

## **Managing Pain. What you need to know.**

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### **What is pain?**

The World Health Organisation Pain defines pain as ‘an unpleasant sensory and emotional experience resulting from tissue damage or expressed in terms of such damage’. However not all pain is the same. In practise it is often divided into acute and chronic.

### **Acute (short-term) pain**

Most of us have had occasional headaches, muscle or joint pain, or in women, period pain; short-term pain does not last long and tells the body that something is wrong. It can be treated by painkillers (analgesics) that can be bought “over the counter” (OTC) either from a pharmacy or other shop. This is pain which is self-limiting usually due to a defined problem such as trauma or infection. It is arbitrarily defined as pain lasting less than three months. Generally speaking acute pain is amenable to treatment with conventional painkillers.

### **Chronic (long-term or persistent) pain.**

Unlike acute pain chronic pain does not have an anticipated endpoint. It is often a result of long-term conditions such as arthritis or diabetes but may be a consequence of trauma or surgery. On occasion the cause in purely medical terms may be unclear, however pure psychosomatic pain is rare and patients should not be made to feel that the pain is ‘all in the head’

Long-term pain, sometimes called chronic or persistent pain, is present everyday or comes and goes. Some people with long-term illnesses need to take painkillers everyday to manage this, and long-term pain can often affect quality of life. Patients with chronic pain may have many associated symptoms. Common problems are:

- Anxiety or depression
- Poor sleep
- Chronic tiredness
- Difficulties in concentration
- Interference in routine activities such as work and exercise
- Financial and relationship problems

Unlike acute pain chronic pain is difficult to treat. Drugs are not 100% effective and the side-effects may be significant. For this reason help may be sought from GPs and also on occasion sufferers will be referred to specialist Pain Clinics. Other treatments available at Pain Clinics may include:

- Interventional (injection) treatments
- Physiotherapy and exercise
- Psychological help
- TENS or Acupuncture
- Use of non-conventional analgesics
- Long-term use of opioids (morphine-like drugs)

## **The role of Drugs in Pain Management**

### **There are 3 main groups of painkillers**

- Aspirin, ibuprofen, diclofenac and naproxen come from a group of drugs called nonsteroidal anti-inflammatories (NSAIDs). NSAIDs work by changing the body's response to pain and swelling. They are particularly helpful for acute strains and sprains, muscle and joint pains.
- Opioids. Weak opioids include codeine and dihydrocodeine while the stronger preparations include tramadol and morphine itself. Some of the more recently developed drugs such as fentanyl and buprenorphine come as transdermal preparations, (ie as stick-on plasters which last between 3 and 7 days). Opioids work by blocking pain messages in the brain and spinal cord.
- Paracetamol works in a different way to NSAIDs and codeine. It is particularly helpful in reducing fever and relieving pain.

Because each type of painkiller works in a different way to relieve pain, they may be prescribed in combination. Some products available contain more than one type of painkiller. For example aspirin, paracetamol or ibuprofen can be combined with codeine. It is important not to take two products containing the same active ingredient.

OTC medicines include paracetamol, aspirin and ibuprofen and codeine in combinations up to 8 mgs per tablet. All other medications require a prescription.

In addition other types of drug including anti-depressants or anti-convulsants (anti-epileptics) may be used in chronic pain management. These drugs are licensed for use in pain management.

### **Side effects of long-term painkillers use**

All medicines can cause unwanted side effects. Used in the short-term these are not generally troublesome but if painkillers are used long-term, then the extent and severity of side effects can increase. Taking the correct dose is important. For example paracetamol is a very safe drug except in overdose, when the liver can become damaged, sometimes permanently. High doses or long-term use of NSAIDs may lead to indigestion, bleeding from the gut, kidney problems, high blood pressure, fluid retention, and slight increased risk of heart attack and stroke. They may also affect blood clotting and worsen asthma in about 10% of asthma sufferers. Aspirin must not be given to children under 16 years because of a very rare illness called Reye's syndrome which can be fatal.

Prolonged use of painkillers containing codeine or dihydrocodeine can lead to constipation, “chronic daily headache” and addiction. Addiction to codeine and dihydrocodeine is rare, if it does occur it is a serious problem and will need medical management. Nowadays patients may be prescribed long-term morphine. These patients need regularly monitoring. Used appropriately these patients are not “addicts” but stopping the medication can lead to a withdrawal syndrome.

### **Dealing with patients in pain**

As can be seen from its definition pain is not a simple sensation but always has an unpleasant emotional component. Patients with pain therefore may be distressed, frightened or angry. This is particularly true of chronic pain where anxiety and depression are common. Patients may request help frequently and seem to be drug seeking although this may just reflect their poor pain control. In the management of chronic pain drugs are seldom the whole solution and a more general pain management approach possibly with specialist help is often needed.

**For more information go to: [www.britishpainsociety.org](http://www.britishpainsociety.org)**