



Core Clinical Services

North Bristol



NHS Trust

Pain Medication General Information



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Medication and Pain Management: General Information

This information introduces some of the strategies which help people to get the most from their pain medication. Developing a plan for your pain medication is best done as a partnership between yourself and your health professionals, such as doctors and pharmacists. The aim is to find medication which offers some pain relief, with minimal side-effects, to help you to stay active.

Setting up a background level of medication

Many of our patients experience pain all of the time, or most of the time. In this situation, the aim is to find a level of medication which gives some pain relief throughout the day and perhaps throughout the night as well. This background level of medication might not be enough for all situations, but it should help to reduce the "average" amount of pain, and help that person to be more active, and enjoy life.

One way of setting up this background level of medication is to take medication "by the clock", at fixed times. People using a routine like this will have some medication in their system, working to reduce the pain, throughout the day, and perhaps at night as well. They should be able to work out how to have this background level of medication with their GP, pharmacist or pain specialist.

Slow release preparations of some pain medications can help to give this background level. Slow release medications take some time to work but they tend to last longer and provide the round-the-clock control that can be helpful for chronic (persistent) pain. These might be shown on the prescription as MR (modified release), or SR (slow release). People changing to slow release medication will take a little while to adjust to this. A small number of medications are also available in the form of a patch, which might be worn for a few days, to give this background level of pain medication.

Extra medication: “pre-emptive” tablets, and “flare-up” medication

There are two common reasons that someone might want to take extra medication, on top of their background level. The first reason is when they plan an activity which can involve more pain than usual. For example, if they find shopping to be painful, they may choose to take some extra pain medication before going shopping. This is a “pre-emptive” strategy, rather than reacting by taking painkillers after the pain has got worse. They may choose to link this with other pain management strategies, such as pacing and planning. For example, they may plan how much shopping to do, and plan to have a break part way through.

Sometimes, people will have different medication which they use during a phase when the pain gets worse for while. We call this a pain “flare-up”. They might only use this extra medication if they get a few bad days in a row, and then gradually reduce it, with a plan to stop it altogether. This way, they get extra help from the medication when they need it, but don't keep taking extra medication between flareups. This can reduce the long-term risk of side-effects. It can also reduce the likelihood of your body getting used to these medications- this is what we call ‘tolerance’ in medical language.

Of course, there are other strategies which can help during a pain flare-up. Medication is only part of a package of coping strategies. [If you have difficulty in managing flare-ups of pain, you may want to discuss this with your pain specialist, to explore other approaches.](#)

People who are taking pre-emptive medication and/or medication to help with pain flare-ups on a daily basis, but who have no regular background medication, often benefit from working out a plan for background medication. [If you think about this may help you, you can discuss this with your pain clinician.](#)

Types of medication

There are only a few main types (or subgroups) of pain medication. Therefore we are quite limited in the range which can be offered. As a result, many people with long-term pain find that medication is only part of a broader management plan, and that many other strategies are required to manage the impact of the pain upon their lives. It is quite common to find that pain medication "takes the edge off" the pain, rather than bringing about complete pain relief.

These are the main subgroups of medication:

Paracetamol

This is one of the safest pain medications. It is well tolerated by most people, and is often used long-term. It may not offer enough pain relief by itself, but it can be added to other pain medications to offer extra benefit. Sometimes people use paracetamol for a short period, to help them to wean off another type of medication.

NB: Many common cold remedies contain paracetamol. Ask your pharmacist for advice about which cold remedies you can take with your pain medication.

Codeine and mild opioids

Codeine is available as codeine phosphate, which is converted within the body to a mild form of morphine. Codeine phosphate is often the next choice of pain medication if paracetamol is not effective enough. It can be taken with paracetamol. Common side effects of codeine include constipation and drowsiness.

Codeine and other mild opioids are often combined in the same tablet with paracetamol, such as Co-codamol and Co-dydramol. These tablets generally contain 500 mg of paracetamol, together with a smaller amount of the mild opioid. If somebody takes two of these tablets, they should not take any extra paracetamol or medication containing paracetamol within four hours.

Stronger opioids

There are several forms of stronger opioids, such as tramadol, dihydrocodeine and various forms of morphine. These can have a role to play in reducing pain, but they can also have significant side-effects. Somebody taking this form of medication should have a discussion with their pain clinician about the risks and benefits of this kind of medication. There is a helpful booklet produced by the British Pain Society which offers useful information to patients, including information about side-effects. Patients taking this type of medication should not stop it suddenly, but should have a plan to gradually wean off, supervised by a pain specialist or a GP.

Non-steroidal anti-inflammatory drugs (NSAIDs)

These include such medications as ibuprofen, meloxicam and diclofenac. They are used to reduce both inflammation and pain, but most people take them because of their pain relieving effect. If an NSAID helps reduce a person's pain, it does not necessarily mean that the pain is caused by inflammation. This form of medication is commonly used alongside paracetamol, and/or a mild opioid, so that they combine the benefits to offer better pain relief. There are potential side-effects, including stomach problems such as ulcers. Somebody using this kind of medication long-term should be taking an extra form of medication to protect their stomach, and could discuss this with their pain specialist, GP or pharmacist. **Generally these medications should not be taken on empty stomach in order to reduce the risk for developing complications like stomach ulcers.**

NSAIDs are available in a gel, which can be rubbed on the affected part. These are often better tolerated than the tablet form. However, somebody should not use the gel in addition to anti-inflammatory tablets.

Tablets to relieve nerve pain and help with sleep

There are some people who have nerve-type pain which can be helped by a very weak dose of medications such as Amitriptyline, Nortriptyline or Dosulepin. These medications are classed as anti-depressants, but are used to reduce nerve pain. The low doses which are used for pain relief are far too weak to work as an antidepressant, so we know that they have a different way of working for people with pain. These kinds of tablets are usually taken an hour or two before bedtime. Because they can help people to sleep, they may also be prescribed to somebody without nerve-type pain, who has difficulty sleeping because of pain. Common side effects are drowsiness in the morning, and a dry mouth. These drugs take a few weeks to help with pain, though sleep can improve rapidly. These drugs are generally safe even if used on a long term basis and side effects like drowsiness and dizziness generally settle within a short time.

Specialist medication for nerve pain

There is a small group of medications which are used for nerve pain, such as Gabapentin, and Pregabalin. If appropriate you will receive further information on this.

Medication for muscle spasm

There are a few medications which can be helpful to reduce muscle spasm, and these are sometimes used during a flare-up of pain, for example, when muscle spasm can be more of a problem. However, there can be significant side-effects to some of these medications, so they are not used routinely. They are intended for short term use only.

Reducing your medication

If you would like to make a reduction in one of your medications, you should discuss this with your pain specialist, GP or pharmacist. There are several reasons to consider reducing medication:

- To reduce side-effects.
- To check whether a medication is still working.
- Because medication was increased during a flare-up which is now easing.
- Because a medication may have become less effective over time (if the body has become tolerant to it).

Planned reductions are often easier to make for people who use a background medication. This can be a strong reason for setting up a routine for medication, to take it "by the clock" rather than just responding to the pain levels.

General advice about medication

Our view is that the patient should be a partner in working out the best pain medication strategy, together with their healthcare professionals. Only the patient knows how their pain is responding to their medication. Only the patient will know what the most helpful dose is, and whether any side-effects are acceptable, or unacceptable. Often, there is a process of thoughtful adjustment to get the best medication plan for an individual.

If you can develop a routine or strategy which you can write down, and show to your pain clinician or GP, then they will find it easier to help you to adjust it. This is particularly important if you would like to make any gradual reductions in your pain medication.

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
[Last Accessed March 2010]

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How to contact us:



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www.nbt.nhs.uk

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.