

Note from Pete Moore

I get many emails from people about pain medications and I am unable to answer. So, I thought it would be useful if to ask a Pain Healthcare Professionals to write a short and easy to understand guide.

IMPORTANT: It always best to discuss to talk to a GP, Pain Doctor, Prescribing Pain Nurse or Pharmacist, BEFORE taking any pain medication (prescribed or over the counter).

Pain medication – a short summary by Dr Lucy Williams, Associate Specialist and Clinical Lead for pain services. Great Western Hospital.

Medication for persistent pain (long-version)

Introduction

Some people living with persistent pain find medication useful. It is rare for pain to be totally eased by drugs, but they can help people to do more and take the edge off the pain.

For others, medication does not reduce the pain enough to make them worth taking or there are troublesome side effects.

Long term use of some drugs, such as opioids, can lead to problems. The pain gets worse despite increasing doses of medicine. The body gets used to the drugs and missing a dose causes a withdrawal reaction. This is usually unpleasant. It can feel like the pain is worse because you have not had the medicine. The long-term side effects of opioids can cause symptoms that can occur with long term pain such as poor sleep and hypersensitivity. This can result in fear of reducing and coming off the medicine, even though it is likely you will feel better with no increase in your pain.

Medicines should always be just one part of a personal approach to managing pain effectively.

What is the best way to take medicines for persistent pain?

There are two main ways that you can use drugs to help with pain. Sometimes a combination of the two is best.

If the pain comes and goes and you are able to get on with your life for much of the day, you can take medicines when you need them. This might be to get you going in the morning or to help you get settled at night. If certain activities worsen the pain, then taking medicine beforehand can help you do things more comfortably.

If pain is present pretty much all the time, it may be better to take drugs regularly or 'by the clock'. If this includes opioids, it is more likely to cause tolerance. Your body will get used to the drugs and they become less effective over time.

Some medicines should be taken regularly as 'preventers'. This includes gabapentin and pregabalin. These drugs do not work like traditional 'painkillers'. They help to damp down excitability in the nervous system that happens with certain types of pain, especially nerve pain.

Sometimes, people might be taking a regular preventer such as gabapentin and then using 'as required' medicines on top for when the pain is worse.

You should discuss the best way to take your medicines with your healthcare professional. You may need to try out a few different things to find what works best.

Types of medication for pain

Although it seems like there are a lot of different drugs for pain, they fall into groups that work in the same basic way. There are also lots of branded drugs which can lead to confusion with which actual drug they contain.

Paracetamol is usually considered as in its own group. In some ways it is similar to **anti-inflammatory drugs**. Paracetamol and anti-inflammatories can be bought over the counter at a pharmacy or supermarket.

Opioids are a large group of drugs that are mainly prescription only. Codeine is available at a lower dose in combination with paracetamol or an anti-inflammatory drug over the counter.

Other drugs for pain are prescription only. Gabapentin and pregabalin work in the same way. Amitriptyline and related drugs can promote sleep and soothe nerve pain.

Paracetamol

Paracetamol is cheap and easily available. Generally, it is safe for long term use, though using more than the recommended daily dose can cause fatal liver problems. For those under 50kg (about 8 stone), you should take a reduced dose. It can also cause medication overuse headache in some people – often those already suffering from headaches or migraines.

Some people think of paracetamol as a weak painkiller, but it can be very useful. If you are older, it may be the only drug you can take safely. It can soothe muscle and joint aches and help sleep. It is safe to take in combination with most other medicines for pain and other medical conditions.

Anti-inflammatory drugs (NSAIDs)

NSAIDS stands for **non-steroidal anti-inflammatory drugs**. These are very useful for pain related to ongoing inflammation such as arthritic joints. They can also be good for headaches and cause less medication overuse headache than paracetamol or opioids.

The most commonly used NSAIDS are ibuprofen, naproxen and diclofenac. There are lots of brands eg Nurofen, Naprosyn and Voltarol. Always check to see the actual drug name. It is important to only take one type of NSAID because of the risks from side effects.

The most common side effect is irritation of the stomach. This can worsen to an ulcer or even cause a stomach bleed. If your GP is prescribing them long term, they will usually give you something to help protect your stomach such as omeprazole.

NSAIDS can cause kidney damage, especially if you are dehydrated or unwell or are on blood pressure medication. You should not take them if you are on drugs to thin your blood such as warfarin or other anti-coagulants.

Serious side effects are more likely to occur if you are older and the longer you have been taking them.

Opioids

Opioids are usually divided into weak and strong opioids, but they all work in the same way. Weak opioids are used for moderate to severe pain and strong opioids are used for severe pain. In recent years, we have learned that these are not good drugs to use long term for persistent pain in most people. They are best used for pain associated with injury or surgery or pain at the end of life. But they continue to be widely used for long term pain conditions. Prescriptions should be regularly reviewed to check if the drugs are still having benefits and to assess for possible unwanted effects.

Common side effects include sleepiness, nausea and constipation. They can affect mood and sleep. They impair the immune system and disrupt hormone systems. This can reduce energy levels and sex drive.

When used for more than a couple of weeks the brain adjusts and resets so that the drug becomes less effective. This is called tolerance. If you suddenly stop taking an opioid, you can get a withdrawal reaction. This is called physical dependence. Addiction is about behaviour and control around taking medication. Not everyone becomes addicted to opioids but with long term use everyone becomes tolerant and physically dependent. This is why it is important to reduce doses gradually over time.

Weak opioids

Codeine, tramadol and dihydrocodeine are all weak opioids. Tramadol is now a controlled drug because of death and serious harm related to its use. These drugs are commonly prescribed after surgery or early on in the course of a persistent pain problem. They are commonly used in combination with paracetamol.

Codeine and tramadol both need converting in the body to the active drug. Not everyone can do this, so they just don't work for some people.

Often, people find that one drug suits them better than another. This can only be discovered by trial and error. For some, long term use of these drugs helps them to manage well day to day. Addiction to weak opioids can occur and is probably fairly common but not recognised.

Strong opioids

Strong opioids include morphine, oxycodone, fentanyl, buprenorphine. They are all controlled drugs. They are available as slow release or immediate release preparations. Fentanyl and buprenorphine are used in patches that stay on for several days. There are lots of different brand names.

All these drugs are powerful painkillers but they don't always work well in the long term because of tolerance and dependence issues. Some people end up on big doses but still have a lot of pain. This is often because both doctors and patients are not aware of the long-term effects of these drugs. The patient can have all the problems of the drugs without the benefits. It can be difficult to recognise that the worsening quality of life is actually because of the drugs not the pain problem getting worse.

A small proportion of patients do get sustained benefit over long periods. Drug doses should be kept low and breaks from medication can help to maintain the effectiveness.

Starting these drugs should always be considered a trial and they should be tapered and stopped if they are ineffective or the dose needs to go up too quickly.

Other drugs for pain (adjuncts)

Use of **gabapentin** and **pregabalin** has increased dramatically in the last few years. They reduce some of the overactivity in the nervous systems that occurs with pain. They are useful for nerve pain but don't work for everyone.

Gabapentin and pregabalin have recently become controlled drugs. They are used as drugs of abuse. A trial of these drugs should consider how much they help and what are the side effect.

Common side effects are sleepiness, nausea, memory and thinking problems.

Amitriptyline is an old-fashioned antidepressant. Its drug cousins are nortriptyline and imipramine. They are usually taken at night because they are sedating and promote better sleep. They are useful for nerve pain but are helpful for a range of pain conditions, especially if disturbed sleep is a big problem.

The main side effects are a dry mouth, constipation and a morning hangover.

Summary

There are fewer drugs for pain than most people realise. It is usually not possible to get rid of pain with medication. Benefits must be carefully weighed against side effects. There are no drugs for pain that are completely free of side effects, but people may find one drug suits them better than another.

If you have any issues with any medication, please contact the, [Yellow Card Scheme](#),

Many thanks to Dr Lucy Williams for putting in information together

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