



## Methadone Safety Handout For Patients

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### Patient Education – An Absolute Safety Necessity

Most patients and their families or caregivers find the medication information distributed by pharmacies, or product package inserts (if provided), difficult to read and understand. Hence, they are of little help as a safety measure.

Yet, one observational study found that busy healthcare providers often failed to adequately instruct patients and communicate critical information regarding various prescribed medications (Tarn et al. 2006). This might expectedly contribute to misunderstandings by patients leading to noncompliance and/or medication misuse, which could be harmful or fatal in the case of opioids.

Opioid analgesics are more likely than such agents as cocaine or heroin to be the cause of unintentional drug-poisoning fatalities in the United States. An analysis of data from 2002, showed that opioid analgesics accounted for more than a third (36.5%) of drug-poisoning deaths (CESAR 2006).

Three ways that oral methadone may induce fatalities have implications for patient education:

- **Single Overdose** – In this case, the first dose is fatal and occurs most often via accidental or illicit ingestion of a toxic dose by an individual without *any* opioid tolerance, or in a formerly tolerant user who has not taken opioids for a considerable period of time and resumes methadone at a previously high dose.
- **Accumulated Toxicity** – This can develop during several days as methadone blood levels build up excessively. It is seen most commonly with overly aggressive methadone initiation protocols or in patients taking more doses than prescribed.
- **Drug-drug Interactions** – Methadone can be lethal when used with alcohol, other opioids, and other CNS depressants. Furthermore, substances that inhibit methadone metabolism can result in methadone accumulation and fatal toxicity.

It seems logical that better patient education regarding therapeutic compliance might help prevent unintentional medical misuse of methadone and potential mishaps. Better safety precautions also could help avoid methadone from falling into the hands of persons who might hazardously use the drug for illicit, nonmedical purposes.

### About the Methadone Instructions Handouts (attached)

To assist healthcare providers in their vital patient-education responsibilities, *Pain Treatment Topics* developed the special “Patient Instructions” handouts on the pages that follow this introduction. These can be reproduced and given to patients at the time methadone analgesia

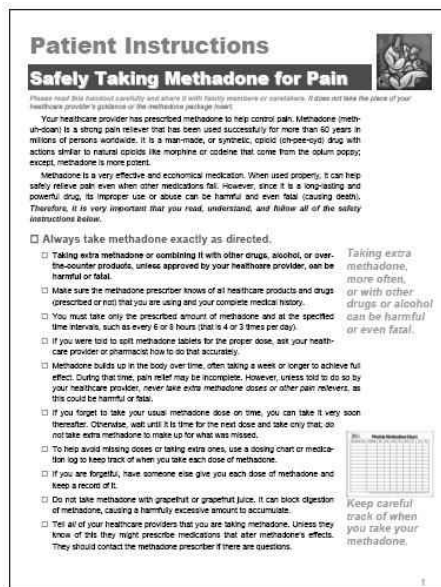


is prescribed (see *permission to reproduce below*). Ideally, these also would be used as discussion guides for face-to-face education of patients – and their families or caregivers.

The emphasis of the handouts is on **safety**, to help prevent misuse and avoidable adverse events potentially associated with methadone. They do not necessarily include *all* information in the methadone package insert or that might be provided by medical staff, and it is not intended to take the place of such guidance. However, unlike traditional communications of this sort, the handout stresses several points that often are overlooked:

- Patients (along with their families or caretakers) must be specifically cautioned that methadone can be lethal if it is misused.
- Methadone is unlike other opioid medications, and absolute compliance with the prescribed regimen is essential; unauthorized extra doses should *never* be taken.
- Patients must keep careful track of when they take methadone, enlisting the help of others in this if necessary.
- Patients need to understand the importance of reporting all substances that they are using – medications, drugstore products, alcohol, or other drugs – and that unauthorized use of these with methadone can be harmful or even fatal.
- Methadone must be safeguarded from pilferage and illicit use by others. It should not be casually stored as many other medications might be.
- Family members or caretakers must know of methadone overdose warning signs and be instructed to immediately seek emergency help if any occur.
- Patients' fears of true addiction to methadone should be dispelled. Along with that, they must be cautioned against reducing methadone dosing on their own.

The handouts – in English and Spanish – provide more detail regarding these essential messages and very specific recommendations. It is hoped that healthcare providers will take the extra time necessary for communicating such information and instructions that can help promote the effective and safe use of methadone analgesia. The old adage, “Better to be safe than sorry,” was never more appropriate.



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#### References:

- CESAR (Center for Substance Abuse Research). Nonmedical use of prescription drugs more prevalent in U.S. than use of most illicit drugs. CESAR Fax. 2006;15(36). College Park, MD: University of Maryland, Center for Substance Abuse Research. Available at: <http://www.cesar.umd.edu/cesar/cesarfax/vol15/15-36.pdf>. Access checked 2/24/08.
- Tarn DM, Heritage J, Paterniti DA, et al. Physician communication when prescribing new medications. *Arch Intern Med*. 2006;166(17):1855-1862.

## Information for Healthcare Providers

The following document available for free download from *Pain Treatment Topics* has vital guidance information for healthcare practitioners on how oral methadone works and its safe prescribing for chronic pain. This paper should be reviewed prior to prescribing methadone and distributing the *Safely Taking Methadone* patient instructions handout.



### Oral Methadone Dosing for Chronic Pain: A Practitioner's Guide

By: James D. Toombs, MD; Updated March 2008. <click on the link>

 PDF at: <http://www.pain-topics.org/pdf/OralMethadoneDosing.pdf>.

#### About the author of these patient handouts:

**Stewart B. Leavitt, MA, PhD**, is the founding Publisher/Editor-in-Chief (now Executive Director) of *Pain Treatment Topics*. He was the founding Editor of *Addiction Treatment Forum* in 1992 and also served as the primary researcher/writer until 2007 focusing on issues related to methadone.

#### Medical reviewers:

The qualifications of *Pain Treatment Topics* medical reviewers for this document may be examined at: <click on the link> [http://www.pain-topics.org/contacts\\_aboutus/index.php#MedAdvisors](http://www.pain-topics.org/contacts_aboutus/index.php#MedAdvisors).

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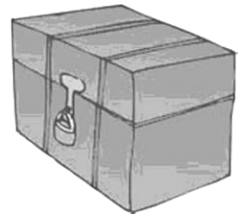
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## ❑ Store methadone safely.

- ❑ Methadone *absolutely must be kept in a safe place* where others – children or adults – cannot gain access to it. A single tablet of methadone can be harmful, or even fatal, in an individual who is not used to the medication.
- ❑ Do not keep methadone on kitchen counters, in bathroom cabinets, or other obvious places. If necessary, store methadone in a locked box or cabinet and in an out of the way location.
- ❑ Remember, persons you may least suspect, family members or visitors, might look for drugs like methadone to use for illegal purposes.
- ❑ Never share your methadone with anyone else, since it could do them great harm.



## ❑ What are methadone side effects to watch for?

- ❑ Alert your family members or caretakers of **important warning signs** to watch for that may indicate you are reacting badly to methadone and are in distress. If you experience any of the following, they should call for emergency help:
  - Trouble staying awake. ■ Difficult or slow breathing.
  - Loud or unusual snoring at night and difficulty being awakened.
  - Fast heartbeat, unusual dizziness, or loss of consciousness (fainting).
- ❑ Methadone, like all other opioids, may cause constipation. Your healthcare provider or pharmacist can recommend approaches for preventing or treating this. Reducing the methadone dose will *not* help.
- ❑ Certain side effects, if they occur at all, usually become milder or go away with time, such as a lightheaded feeling, nausea, stomach upset, or mild drowsiness. Possible others may be more long-lasting, including: itching, dry mouth, flushing, or increased sweating. Contact your healthcare provider if any of these continue or worsen.
- ❑ Uncommon side effects include confusion, mood changes (depression or agitation), shaking, blurred vision, or difficulty urinating. If you experience any of these, tell your healthcare provider.
- ❑ Allergic reactions to methadone – including rash, hives, or swelling – are rare but require prompt medical attention.
- ❑ You should refrain from driving and other activities requiring balance or focused concentration until the effects of methadone are known, typically a week or longer.



## ❑ Will you become dependent on or addicted to methadone?

- ❑ After awhile, methadone causes *physical dependence*. That is, if you suddenly stop the medication you may experience uncomfortable withdrawal symptoms, such as diarrhea, body aches, weakness, restlessness, anxiety, loss of appetite, and other ill feelings. These may take several days to develop.
- ❑ This is not the same as *addiction*, a disease involving craving for the drug, loss of control over taking it or compulsive use, and using it despite harm. Addiction to methadone in persons without a recent history of alcohol or drug problems is rare.
- ❑ If you ever want to stop taking methadone, do not do so on your own. Gradually reducing the methadone dose as directed by your healthcare provider will help prevent uncomfortable withdrawal reactions.

***Do not reduce or stop taking methadone on your own.***

# Instrucciones para los pacientes



## Cómo tomar metadona para el alivio del dolor y sin riesgo

**Sírvase leer atentamente este folleto y compartirlo con su familia o cuidadores.**

*Este folleto no sustituye la orientación de su profesional de la salud ni el inserto que viene en la caja de metadona.*

Su profesional de la salud le ha recetado metadona para el alivio del dolor. La metadona es un calmante fuerte que se ha utilizado con buenos resultados durante más de 60 años, en millones de personas en todo el mundo. Es un fármaco opioide artificial sintético, con efectos similares a las de los opioides naturales, como la morfina o la codeína, que provienen de la amapola del opio, con la diferencia de que la metadona es más potente.

La metadona es un medicamento muy efectivo y económico. Cuando se usa correctamente, puede ayudar a calmar el dolor sin peligro, aun cuando otros medicamentos no lo logran. Sin embargo, como es un fármaco potente de efecto prolongado, el uso indebido o el abuso puede ser perjudicial, e incluso puede ocasionar la muerte. **Por lo tanto, es muy importante que lea, comprenda y siga todas las instrucciones de seguridad a continuación.**

### Tome siempre la metadona exactamente como se lo indican.

- Tomar metadona en exceso o combinarla con otros fármacos, alcohol, o productos de venta libre, a menos que su profesional de la salud lo apruebe, puede ser perjudicial o incluso mortal.
- Asegúrese de que la persona que le receta la metadona conozca todos los productos medicinales y fármacos (recetados o no) que usted está tomando, así como su historia clínica completa.
- Debe tomar únicamente la cantidad recetada de metadona y a los intervalos indicados.
- Si le indicaran que partiera las tabletas de metadona para obtener la dosis adecuada, pregúntele a su profesional de la salud o farmacéutico cómo hacerlo correctamente.
- La metadona se acumula en el cuerpo con el tiempo y a menudo lleva una semana o más para que logre el efecto completo. Durante ese tiempo, puede que el efecto del calmante no sea total. Sin embargo, a menos que su profesional de la salud se lo indique, *nunca tome dosis extra de metadona, ni de ningún otro calmante*, ya que esto podría ser perjudicial o mortal.
- Si usted olvida tomar su dosis habitual de metadona a la hora indicada, podrá tomarla enseguida después. De lo contrario, espere hasta que sea el momento de la dosis siguiente y tome solamente esa dosis; *no tome metadona de más para compensar la que olvidó tomar.*
- Para evitar olvidar dosis o tomar dosis de más, utilice un registro o diario de medicamentos para llevar el récord de la hora a que toma cada dosis de metadona.
- Si tiene la tendencia a olvidar, pídale a alguien que le dé las dosis de metadona y que lleve un registro de cada una de ellas.
- No tome metadona con toronja ni jugo de toronja. Puede bloquear la descomposición de la metadona, provocando la acumulación de una cantidad excesiva que puede resultar perjudicial.
- Dígale a *todos* sus profesionales de la salud que está tomando metadona. De lo contrario, pueden recetarle medicamentos que alteren los efectos de la metadona. Deberían ponerse en contacto con la persona que recetó la metadona si hubiese preguntas.

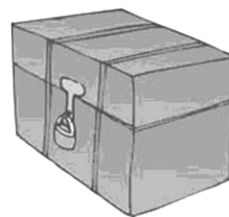
**Tomar metadona en exceso, con más frecuencia, o con otros fármacos o alcohol, puede ser perjudicial o incluso mortal.**

Weekly Medication Chart									
Medication Name	Color/Shape	Dose	Mon	Tue	Wed	Thu	Fri	Sat	Sun

**Lleve un registro minucioso de sus tomas de metadona.**

## Guarde la metadona en un lugar seguro.

- La metadona *debe guardarse en un lugar absolutamente seguro* al que las demás personas, tanto niños como adultos, no puedan tener acceso. Una sola tableta de metadona puede ser perjudicial, e incluso mortal, en un individuo que no esté habituado al medicamento.
- No guarde la metadona en los armarios de la cocina, del baño, ni en otros lugares fácilmente accesibles. Si es necesario, guarde la metadona en una caja o gabinete con llave y en un lugar fuera de alcance.
- Recuerde, las personas de las que menos lo pueda esperar, miembros de la familia o visitas, podrían buscar fármacos como metadona para usar con fines ilegales.
- Nunca comparta su metadona con los demás, ya que podría causarles un gran daño.



## ¿Cuáles son los efectos secundarios de la metadona a los que debería prestar atención?

- Alerta a los miembros de su familia o cuidadores sobre los **síntomas importantes** a los que deben estar atentos, ya que pueden indicar que usted está reaccionando mal a la metadona y que está en peligro. Si sufre alguno de los siguientes efectos, las personas que estén a su alrededor deberían llamar para pedir ayuda de emergencia:
  - Dificultad para mantenerse despierto. ■ Dificultad para respirar o respiración lenta.
  - Ronquido fuerte o inusual por las noches y dificultad para despertarse.
  - Ritmo cardíaco rápido, mareos inusuales, o pérdida de la conciencia (desmayos).
- La metadona, como todos los demás opioides, puede causar estreñimiento. Su profesional de la salud o farmacéutico puede recomendar formas de prevenirlo o de tratarlo. El reducir la dosis de metadona *no dará resultados*.
- Algunos efectos secundarios, en caso de ocurrir, a menudo se vuelven más leves o desaparecen con el tiempo como los mareos, náuseas, malestar estomacal o somnolencia. Otros posibles efectos secundarios pueden durar más, incluyendo: comezón, sequedad bucal, enrojecimientos o aumento de la transpiración. Póngase en contacto con su profesional de la salud si alguno de estos efectos continúa o empeora.
- Los efectos secundarios anormales pueden incluir confusión, cambios de humor (depresión o agitación), temblores, visión borrosa o dificultad para orinar. Si sufre alguno de estos efectos, dígaselo a su profesional de la salud.
- Las reacciones alérgicas a la metadona, incluyendo erupciones, urticaria o hinchazón, son poco frecuentes, pero requieren de atención médica inmediata.
- Debería evitar conducir y otras actividades que requieren equilibrio o demasiada concentración hasta familiarizarse con los efectos de la metadona; generalmente una semana o más.



## ¿Se volverá dependiente o adicto a la metadona?

- Después de un tiempo, la metadona provoca *dependencia física*. Es decir, si usted deja de tomar el medicamento en forma repentina, puede sufrir síntomas molestos del síndrome de abstinencia, como diarrea, dolor en el cuerpo, debilidad, inquietud, ansiedad, pérdida del apetito y otras sensaciones de malestar. Estas sensaciones pueden demorar varios días en aparecer.
- Esto no es lo mismo que *adicción*, una enfermedad que implica un ansia por el fármaco, la pérdida de control al tomarlo o el uso compulsivo, y el uso a pesar del daño. La adicción a la metadona en personas sin antecedentes recientes de problemas de alcohol o drogas es muy poco común.
- Si alguna vez desea dejar de tomar metadona, no lo haga por su cuenta. La reducción gradual de la dosis de metadona según se lo indique su profesional de la salud lo ayudará a evitar reacciones incómodas por la abstinencia.

**No reduzca ni suspenda la metadona por su cuenta.**