

Women, Chronic Pain & Prescription Opioids

Prescription Opioids

- Opioids are a type of medication prescribed to treat acute and chronic pain.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria (“high”).
- Opioids are depressant drugs, which means they have a depressant effect on the central nervous system. This results in the slowing down of the part of the brain that controls breathing.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin[®], Percodan[®] or Percocet[®]), hydrocodone (e.g., Hycodan[®], Tussionex[®]), hydromorphone (e.g., Dilaudid[®]), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.

Women & Chronic Pain

- Chronic pain is persistent or recurrent pain that lasts for longer than three months. Chronic pain is affected by complex biological, psychological, emotional, social, and environmental factors.
- Women are more likely to experience more severe and recurrent chronic pain than men and are more likely to be prescribed and rely on prescription opioids to manage chronic pain.
- Women are more likely to experience multiple chronic pain conditions simultaneously.
- Sex-related factors, such as hormonal fluctuations, genetics, and physiological factors affect pain experiences and responses to opioids.
- Gender-related factors, including coping responses and social roles, contribute to women’s experiences of pain and medication use.

Women disproportionately experience chronic pain and chronic pain conditions, including: fibromyalgia, migraines, irritable bowel syndrome, rheumatoid arthritis, osteoarthritis, temporomandibular joint disorder, vulvodynia, endometriosis and chronic pelvic pain.

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Prescription Opioids & Women’s Health

- Prescription opioids affect people differently. Some opioids are processed more efficiently by females, and others by males, due to differences in hormones, body weight, fat distribution and liver enzyme activity.
- Despite pain relieving qualities, women also report side effects of using opioids including sedation (feeling drowsy or sleepy), nausea, vomiting, constipation, depressive symptoms, increased suicidal ideation, and memory loss. Further side effects include decreased libido and negative impacts on functioning, driving, working, and ability to socialize.
- Adverse effects of prescription opioids may be exacerbated by menstrual cycles, age, mental health conditions and other substance use (e.g., alcohol, tobacco, cannabis).
- At higher doses, the sedative and depressant effects of opioid medications can be dangerous, leading to drowsiness and breathing slowing down, which can cause coma and death.
- Prescription opioids are most effective when used short-term. The body builds up tolerance when they are used long-term, which causes a need for an increased dose to feel relief.
- Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety, and depression. Changes in your hormones may affect your period and libido.
- Long-term, frequent use of opioids to treat headaches can also result in “medication overuse headache”, a headache caused by overuse of headache relief medications.
- Prescription opioid medications can be dangerous when taken in large quantities or misused. Indicators of misuse include:
 - Using opioids with alcohol, benzodiazepines (e.g. clonazepam and lorazepam), or other medications with sedative effects
 - Taking more medication than prescribed or taking medication that was not prescribed for you
 - Changing how your medication is taken (e.g. changing the route of administration)



- When reducing opioid use, it is important to ‘taper’ or gradually reduce your dosage to avoid severe withdrawal. Collaborate with a trusted healthcare professional to develop a personalized tapering plan for a safe and effective transition.
- Opioid Agonist Therapies (OAT), such as Suboxone or methadone, can help prevent and stabilize symptoms of withdrawal, reduce opioid cravings, and can continue to offer pain relief.

Prescription Opioids for Chronic Pain Management

- There are many reasons why women use prescription opioids for pain management, including experiencing insufficient relief from alternative options.
- Women report several benefits of using prescription opioids for chronic pain management including:
 - Pain relief
 - Improved quality of life
 - The ability to return to day-to-day tasks (e.g., work, exercise, social plans, parenting, etc.)
 - Improved mental health outcomes from having opioids as one of their available pain management options
- It is important to consult a healthcare provider to ensure that your medication and dosage is right for you.

Comprehensive Pain Management for Women

- Women’s pain management is most effective when it is empowering, trauma-informed, holistic, and tailored to consider women’s needs and unique experiences of pain.
- Comprehensive and multifaceted treatment plans for chronic pain are integral to prolonged pain management options may include:
 - Medical or surgical interventions
 - Psychological support (e.g., cognitive behavioural therapy, psychotherapy, and mindfulness practices)
 - Physical therapy, chiropractic care, massage, and other allied health services
 - Lifestyle strategies (e.g., dietary choices, sleep, and exercise)
 - Cultural practices, such as traditional chinese medicine, smudging, etc.
 - Social practices such as peer support, community programs, or meaningful friendships or relationships.

More Resources

- [8 Most Evidenced Treatments for Women’s Chronic Pain](#)
- [Pain Management Strategies for Women with Chronic Pain](#)
- [Women, Chronic Pain & Prescription Opioids: 8 Key Issues and Ideas for Action](#)
- [Women and Chronic Pain Conditions](#)

Download these resources at cewh.ca.

References

- Brennan, M.J. (2013). The Effect of Opioid Therapy on Endocrine Function. *The American Journal of Medicine*, 126(3A), S12-S18.
- Darnall, B. D., et al. (2012). Medical and psychological consequences of long-term opioid therapy in women. *Pain Medicine*, 13, 1181 – 1211.
- Hadlandsmyth, K., et al. (2018). Patient Perspectives on Opioids: Views of Inpatient Veterans with Chronic Pain. *Pain Medicine*, 20(6), 1141–1147. <https://doi.org/10.1093/pm/pny136>
- Health Canada. (2021). An Action Plan for Pain in Canada. Ottawa, ON: Health Canada.
- Keogh, E. & Boerner, K. E. (2023). Challenges with embedding an integrated sex and gender perspective into pain research: Recommendations and opportunities, *Brain, Behavior, and Immunity*. <https://doi.org/jbbi.2023.12.027>
- Ljungvall, H., et al. (2020). “My life is under control with these medications”: an interpretative phenomenological analysis of managing chronic pain with opioids. *BMC Musculoskeletal Disorders*, 21(1). <https://doi.org/10.1186/s12891-020-3055-5>
- Melgar Castillo, A. I. (2021). “It just stopped”: Veterans’ experiences of opioid discontinuation (Order No. 28495620). Available from ProQuest Dissertations & Theses Global; Publicly Available Content Database. (2531554970). Retrieved from <https://www.proquest.com/docview/2531554970>
- Paterson, C., et al. (2016). Resisting Prescribed Opioids: A Qualitative Study of Decision Making in Patients Taking Opioids for Chronic Noncancer Pain. *Pain Medicine*, 17(4): p. 717-727.
- Pisanu, C., et al. (2019). Sex differences in the response to opioids for pain relief: A systematic review and meta-analysis. *Pharmacological Research*, 148, 104447.
- Ritchie, C. S., et al. (2020). Unintended Consequences of Opioid Regulations in Older Adults with Multiple Chronic Conditions. *The Gerontologist*.

View our full methodology and references from the *Women’s Chronic Pain and Prescription Opioid Use* project [here](#).