

Pain Management Programme: medication handout

Pain Management

Information for Patients

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Introduction

This leaflet is to be used together with the medication talk on the [pain management programme](#). There are many treatment options available to help you to manage your pain better. These include:

- Medication (pharmacological)
- Physical and behavioural treatments.

Medication or pain relief approach is the most widely used, but your pain relief should not be the only focus of treatment. They should be used when needed with other strategies, some of which you have been learning whilst on the programme.

Medications for pain can be in the form of tablets, creams, gels and patches.

- Think of all the pain relief that you take for your pain. Include any that you have taken in the past.
- You may have a long list
- Have you tried stopping any of them?
- If yes, does the pain get worse or stay the same?

Go through your list 1 pain tablet at a time. Think about how much relief you get from the tablet. Some patients find that if they stop the tablets or reduce them the pain is the same and does not get any worse.

It is important to realise that:

- The perfect pain killer does not exist.
- Some pain killers work a bit, whilst others work well but can give you nasty side effects.

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- Some people do not get any relief from pain killers.
- Stronger pain killers do not necessarily give you any better pain relief.
- You should have a review of your pain killers regularly to check how effective they are.
- You should never take more than the prescribed dose.
- You should not stop your pain killers suddenly, but reduce them slowly.

Pain killers fall into groups depending on their strength. Let us look at the different types of tablets. You may be aware of some of the tablets. The list includes the most common types of pain killers.

Group 1 - Weak pain killers (non opioid)

- Paracetamol
- Non steroidal anti - inflammatory drugs. These drugs reduce inflammation and include:
 - ◊ Brufen / ibuprofen / Nurofen/ diclofenac/ naproxen /meloxicam

Group 2 - Moderate pain killers (weak opioid)

- Codeine or Dihydrocodeine
- Any paracetamol and codeine combination (co-codamol, Solpadeine, Zapain)

Group 3 - Strong pain killers (strong opioid)

- Tapentadol
- Tramadol or tramacet
- Butrans
- Morphine or oramorph
- Zomorph
- Oxycodone
- Fentanyl

Other pain killers

If you feel that the tablets take away some of your pain, this may be because some tablets work very well on muscle pain but not on nerve pain or spasm.

- Think about the drugs you take for your pain not listed above.
- These drugs are called **adjuvant drugs** because they work with your other pain killers to help your pain relief.

If you would like reduce or have a review of your medication this can be arranged on when you finish the programme. To book in for a medication review just ask 1 of the team.

The most common adjuvant drugs used to treat pain are.

- **Antidepressants such as Amitriptyline, Duloxetine, Nortriptyline**

- **Anticonvulsants (anti-epileptic) such as** Gabapentin, Pregabalin
- **Muscle relaxants such as** Buscopan, Baclofen, Diazepam
- The above drugs are given for other conditions such as depression, epilepsy or muscle spasm.

Please note that you have not been given these drugs because your doctor thinks you are depressed or epileptic. It is because in different doses these drugs can help to treat pain.

Side effects

Most people will get side effects with tablets. Think about the side effects you get with your pain killers.

Your list may include:

- Drowsiness
- Dry mouth
- Constipation
- Stomach problems including ulcers & indigestion
- Confusion or lack of coordination
- Nightmares
- Heart problems
- Kidney problems
- Weight gain
- Fluid retention
- Feeling sick
- Headaches
- Dizziness
- Loss of appetite
- Tolerance to the medication
- Sexual dysfunction or impotence
- Breathing depression
- Worsening of asthma
- Withdrawal symptoms
- (Addiction) psychological dependence

Some people are unable to continue with their tablets because of the side effects. Some will have to take a different tablet to reduce the side effect.

This means that they are then having to take more tablets.

Other issues

We now know that strong pain killers do not help long term pain. If taken over a long period of time, they may result in serious health issues as well as side effects.

There can be problems with tolerance, dependence and addiction.

- **Tolerance** is when analgesia becomes less effective over time. Your body has got used to the pain relieving effects and so it no longer works.
- Your body can also become **dependent** on your tablets, so that if you stop taking them suddenly you get symptoms of withdrawal. You may have noticed some of the symptoms below if you have missed a dose of your pain killers.

Signs of withdrawal include;

- palpitations
- sweating
- goosebumps
- stomach cramps
- Feeling uneasy (anxiety)

Sometimes, people in pain can become **addicted** to their pain relief. This can make them feel out of control about

- how much medicine they can take or
- how often they can take it.
- they crave the medicine, or carry on taking it even when it is not helping the pain or it is making them feel ill or depressed.

If you feel you are having any of the above, please speak to your doctor or a member of the Pain Management Programme team.

Driving and Opioids

In 2015 a new drug driving law was introduced. It introduced a limit above which you should not drive.

You should not drive for at least 5 days;

- when you first taking strong painkillers
- if you are changing the dose of strong painkillers, sometimes for longer

Other times that you should not drive are

- if you feel drowsy
- if you have drunk alcohol
- if you have extra doses of strong painkillers for pain

- if you are starting other drugs prescribed by your doctor or bought from a chemist that may cause drowsiness.
- after taking strong medications which have not been prescribed by a doctor like cannabis
- anything that makes you less able to make a sudden emergency stop with your vehicle

When can I start driving?

If you are not drowsy after you have been taking strong painkillers for 5 days, you can start driving again. Your first trip should be;

- short
- on roads that you are used to
- at a time when the traffic is not too busy

You should never drive if you do not feel comfortable enough to do so. This is regardless of the other drugs you are taking. Examples of drugs that can make you feel sleepy are amitriptyline and gabapentin.

In summary

- There is no cure for chronic pain
- The perfect pain killer does not exist
- It is okay to take pain killers if they are helping to relieve your pain and improve your mobility
- Medications can mask the pain but rarely cure it.
- Medication can reduce the pain in some people but we are all different.
- If your pain killers do not work, look for other ways to manage your pain.

Contact details

The Pain Management Programme Team 0116 258 4803

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Previous reference:

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