

# Living with Cancer and Opioid Use Disorder

## Information Workbook for Patients

### What is Palliative Care?

Palliative care is an approach that aims to reduce suffering and improve the quality of life for people living with a serious illness.

### What is Opioid Use Disorder?

Opioid Use Disorder (OUD) is a medical term used to describe an illness in which an individual's opioid use leads to distress and problems in their social, work, and/or home life.

### What is Opioid Agonist Therapy?

Opioid agonist therapy (OAT) is used as a treatment for opioid use disorder and involves medications that mimic the effects of opioids.

# Checklist of Opioid Agonist Therapy

Have you tried or are you currently taking:

Opioid Agonist Therapy	When were/are you on this?	What was your highest dose?	Did you find this helpful?
Methadone			
Suboxone			
Kadian			

# Checklist of Pain Medications

Pain medication	Are you/have you taken this? (Y/N)	Did you find it helpful? (Y/N)	Are you currently using this? (Y/N)
Hydromorphone			
Tylenol 3			
Tylenol regular/ extra strength			
Advil/Ibuprofen/ Aspirin			
Gabapentin			
Pregabalin			
Duloxetine			
Amitriptyline			
Nortriptyline			

## Mental Health

Do you have any other mental health conditions or concerns? (Yes/No)  
If so, please specify what you have:

Are you currently taking any medication for your mental health? (Yes/No)  
If so, what are they?

Have you gone to counselling/therapy? (Yes/No)  
If so, did you find it helpful?

## Substance Use

Do you use other substances to help your pain feel better? For example, heroin, meth, marijuana, alcohol. If so, what do you use and how much?

# Health Care Team

My care team consists of:

Family doctor: \_\_\_\_\_

Addictions doctor (who prescribes me Methadone/Suboxone/Kadian): \_\_\_\_\_

Oncologist (who I see mainly for my cancer): \_\_\_\_\_

Surgeon: \_\_\_\_\_

Other doctor (please specify for what reason): \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Case manager: \_\_\_\_\_

Any other person you feel is important to your health: \_\_\_\_\_

**Ask your healthcare provider about other ways to manage your pain and symptoms.**

**What do you understand about your cancer? Do you have any questions?**

## Advance Care Planning

What would you like to know about your illness?

What kind of information would help you make decisions about your future?

What is most important for you to have a good quality of life?

What are you afraid of about your illness?

What kinds of medical care do you not want?

What do you think it would be like to share these thoughts with your family?

Who would you want to make health-care decisions for you, if you cannot speak for yourself?

## **Resources:**

Inspire Health  
Call (Toll free) 1-888-734-7125

Supportive care provided includes: guidance on diet, stress reduction and emotional counseling, decision making, exercise, and personal coaching.

[www.InspireHealth.ca](http://www.InspireHealth.ca)

After Hours Palliative Tele-Nursing Service  
Call (Toll-free) 8-1-1, or for the deaf and hard of hearing, call 7-1-1.

## **Thank you for completing this**

This guide is meant to help you and your healthcare team achieve better health and care. If you have any feedback on how this information sheet can be better, please feel free to let your provider know.