Leeds Community Healthcare
NHS Trust

Leeds Community Pain Service

The Pain Management Programme Handbook

Week 3
Pain
Medication

This handbook can be used on the Pain Management Programme or in one to one sessions

Getting the best out of your pain medication

This booklet contains information about:

- **Acute pain and why medication can be helpful.**
- **Persistent pain and why medication is usually not helpful.**
- **Different types of medication.**
- **Driving whilst taking pain medication.**
- **Non-drug ways to help you manage pain.**

What can you expect from your analgesia

Acute pain usually only last a short time and stops when an injury/damage has healed. Acute pain also tends to respond well to pain medication. Persistent pain is much more difficult to treat with most types of medication. In trials most medicines for long-term pain only help about one in every four or five people and on average only give 30% reduction in pain. Analgesia tends to become less effective when used regularly over several months and years.

What other people have said about their pain medication

I take lots of pain killers but I remain in a lot of pain.

I thought pain killers would significantly reduce my pain but it doesn't.

It takes the edge of the pain.

My pain killers are getting less and less effective.

What pain medication are you taking?

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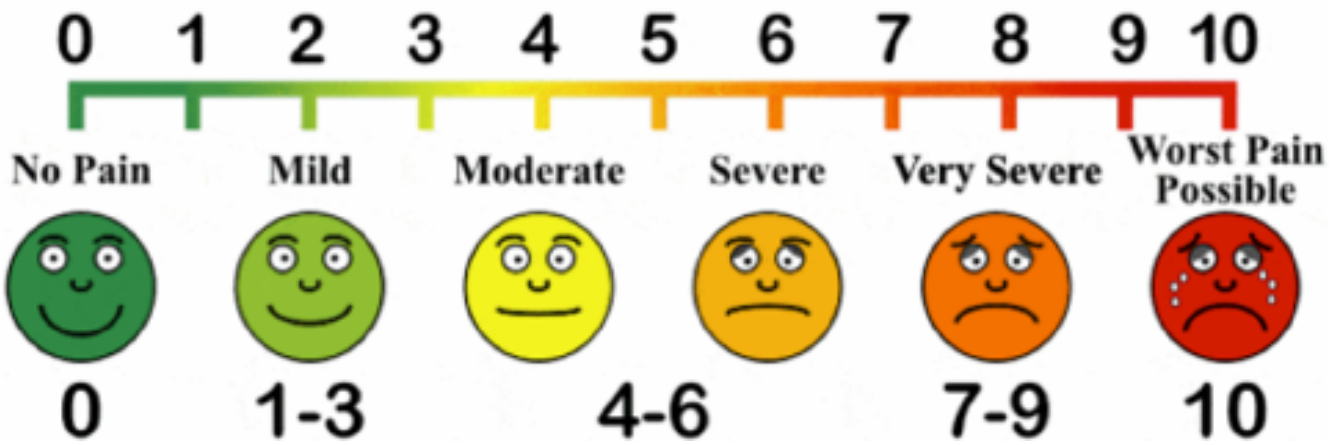
How much relief are you getting from your pain medication?



If you feel your pain medication is ineffective or you would like an review, please speak to your Leeds Community Pain Service clinician, who can book you an appointment to discuss this, we will work with you on:

- Stopping all ineffective pain medication
- Discussing pain medication options
- Being realistic about what we can achieve with medication
- If you do find an analgesic that works we will make a plan to try to reduce tolerance and keep analgesia working for as long as possible

Types of medications used in persistent pain

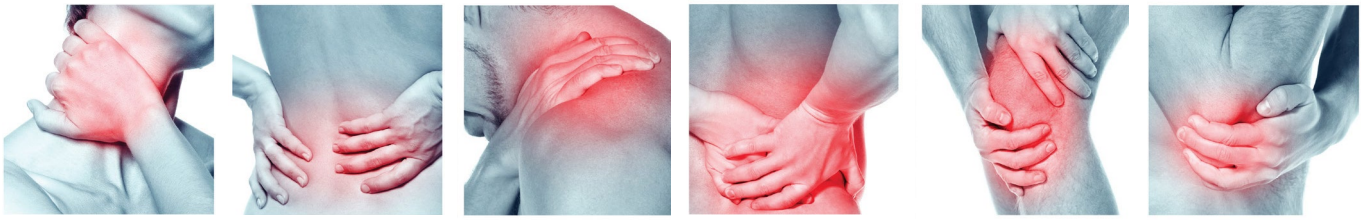
Here is some information about the various types of analgesia that you may be prescribed.

Not all analgesics are suitable for everyone, therefore we would recommend that you speak to a medicines management nurse or physiotherapist in the Leeds Community Pain Service or your GP or pharmacist for advice before starting or stopping analgesia.

Paracetamol

Can be useful for some people with persistent pain.

You should check with your pain specialist/GP that is safe for you to take Paracetamol, especially if you have problems with your liver function. The maximum dose is 8 x 500mg tablets in 24 hours: take 2 at a time and leave at least 4 hours between doses. It is not recommended to take the maximum dose every day.



Anti inflammatory medication (also referred to a NSAIDs)

The most common NSAIDs for persistent pain are Ibuprofen and Naproxen and can be useful for some people with persistent pain. You should check with your pain specialist/ GP that is safe for you take these medications. Your GP may not advice NSAIDs if you have a history of digestive problems, heart burn and indigestion, if you have current heart problems, a history of stroke, high blood pressure or problems with your kidney function or if you are taking medication to thin your blood. Sometimes NSAIDs make asthma symptoms worse, although some people with asthma can take them without affecting their breathing. Risks associated with NSAIDs also increase with age and if you smoke. You should not take NSAIDs if you are or think you might be pregnant. NSAIDs can be particularly helpful in a flare up of pain and should be taken at the lowest dose for the shortest time possible. NSAIDs are also often prescribed as gels which can make side effects less of a problem.

Neuropathic/nerve pain medication

What is nerve pain?

- Pain which can happen due to with damage or dysfunction to nerves.
- Nerve pain can feel like: burning, shooting, stabbing, electric shock, pins and needles, numbness and affected areas can very sensitive to even light touch.
- Examples of nerve pain include: sciatica, phantom limb pain, complex regional pain syndrome, diabetic neuropathy.
- People with Fibromyalgia often describe a lot of nerve type pain.

Commonly used medication for nerve pain include: Amitriptyline, Gabapentin, Pregabalin and Duloxetine.

Opioids in persistent pain

Opioids are drugs related to morphine.

Weak opioids include: Codeine, Co-Codamol, Dihydrocodeine, Co-Dydramol
Strong opioids include: Morphine, Oxycodone, Tramadol, Fentanyl, Buprenorphine patches.

Opioids are unhelpful in persistent pain, for most people. You can get used to opioids, so that you need more and more to have the same effect: this is called building up tolerance.

We know that high doses of opioid medicines taken for long periods are associated with several long-term side effects, including addiction and dependence. There is also a chance that taking high doses of opioids will actually make your pain worse. For all these reasons your pain specialist and GP may advise against prescribing opioids for long term pain and they can also support you in reducing opioids.

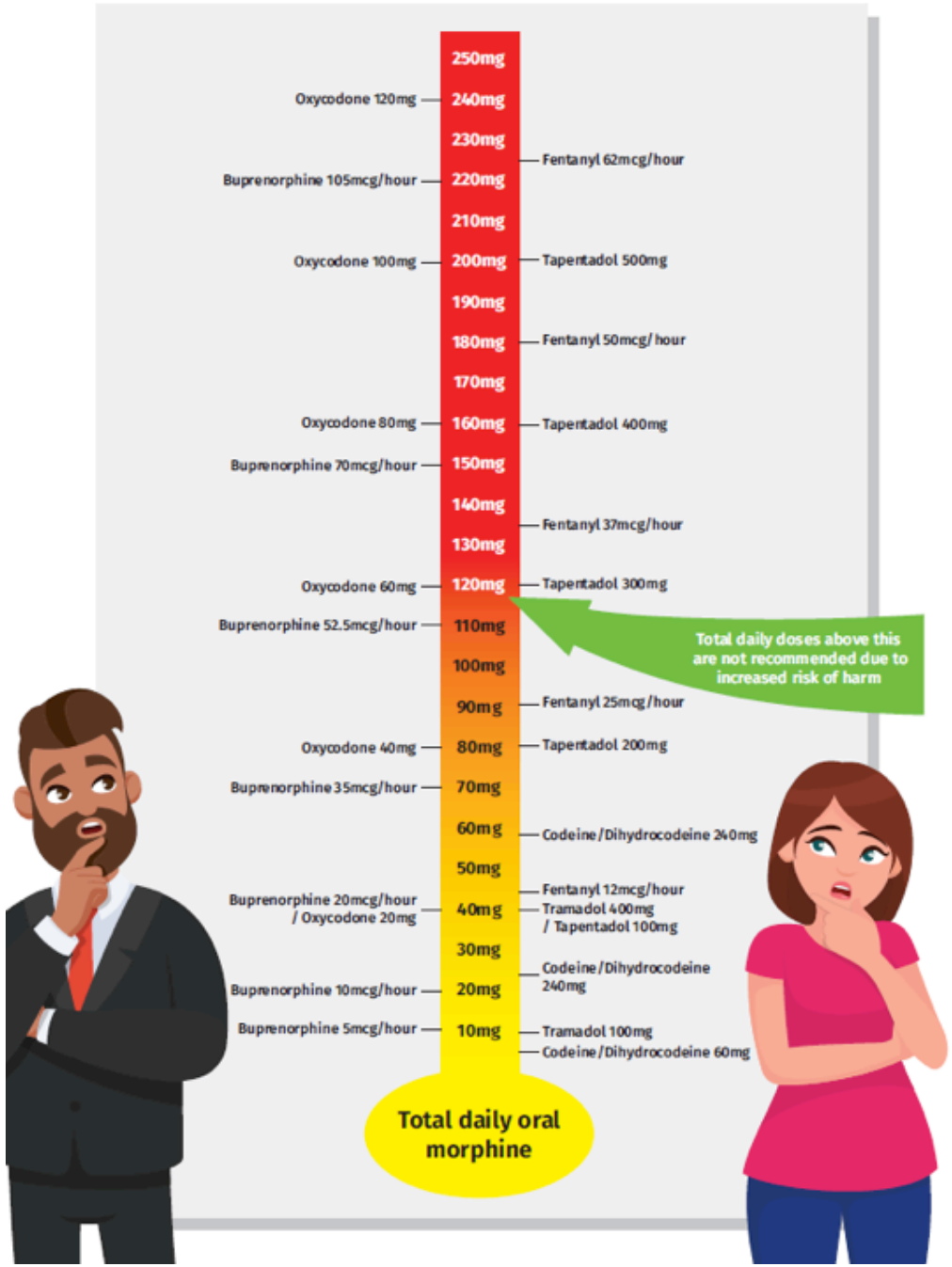
Side effects of opioids can include:

- Constipation
- Drowsiness
- Nausea and vomiting
- Respiratory depression (slow and less effective breathing)
- Disturbance in hormone levels

Key messages:

1. Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain.
2. A small proportion of people may obtain good pain relief with opioids in the long term if the dose can be kept low and especially if their use is intermittent (however it is difficult to identify these people at the point of opioid initiation).
3. The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit: tapering or stopping high dose opioids needs careful planning and collaboration.
4. If a patient has pain that remains severe despite opioid treatment it means they are not working and should be stopped, even if no other treatment is available.
5. Chronic pain is very complex and if patients have refractory and disabling symptoms, particularly if they are on high opioid doses, a very detailed assessment of the many emotional influences on their pain experience is essential.

Ref: Guidelines on opioids from the Opioid Aware website by the Royal College of Anaesthetists **https://fpm.ac.uk/opioids-aware**



Take the temperature
of your opioid painkillers

In persistent pain, using opioid painkillers, such as codeine, tramadol and morphine for more than a few months, has not been shown to be helpful.

As doses increase above the equivalent of 120mg oral morphine per day, there is a much greater risk of harm and little extra pain relief.

Harms can include:

- Muddled thinking
- Dizziness
- Tiredness
- Shaking
- Weight gain
- Mood changes
- Depression
- Headaches
- Vision changes

Opioids can even make pain worse.

So, how much are you taking? Use this thermometer to check your dose.

The higher your dose, the greater your risk of problems. If you take more than one opioid, your total dose will be even further up the thermometer.

Wherever you are on the thermometer, if you have concerns about your medicines or side effects and would like to discuss other ways to manage your pain, talk to your healthcare team.

For more information and ideas on other ways to manage your persistent pain, visit **www.my.livewellwithpain.co.uk**

The opioid thermometer is intended for illustrative purposes and should not be used to assist with conversions between opioid medicines. All equivalences are approximate; there can be significant inter-patient variability.

LiveWell with pain

Drugs and driving: the Law

Taking some pain medications, such as opioids, Pregabalin and Gabapentin can affect your ability to drive. It is important, if you take these medications, to be aware of the following:

- It is **illegal** in England, Scotland and Wales to drive even with **legal** drugs in your body if it impairs your driving. It is also an offence to drive if you have over the specified limits of certain drugs in your blood and you have not been prescribed them.
- Please read and be aware of information at: **https://www.gov.uk/drug-driving-law**

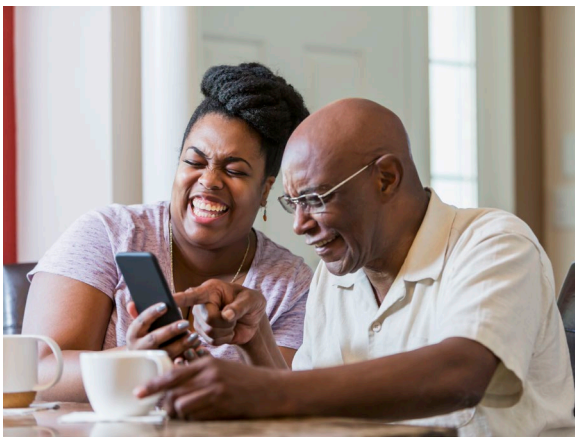
There are a number of non-drug options that we can explore for managing pain:

Here is the good news regarding our own body's natural pain killers, endorphins. They work by binding to the opioid receptors in the brain to block the perception of pain. An increase in the production of these hormones can reduce pain.

Your body can also produce Serotonin, this helps to regulate mood, increase feelings of well-being, pleasure and satisfaction.

Some of the ways that we can start to stimulate production of these 'feel good' hormones are:

Laughter



A good laugh has great short-term effects. When you start to laugh, it doesn't just lighten your load mentally, it actually induces physical changes in your body. Laughter can:

- **Stimulate many organs.** Laughter enhances your intake of oxygen-rich air, stimulates your heart, lungs and muscles, and increases the endorphins that are released by your brain.
- **Activates and relieves stress response.** A good belly laugh fires up and then cools down your stress response, and it can increase and then decrease your heart rate and blood pressure. The result? A good, relaxed feeling.
- **Soothe tension.** Laughter can also stimulate circulation and aid muscle relaxation both of which can help reduce some of the physical symptoms of stress.

Laughter isn't just a quick pick-me-up, though. It's also good for you over the long term. Laughter may:

- **Improve your immune system.** Negative thoughts manifest into chemical reactions that can affect your body by bringing more stress into your system and decreasing your immunity. By contrast, positive thoughts can actually release neuropeptides that help fight stress and potentially more-serious illnesses.

- **Relieve pain.** Laughter may ease pain by causing the body to produce its own natural painkillers.
- **Increase personal satisfaction.** Laughter can also make it easier to cope with difficult situations. It also helps you connect with other people.
- **Improve your mood.** Many people experience depression, sometimes due to chronic illnesses. Laughter can help lessen your depression and anxiety and may make you feel happier.

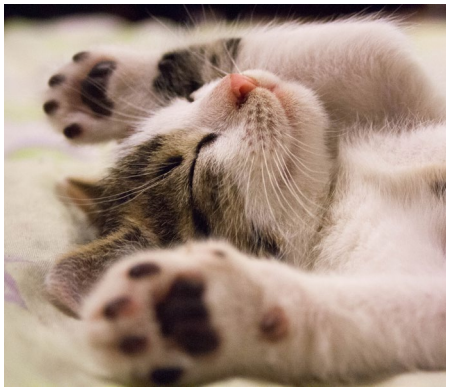
Regular exercise and movement

Exercise releases endorphins and Serotonin. Regular exercise that raises the heart rate also promotes deep sleep. This does not mean we have to go to the gym. We can exercise as part of our daily routine and incorporate gentle movement/ stretches into our day. While you wait for the kettle to boil there are some simple stretches and movements you could do. There are also a number of seated options for exercise. There is evidence to show that Tai-chi is particularly good for arthritis.

Being outside in the day light

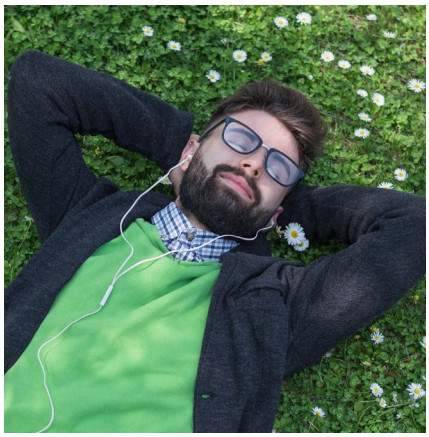
Spending time outside in the daylight increases the release of Serotonin, which can have a positive effect on your mood.

Doing things that make you happy



Sleep

Getting enough sleep is important and is critical for promoting healing – employ a variety of sleep aids; regular exercise that raises our heart rate helps to promote a deeper, better quality sleep.


Relaxation, mindfulness and visualisation

Relaxation releases endorphins and Serotonin.

Regular use of visualisation and meditation also helps to get you to sleep and to get a deeper more relaxed and more refreshing sleep. It is the regular practice of relaxation techniques that is a key factor.

Please look at the following websites for some really useful relaxation tips:

- www.headspace.com>meditation>how-to-relax]www.headspace.com>meditation>how-to-relax
- www.mind.org.uk>tips-for-everyday-living>relaxation]www.mind.org.uk>tips-for-everyday-living>relaxation

Heat and ice

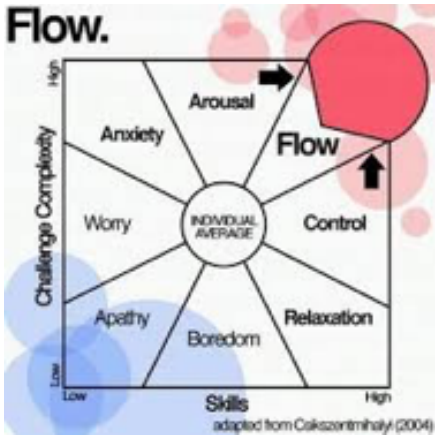
Applying heat can ease discomfort; hot baths, hot water bottles and various types of heat pads, ranging from heat pads that can be microwaved to ones that use battery power and last for a longer period. Superficial heat relieves pain in a number of different ways. It stimulates thermos receptors in the skin and deeper tissues.



Ice – cold compresses can help to reduce inflammation and also may slow nerve impulses, which can interrupt the pain signals. Gel packs. Cold compresses can be used between 15-30 minute time periods up to 2-3 times per day.

Distraction techniques

There are a number of distraction techniques that can help to reduce pain. When we use these techniques we find ourselves in the 'flow' of what we are doing. When we are in the state of 'flow' we become more relaxed and it is a 'mindful' state.



Progressive Muscle Relaxation (PMR) techniques

Progressive muscle relaxation (PMR) – PMR is a safe technique – in double blind randomized clinical trials the use of PMR was found to decrease the intensity of pain. A further study showed that online relaxation techniques were found to be effective in reducing chronic headaches. Phone applications can also be helpful in conditions like chronic neck and back pain. (Posadzki)

Please look at the link below for an audio link of a short muscle relaxation exercise:

- https://soundcloud.com/user-133051214/short-muscle-relaxation?in=user-133051214/sets/mindwell-audio-therapies

Pet therapy

Therapy visits with dogs have been shown in studies to reduce blood pressure and heart rate. In a study therapy dogs went into the waiting room of an outpatients pain management facility. The dog visits were shown to significantly improve emotional distress and promote feelings of wellbeing. Marcus et al (2012)

Music therapy

Research supporting the use of music therapy to increase patient comfort is widely accepted and practised. Music therapy may help reduce pain and anxiety during painful procedures. Redding et al (2016)

Research has shown that listening to music can reduce anxiety, blood pressure, and pain as well as improve sleep quality, mood, mental alertness, and memory.