

Drowsiness/Sleepiness

This is unlikely to be an issue with our low dose approach. Nevertheless, it is advisable to avoid driving or operating heavy machinery for 24 hours after any increase in dose. If drowsiness does occur, it is likely to disappear after a day or two. Other sedative medications are likely to increase the drowsiness effects of morphine and should be avoided if possible.

Mental Clouding/Concentration Difficulties

Temporary feelings of ‘foggy head’ or difficulty focusing or concentrating may occur at higher doses or any time a dose is changed/increased. Again, this usually disappears after a day or two. Using any sedative medications and alcohol along with your morphine can make these symptoms worse. Once your body has adjusted to a given dose of morphine, it is unlikely that these symptoms will continue.



Nausea

Some people will experience nausea and sometimes vomiting when starting on morphine or when the dose is increased. This is usually mild and resolves within a day or two. This is not likely to be a problem with the schedule of doses you will be taking.

If nausea is troublesome, you will be provided with anti-nausea medication until your body adjusts.

What if I think I am experiencing side effects?

You will be asked regularly about side effects you may be having and how you are able to cope with them. If you are having troublesome side effects or have questions about what to do, **contact the study coordinator (name of local coordinator) at (phone number(s)).**

What if I want to stop morphine?

After the first two weeks, it is important that you do not stop your morphine abruptly. If you feel you are experiencing side effects or do not wish to continue taking morphine for other reasons, **contact the study coordinator or one of the study doctors. All of their contact information is on your “Research Team Contact Page” and your study consent form.**

[Insert local health authority logo here]

Patient Guide to Starting Morphine for Shortness of Breath

During the first week of the study, you will start taking a very low dose of morphine. The dose will be increased after a few days and then gradually adjusted each week until we reach the dose that works best at relieving your shortness of breath and gives you minimal side effects. Your shortness of breath will be monitored every week over the next 6 weeks. Depending on your overall comfort, your dose will stay the same or be slowly adjusted up or down as necessary.

Starting slowly and at low dose will decrease the chances of side effects, but it may also take time to experience benefits in terms of your breathing. It is important to continue to take the medication regularly.





Initial Dose Schedule Week One

Your morphine will come in a liquid form. The strength will be 1 mg for every 1 mL (1mg/1mL).

Days 1 and 2: Take 1 dose of morphine 0.5 mL at 8 am and 8 pm

Days 3 and 4: Take 1 dose of morphine 0.5 mL at 8am, 12noon, 4pm and 8pm

Days 5, 6 & 7: Take 1 dose of morphine 1 mL at 8 am, 12noon, 4pm and 8pm

At the end of week one, you should be taking 1 mL of morphine liquid, 4 times per day.

You will be contacted at the end of each week to determine if your dose needs to be increased or left the same. At the end of week six, if you choose to remain on morphine, you may be switched to a slow release pill that only needs to be taken once or twice daily (this will depend on the type of medication chosen by your study doctor and whether or not this option would be right for you).

Common Side Effects

Most side effects from morphine occur at starting doses much higher than you will be taking. It is important to realize that most common side effects of morphine, if they do occur, are temporary and disappear after a few days. You are unlikely to note any side effects in the first week or two, but may be more likely to experience them as your dose slowly increases. You will be monitored regularly for side effects, and if you are experiencing side effects we will adjust your medication accordingly. If necessary we may reduce or stop it altogether. By increasing your dose very gradually, we are decreasing the chances that you will experience any troublesome effects.

Constipation

This is the most common side effect and the only one that tends to persist after your body has adjusted to the morphine. You will receive a regular stool softener/laxative to prevent constipation and the study doctor will decide which medication will be best for you. The dose of the softener/laxative will be adjusted to maintain regular bowel habit. It is important to pay close attention to changes in your stool so that you can deal with any signs of constipation as early as possible.

This is a sample guide to prevent significant constipation:

Start at level 0.

LEVEL 0: Senokot•S - 2 tablets at bedtime.

If no bowel movement within 48 hours then go to Level 1.

LEVEL 1: Senokot•S - 2 tablets 2 times a day.

If no bowel movement in 24 hours, then go to Level 2.

LEVEL 2: Senokot•S 3 tablets 2 times a day.

If no bowel movement in 24 hours, then go to Level 3.

LEVEL 3: Senokot•S 4 tablets 2 times a day or as directed by physician, pharmacist and/or nurse.

Remain on whatever level provides a comfortable bowel movement every 1-3 days

- If you have stools more frequently than your usual pattern, decrease dose of Senokot•S by half.
- If you experience loose stool, do not take Senokot•S for 1 day.
- If you have no bowel movement for 3 days **OR** more than 3 loose stools in 1 day, call the study coordinator.