



WHY DO OPIOIDS QUIT WORKING?

One of the most common complaints our project receives is that one's opioids quit working when they previously provided good pain relief. In the persons who have complained, they usually report that increasing their dosage is ineffective as well. Every person with IPS who takes daily opioids needs to carefully review the information given here.

Why? Once your opioid quits working, it will likely not work again. So, you can be left without good pain control options. The cause is known as "opioid receptor failure."

WHO IS MOST AT RISK FOR OPIOID RECEPTOR FAILURE?

1. Any patient who takes a long-acting opioid including the following: fentanyl patch and/or these long-acting opioids; oxycodone, morphine, hydromorphone, methadone.
2. Intrathecal pump administration of any opioid.

WHY LONG ACTING AND INTRATHECAL OPIOIDS MAY QUIT WORKING

Long acting and intrathecal opioids never leave the blood and spinal fluid. Consequently, they continually coat opioid receptors, and with prolonged use they literally render the receptor incapable of pain relief. A good analogy is stretching a rubber band too long and seeing it lose its elasticity. The receptors may become permanently altered. Short acting opioids leave the blood and spinal fluid for a time and that lets the receptors recuperate and re-energize, so opioids usually stay effective over a long-time period.

HOW TO KEEP OPIOIDS WORKING

1. Opioid receptors hold up better in patients who take vitamin and mineral supplements, and use a low sugar-starch, high protein, high green vegetable diet.
2. Hormone levels must be normal to keep opioids effective. Opioid receptors require adequate blood levels of testosterone, cortisol, and pregnenolone.

WHAT TO DO IF YOUR OPIOIDS QUIT WORKING

Here are recommendations to try, but when one's opioids quit working, they may not start to work again.

1. Get a hormone test of testosterone, cortisol, and pregnenolone. If you have a deficiency start the hormone and continuously raise the dosage over a 6-week period until your blood level is normal.
2. Start a nutrition program with vitamins, minerals, and a low sugar/starch, high protein, high green vegetable diet.
3. Switch to a short acting opioid, if possible.
4. The addition of the adrenaline or dopamine surrogate (stimulant) such as Adderall® or Ritalin® may help.
5. Take an injection of ketorolac to determine if this potent anti-inflammatory analgesic may provide some pain relief.
6. Take Taurine 4,000-8,000 a day for 5 days. If there is improvement continue at 2,000 to 4,000 mg. per day.

WHAT IF I'M ON A LONG-ACTING OR INTRATHECAL OPIOID AND DOING WELL?

Don't stop. Some persons on long acting and intrathecal opioids do well for years. But don't get overconfident. Opioid receptor failure can be sudden and unexpected.

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