

Medication for Persistent Pain



Please....

Have a pen and paper to hand



Move about and change position regularly to prevent pain build up.



Some things to think about....

- How much pain relief do you get from your medication?
- 10% pain relief? (it takes the edge off)
- 100% pain relief? – (completely pain free)
- Do you get side effects from your medication?
- Are you able to remain active after taking your medication?
- Do your meds still work as well as when you started taking them?



After this session make a list like this....

Benefits of Medication

Problems and side effects



Are you on medication for pain and still in pain?



Understanding Persistent pain

- You may have already watched the presentation “Explain Pain”
- We know that persistent pain / chronic pain is very different from acute pain. Acute pain gets better over time. It often responds well to pain medication taken for a short time.
- Persistent pain continues long past the time when healing has taken place. Persistent pain often does not respond well to pain medication.



What are the different types of pain relief medication?

- Anti Inflammatory (NSAIDs)
- Opioids
- Paracetamol

Other drugs that can be given for pain:

Anti- epileptics

Anti-depressants

Tranquilizers



Anti-inflammatory drugs (NSAIDs)

- **Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.**

Examples of NSAIDs include:

- Ibuprofen
- Naproxen
- Diclofenac (Voltarol)
- Celecoxib
- Mefenamic acid
- Etoricoxib
- Indomethacin



NSAIDs can be helpful

- They can be used for Arthritis
- They can be used for flare-up of chronic pain
- Can be used for rheumatic illness
- They can be used to calm down inflammation
- They can be used for muscle sprains and strains
- They can reduce fever



Problems with NSAIDs

- Stomach upsets, indigestion and can cause stomach ulcers.
- You need to take a stomach protector drug with them if you use them regularly long term.
- Reduced blood flow to kidneys – can cause fluid retention. NSAIDs can therefore increase blood pressure.
- Increased risk of heart attack and stroke.

NSAID Safety

1. Take them with food
2. Take the lowest dose for the shortest time
3. Take NSAID “holidays” - stop using them for a while
4. Use them for flare-up and stop again when the flare-up has passed.
5. Use a stomach protector such as Omeprazole
6. Try a gel or topical cream instead of tablets
7. Stop taking them and see your GP if you have stomach pain or acid reflux.



Opioids

- These are a strong type of medication for pain that are good for short term use for acute pain (short lasting pain) and for end-of-life care.
- However, there is very little evidence that they are helpful when taken long term for chronic pain.

Opioid names

- Morphine (MST, Oramorph, Zomorph, morphine sulphate)
- Tramadol
- Codeine / Co-codamol
- Dihydrocodeine
- Oxycontin / Oxycodone
- Fentanyl

Opioids

- Please take a little time to look on line at the latest information about these drugs.

Royal College of Anaesthetists

<https://fpm.ac.uk/opioids-aware> - patient information

livewellwithpain.co.uk <https://my.livewellwithpain.co.uk/>

You can click on videos and see a film called “life after opioids”



Just have a think..



How long have I been taking opioids?
Have I got used to them? Do they still work well for me?
What side effects do they give me?
Do I get withdrawal symptoms if I run out?
Do I take them to help me sleep?
Am I worried about stopping them?

Some common problems

Have you been taking opioids for a long time?

You will probably have developed tolerance for them and they will not work as well as they used to.

Side effects?

Common side effects include: constipation, nausea, itching, poor sleep, mood changes, tiredness, poor concentration, dizziness, hormonal changes, reduced sex drive.

Worried about stopping them?

You should never stop taking them all of a sudden. This can cause withdrawal symptoms. It is scary to consider taking fewer tablets.

We can help you if you want to reduce or slowly stop, most people feel better and have LESS pain after slowly reducing.



Less pain – fewer pills?

Yes, indeed, especially with opioid reductions.

Why? Opioids in large doses over a long period of time can cause more pain. This is called **opioid induced hyperalgesia** (hyper= lots algesia= pain).

Your pain can become more intense and more widespread. This reduces as the high dose reduces slowly.



Stop and watch

Have a look on YouTube at this quick film!

- Understanding Pain: Brain man stops his opioids
- <https://www.youtube.com/watch?v=MI1myFQPdCE>

What else might be prescribed for pain?

Anti-epileptic drugs such as Pregabalin or Gabapentin.

These drugs can be given for nerve pain. This is pain caused by nerve damage or referred pain. Referred pain can be felt in the limbs but generated in the spine.

These drugs help about 1 in 6 (maybe 1 in 10) people with nerve (neuropathic) pain. Many people won't feel better at all with anti-epileptics and side effects include:

Tiredness, dizziness, poor memory, poor concentration and vision disturbance.

They must not be stopped suddenly. You could get withdrawal symptoms.



Utility of Gabapentinoids

- Not to be taken for low back pain, sciatica, spinal stenosis or migraine – latest research and guidance.
- FM – very little evidence for Pregabalin (1:10) none for Gabapentin.

Are anti-epileptics helping you?

- If your symptoms reduced significantly after starting Gabapentin or Pregabalin, they are working well for you and you don't need to consider making any changes at this time.

Are anti-epileptics helping you?

- Gabapentin or Pregabalin not making much difference to your pain?

You are not alone. Many people, approximately 5 out every 6 people taking these drugs do not get any pain relief.

Side effects usually outweigh the benefits.

You can work with your GP or with The Pain Management Service to **slowly** wean off them.

Do not stop taking them all at once.



Anti depressants

- Some types of anti-depressants are given specifically for pain. These include:
Amitriptyline – taken at night to help pain and make you drowsy so you can sleep.

Duloxetine – might be given if you have fibromyalgia/ wide-spread pain.

Side effects of Amitriptyline

- Constipation
- Dizziness
- Dry mouth
- Feeling sleepy
- Difficulty peeing
- Headache
- Weight gain

Do the benefits outweigh the side effects?



Other antidepressants

Are you taking Sertraline, Prozac (Fluoxetine) , Paroxetine, or other anti-depressants?

There is a complex link between depression and pain.

Being in pain can cause depression.

Being depressed can cause physical pain.

Depression symptoms

Physical symptoms of depression

A person with depression may experience:

- being tired all the time
- feeling sick and 'run down'
- frequent headaches, stomach or muscle pains
- a churning gut
- sleep problems
- loss or change of appetite
- significant weight loss or gain.

Tablets alone are not always helpful

In Dorset, we have specialist psychological support for those with pain and depression. It does not matter which came first – pain or depression, both need managing to feel better.

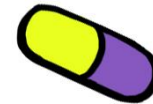
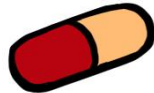


Don't stop taking antidepressants

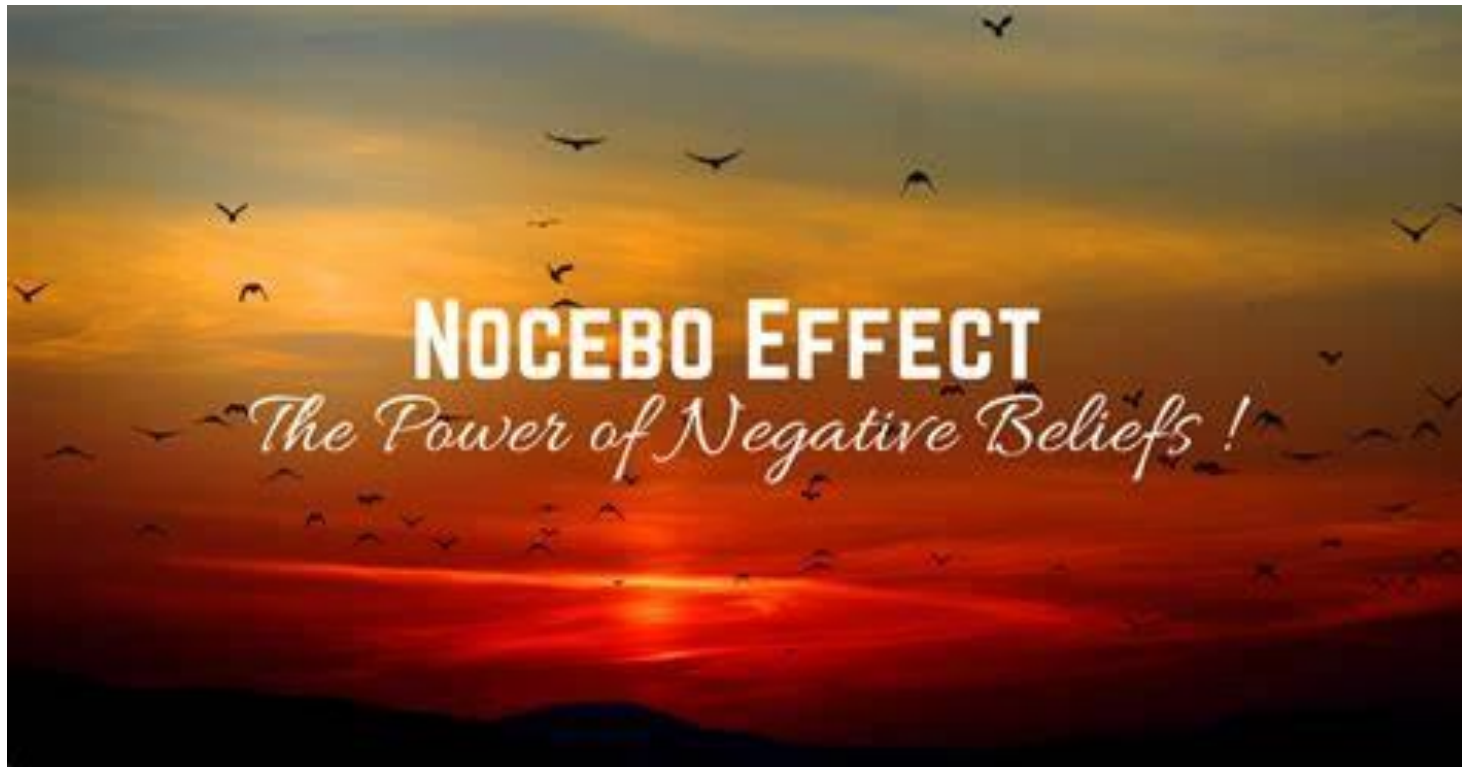
- Please do not stop taking antidepressants without advice and support.

What is placebo?

The **PLACEBO** effect



Nocebo



Remember...

- Pain medication is rarely effective long term for chronic pain.
- If you have high pain levels, despite taking medication, ask for a medication review with one of our Specialist Pain Nurses.
- We can help you cope with pain better, reduce your overall pain levels and reduce your pain medication (if that is your goal).
- You can also request a med review from your pharmacist.



Does diet influence pain?

- Food is our fuel!
- It's important for all of us to ensure we are getting a balanced diet and there is growing research that tells us:

“Dietary intake can enhance the function of the nervous, immune and endocrine systems, directly impacting pain experiences.”



Factors affecting our diet?

- Limited/reduced mobility and functional strength can affect a person's ability to shop, cook and prepare meals.
- Lack of sleep can lead to irregular eating patterns
- Feelings of isolation or poor mental health can also impact on dietary choices
- Cost



Simple tips and advice

- **Reducing inflammation** protects your body from oxidant damage.
 - *Increase your intake of fruits, vegetables and omega 3 fats*
 - *anti-oxidant and anti-inflammatory properties enhance immune system*

- **Prevent vitamin and mineral deficiencies**

Consider:

Vitamin D (from exposure to sunlight, an antioxidant associated with muscle fatigue)

B12 (plays a role in neurological processes related with pain)

Magnesium (associated with muscle spasm, inflammation and neuropathic pain)

Some studies have shown that certain supplements may be beneficial to those living with persistent pain conditions, but more robust studies are needed.



- **Ensure adequate water intake**

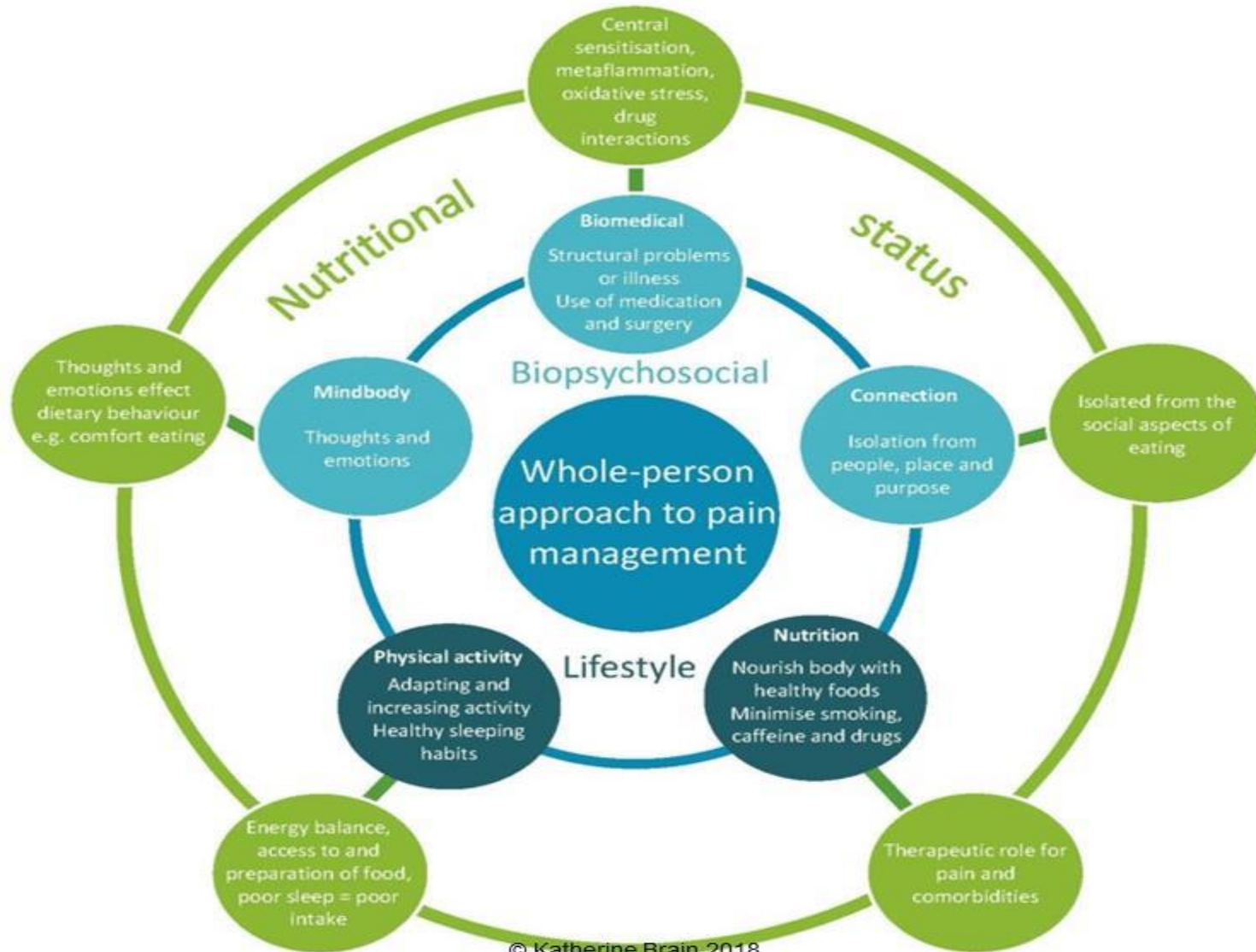
- *Aim for 2-3 litres per day*
- *Dehydration can cause sensitivity to pain*
- *Water is essential for circulation of nutrients and waste elimination which can influence healing and pain*

- **Reduce and limit ultra-processed foods and sugar intake**

- *These foods and drinks contain high amounts of energy and very low (or no) amounts of beneficial nutrients*
- *They can increase inflammation which can worsen pain experiences*



Nutrition and the Biopsychosocial Approach to Pain Management



Resources for you

- **Livewell Dorset** (lots of free advice for support with eating healthily and weight loss): [LiveWell Dorset | Health & Wellness Coaching | Free Advice & Support · LiveWell Dorset](#)
- **Pain-less Nutrition** – can food change your pain by Dr Deepak Ravindran, Alicja Wypasek and Ian Taverner <https://footsteps-festival.co.uk/festival/main-stage/video-pain-less-nutrition-can-food-change-your-pain/>
- **Livewell Dorset** (lots of free advice for support with eating healthily and weight loss). [LiveWell Dorset | Health & Wellness Coaching | Free Advice & Support · LiveWell Dorset](#)
- **IASP Webinar:** Why, what and how of nutrition for people experiencing chronic pain. <https://www.youtube.com/watch?v=gZusSZnxITc>
- **NHS Eatwell guide:** [The Eatwell Guide - NHS \(www.nhs.uk\)](https://www.nhs.uk/eatwellguide/)



References

Nutrition and Chronic Pain Factsheet, International Association for the Study of Pain, 2020

Food in Chronic Pain: Friend or Foe?, Nutrients 2020, 12, 2473

The role of diet in the treatment of fibromyalgia, Pain Management, (2016) 6(4), 317–320



Thanks!!

Thank you for taking the time to complete this session.

*Thank
you*