

Medication for pain management



Information for patients
MSK Outpatients



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Healthcare professionals use the term analgesia to describe medications used to help manage the impact of pain symptoms. We will be using the word analgesia here too.

Most people with chronic (long-lasting) pain will have taken medication at some point to try and help them cope. Some people will continue to use medication regularly but others may not take them at all. Attitudes and experiences vary between individuals. There is no right or wrong and you will not be judged either way.

This information is designed to support your understanding in making the right choices for you.

Realistically how much pain relief can I expect from medication?

Analgesia will not completely remove all of our pain, therefore it is important we practice and use other coping strategies alongside. Over time you may be able to reduce the amount of analgesia and use alternative strategies such as relaxation, activity pacing, distraction techniques, etc.

Please do not stop taking, or alter, medication without guidance from your GP or healthcare professional within the pain clinic. It can be harmful to stop taking medication suddenly without slowly reducing step by step.

Do you have strong views on medications? It may be helpful to think about your analgesia use; what you are taking, how often you take it and why. For example, how often you take analgesia can affect how it works for you and is particularly important during a 'flare up' of pain symptoms.

Advantages and disadvantages of analgesia

There are pros and cons to taking analgesia; these may be different for each person. The obvious advantage is that it may give you some relief from your pain, which in turn may help you cope, increase activity and improve sleep. However, most of these medications can also come with unpleasant side effects that can interfere with your day to day activities; for example drowsiness, feeling sick, weight gain and constipation. Sometimes these side effects are severe and may outweigh the benefit of the medication. If you have been on a medication long-term, these side effects can sometimes go unnoticed and become 'normal'.

It has been shown that on average analgesia reduces pain by approximately 30%. Healthcare professionals may review your analgesia by asking what level of pain relief you are getting, whether you are having side effects and what would happen if you did not take this medication. For some people, reducing analgesia can reduce the unpleasant side effects and in fact not increase pain levels. Alternatively some people find that pain levels do increase a little but this is manageable and preferable to experiencing side effects. Commonly we find that people report that their thinking becomes much clearer and they are less drowsy during the daytime.

Examples people have given from our previous pain management programmes of potential advantages and disadvantages:

Advantages

- Pain relief
- Sense of control
- More movement and activity
- Can help stay in work
- Help sleep
- Help mood

Disadvantages

- Drowsiness
- Constipation
- Skin rash
- Dry mouth
- Infertility
- Dizziness
- Sweating
- Headaches
- Weaker bones
- Blurred vision
- Nausea / sickness
- Tastes horrible
- Loss of appetite
- Hormone imbalance
- Sleep disturbance
- May prevent driving
- Memory problems
- Irregular periods
- Decreased libido
- Heartburn / acid reflux
- Weight gain or weight loss
- Not that effective with limited pain relief
- Tolerance and dependence
- Increased pain (hyperalgesia)
- Difficulty concentrating
- Kidney / Liver function affected
- Reduced immunity and increased infections
- Stomach irritation and ulceration
- Breathing difficulty at night
- Anxiety / depression / agitation

Perhaps you can add to this list with your own experience of analgesia?

Different types of analgesia

There are different types of analgesia that can be prescribed or bought over the counter. They can have different actions and effects and work for different 'types' of pain.

Simple analgesia

- **Paracetamol**

These can be useful in most types of pain. Some people may think that because these medications can be bought over the counter they are less effective than medication obtained with a prescription. This is not necessarily true as they are helpful for many people and do not have as many side effects as stronger analgesia.

Weak opiates

- **Codeine, Dihydrocodeine, Co-Codamol (combination of Paracetamol and Codeine), Co-Dydramol (combination of Paracetamol and Dihydrocodeine), Tramadol**

These are stronger medications for general aches and pains. Unfortunately these can cause common side effects such as drowsiness and constipation. They have a maximum daily dose before they become toxic to the body. Also be aware of any other products, such as cold and flu drinks or tablets, which may have Paracetamol in them if you are taking a combination medication.

Strong opiates

- **Morphine (e.g. Zomorph, Oramorph), Buprenorphine (e.g. Butrans or Transtec patches), Fentanyl (e.g. Durogesic patch), Oxycodone (e.g. Oxynorm, Oxycontin)**

These are the strongest group of opiate-based medications and are **not** prescribed routinely in chronic pain conditions. They can come in several different forms such as tablets, liquid or patches. They can also be short-acting or long-acting. They can cause a number of side effects and have the potential to become addictive. After careful consideration, your clinician may advise their short-term use to overcome a flare-up, after which they should be gradually reduced with advice from your GP or pain clinic. Please see section on 'Information on opiates' for further information.

Anti-inflammatory

- **Ibuprofen (Nurofen), Naproxen, Diclofenac**

These work by reducing inflammation. They can come in tablet form or in gels which can be applied directly to the affected area as appropriate. There are several conditions that cause inflammation in the body that are treated with these types of medications. However, they can commonly cause stomach irritation or ulceration and kidney damage, therefore should be taken with caution. Anti-inflammatories can aggravate asthma, therefore are not recommended unless approved by your GP.

Anti-convulsants

- **Gabapentin, Pregablin**

These medications are used to treat epilepsy but are also used to relieve nerve pain. They work on the nervous system to reduce the amount of activity in the brain and nerves. Common side effects are drowsiness and weight gain. These tablets became 'controlled drugs' in 2019 as they can be addictive. They are therefore being prescribed with great caution. When these are used in combination with other pain medications, anti-depressants or alcohol, they can lead to more complications and should only be taken with guidance from a medical professional.

Anti-depressants

- **Amitriptyline, Duloxetine**

These may be given to relieve nerve pain. Amitriptyline may cause drowsiness so is usually started at night and can also help with poor sleep. It often can leave a 'hangover' effect in the morning, therefore we advise that it should be taken earlier in the evening and try to find what works best for you.

Duloxetine can be taken twice a day after initially being started at night and assessed for side effects. When these medications are used in combination with other pain analgesia or alcohol they can lead to more complications and should only be taken with guidance from a medical professional.

Information on opiates

Recently there has been a lot of news stories and discussion on the use of opiate medication. You may have heard the term 'opiate crisis'. This refers to the increasing numbers of people who are becoming addicted to opiates and are requiring medical care for side effects and addiction. See 'Tolerance, dependence and addiction' section for more information on these terms.

Previously opiates were prescribed more routinely. Research now shows that opiates can be harmful, addictive and not as effective as once thought.

Opiate-based medication can be useful in acute pain as it is short-acting and may help to reduce pain temporarily. The human body becomes used to opiates and will require more and more to achieve pain relief. There is a 'ceiling' dose of opiate medication which has been shown to have no effectiveness after this is reached, and therefore the medication will no longer be beneficial.

'Hyperalgesia' can also occur. This is when taking higher doses of strong opiate medication can in fact be the cause of more pain.

Regular reviews of opiate medication should be performed by your GP. Discussion over its use and slow reduction can be productive and beneficial long-term.

For more information you can look online at the following website:

After more than a decade and half of trying, unsuccessfully, to deal with her pain through opioids, Louise finally decided that one way or another, she was going to have to manage her pain another way ...

In Louise's words:

"I got my life back – I'm living proof that there really is life after opioids!"

- <https://my.livewellwithpain.co.uk/resources/video-and-audio/life-after-opioids/>

Driving with medication

If you are taking analgesic medication that affects your alertness and you drive whilst affected, you may be liable to prosecution. The driving laws have changed in the UK in 2015 and if your medication compromises your ability to be alert and responsive when driving, you could cause an accident injuring or even causing death to yourself or others.

If you are taking your analgesic medication as prescribed and your alertness is not affected, you are safe to drive without the risk of prosecution. If you are taking more than your prescribed dose and are involved in an accident or stopped by the police, you may be found to be breaking the law.

Tolerance

Some people feel that over a period of time analgesics do not work as well as when they first started. This can be due to the body becoming used to, or becoming tolerant to, it. This means the dose would need to be increased to achieve a similar level of effect. However, increasing the dose can increase the side effects and not necessarily increase the pain relief.

If the maximum dose of analgesia is reached with little benefit, it may be time to reduce and try alternative management strategies or, if appropriate, alternative analgesia.

Dependence

After taking analgesia for a long period of time the body can get used to it. If the medication is suddenly stopped, the person can experience withdrawal symptoms such as agitation, shaking, sweating and cramps. This does not mean the person is addicted but that the body has become 'dependent' on that drug. This can be overcome with gradual reduction under medical supervision.

Addiction

This can be a common worry for people. Addiction is when you are taking a medication not for its main purpose, ie to reduce the pain levels, but instead are wanting a 'buzz' or 'feeling high / drowsy' from the side effects. If you feel you cannot manage without your medication because of your pain levels, it is unlikely you are addicted but you may be tolerant to the analgesia. However, we must tread carefully as addiction can go unnoticed and have many more physical and psychological effects long term.

CBD and cannabinoids in chronic pain

Cannabinoids (the term used to describe cannabis based medications) have been used in medicine around the world for many years. You may have heard discussion on its use in chronic pain conditions. There has been considerable research into its use in pain conditions such as Arthritis, Cancer and MS. Currently, the NHS are only able to prescribe Cannabinoids for muscle spasm in MS, Epilepsy in children and sickness related to chemotherapy. A review of the research conducted so far has left a lack of evidence as to whether cannabinoids are useful in chronic pain.

For some people it may relieve pain and may help to relax the body and mind, for others it has had no effect. There is a question as to whether the pain reduced because of the relaxation effect rather than its effect on the pain itself.

There is very strong evidence that the use of cannabinoids increases the risk of psychological deterioration, mental health crises and psychosis. This is why we do not recommend self-medicating with cannabis based products.

How and when to take analgesia

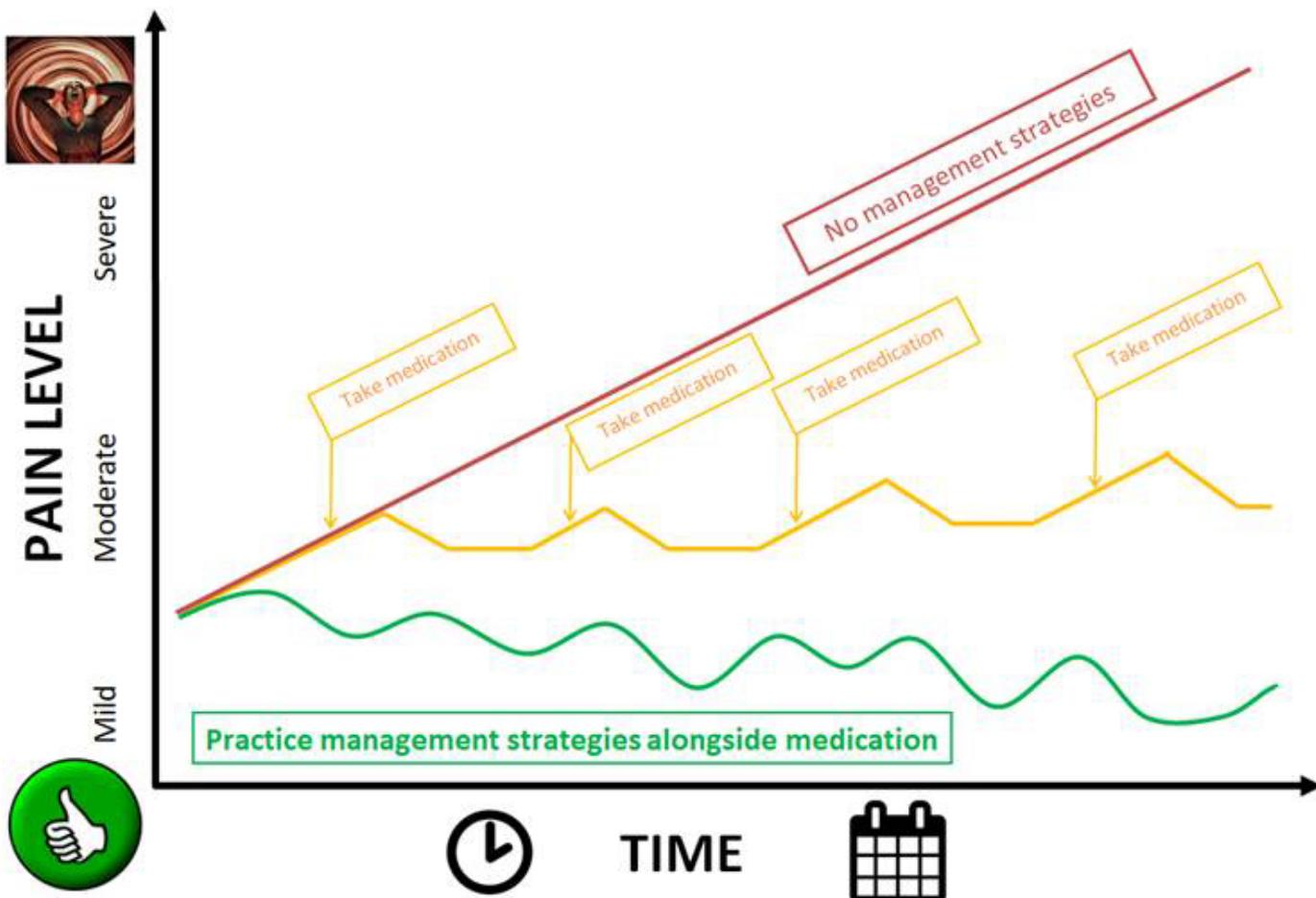
“Should I take my analgesia regularly or only when I need it?”

The answer varies for each person and their management of pain during good days, bad days and flare-ups. There is a limited amount of medication that can be helpful to chronic pain.

Taking some types of analgesia only when it is needed on bad days may help to manage a flare-up more easily. However, there are analgesic regimes that may require regular intake for therapeutic levels to be reached (when we get the most benefit).

Always follow the instructions from the medical professional prescribing the medication and seek advice if you would like to change how you take analgesia.

Medication is a management strategy in itself, as it does not cure the pain but may be useful alongside other coping strategies to manage the pain.



Summary

- Do not rely solely on medication; remember to use other coping strategies alongside medication. Analgesia is only one way of managing chronic pain.
- No analgesia will completely get rid of your pain.
- Your analgesia routine should be tailored to best suit your needs. What works for one person may not necessarily be the most appropriate for another.
- Be aware of what you are taking and why. Regularly review your own analgesia habits and seek medication reviews annually from your GP.
- Weigh up the advantages and disadvantages before taking analgesia.
- If you are taking regular analgesia, it may be that this is the best way for managing **your** pain. In fact during periods of intense pain, 'flare-ups', it is sometimes advisable to take regular analgesia.
- Be aware that alcohol can increase the side-effects of medication and is often **not** recommended. Always follow administration advice and avoid taking medication with alcohol.
- Some people do not find medication helps their pain or they may not tolerate the side-effects, and some people simply prefer not to take them. There is no right or wrong. We would recommend that you read information on the subject and make an informed choice, with the advice of a health care professional.



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