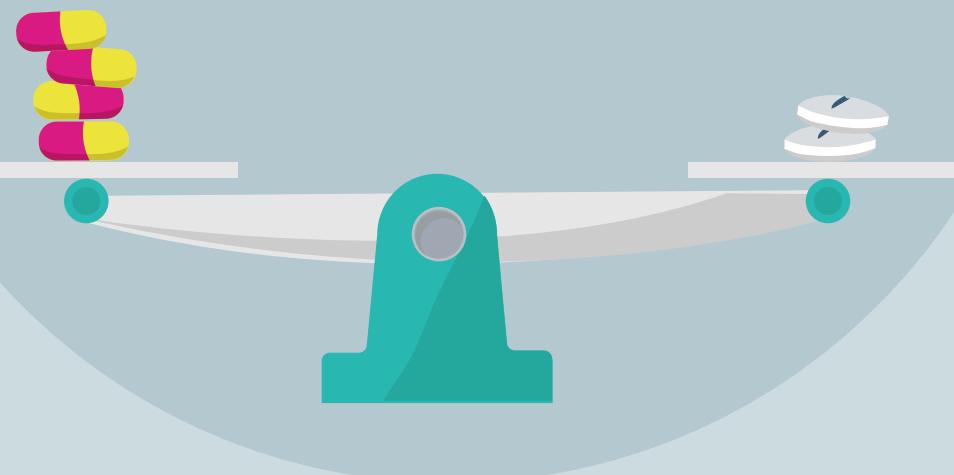
In clinical studies of people with long-term lung conditions going about their daily lives, the findings indicated that on average, those taking a small dose of morphine did more physical activity for the same amount of breathlessness.

conditions.

## WHAT DOSE WOULD YOU NEED FOR BREATHLESSNESS?

For breathing difficulties, the start dose would be one capsule or tablet of 5mg long-acting morphine morning and evening. This contains about the same amount of morphine as **one tablet** of co-codamol 30mg taken four times a day. The dose might increase to 10mg morphine twice a day if there was no benefit, as long as side-effects were acceptable.

Nearly everybody gets at least some constipation with morphine, so you would also take a laxative alongside to prevent this.



## WHAT ABOUT SIDE-EFFECTS?

Many people are worried about the side-effects of morphine.

- **Constipation** – a laxative will be prescribed alongside the morphine if you do not already have one.
- **Confusion/memory impairment** – at the doses recommended, research shows this was no worse in the morphine group than those taking dummy medication
- **Nausea and vomiting** – this affects some people, but is usually mild, and usually resolves with anti-sickness tablets.
- **Addiction** – psychological craving is unusual when

taken for physical problems, however, our bodies might get 'used to it being there.' If you need to stop the morphine, you may prefer to tailor the dose down rather than stopping abruptly.

## HOW WOULD I KNOW IF IT WAS HELPING?

Your level of breathlessness may not reduce. However, you may find that you have done more before your breathlessness made you slow down or stop.

When you start morphine, you should discuss with your clinician what you aim to achieve, e.g., be able to walk around your house more easily, or, get into the garden, or, get to the shops

You would then discuss together after about a week to judge whether on balance you should continue. Report any side-effects when they arise – do not wait for a week

**Note** – morphine does not suit everyone; if unacceptable side-effects persist, or you have not noticed any benefit, the morphine would be stopped.

to tell your clinician. You may decide together to try the higher dose and review again after a further week.

## FURTHER INFORMATION

Find out more about the MABEL trial:

[www.hyms.ac.uk/research/research-centres-and-groups/wolfson/projects/morphine-and-breathlessness](http://www.hyms.ac.uk/research/research-centres-and-groups/wolfson/projects/morphine-and-breathlessness)

You may also find information about how to manage breathlessness due to medical conditions on the following websites:

**Asthma and Lung UK**  
[www.asthmaandlung.org.uk](http://www.asthmaandlung.org.uk)

**British Heart Foundation**  
[www.bhf.org.uk/](http://www.bhf.org.uk/)



[informationsupport/heart-matters-magazine/medical/  
shortness-of-breath](http://informationsupport/heart-matters-magazine/medical/shortness-of-breath)

**International Primary Care Respiratory Group**  
[www.ipcrg.org/resources/resources-for-  
patients-and-carers](http://www.ipcrg.org/resources/resources-for-patients-and-carers)

**Wolfson Palliative Care Research Centre, University of Hull**  
[www.hyms.ac.uk/research/research-centres-and-groups/  
wolfson/resources-and-training/guide-to-living-well-  
with-breathlessness](http://www.hyms.ac.uk/research/research-centres-and-groups/wolfson/resources-and-training/guide-to-living-well-with-breathlessness)

**Cambridge Breathlessness Intervention Service**  
[www.cuh.nhs.uk/our-services/breathlessness-  
intervention-service/](http://www.cuh.nhs.uk/our-services/breathlessness-intervention-service/)

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