

Patient information sheet: Medications for Persistent Pain

Types of pain

Pain is usually described as acute (short term) or chronic (long term) pain (usually more than three months).

- **Acute pain** is usually related to an obvious injury such as dental infection, bone fracture or operation.
- **Chronic pain** sometimes begins with an injury but the pain doesn't get better as expected: often it is not clear how a chronic pain has started. Common types of chronic pain include low back pain, pain related to arthritis and pain related to injury to a nerve or other part of the nervous system (neuropathic pain). Chronic pain is usually not a sign of on-going injury or damage but may be to do with changes in the nervous system that occur over time so that the pain signalling becomes self-sustaining over a prolonged period.

Both types of pain can range from mild or severe with the difference being how long the symptoms last.

Treatments for different types of pain (you may have more than one type of pain)

Acute pain can be severe but usually gets better quite quickly (days or weeks). Treatments usually only need to be given for a short time while healing of the injury begins. Acute pain is often straightforward to treat with a range of medicines and other treatments depending on how severe the pain is. Opioid medicines are useful for treating acute pain and usually only need to be given for a period of a few days. The dose of opioid should be reduced as healing occurs.

Chronic pain can cause low mood, irritability, poor sleep and reduced ability to move around. Unlike acute pain, chronic pain is difficult to treat with most types of treatment helping less than a third of patients. Most treatments aim to help you self-manage your pain and improve what you can do. Different treatments work for different people. Medicines generally and opioids in particular are often not very effective for chronic pain. It is important that you understand that treatments tend not to be very effective and that the aim is to support you in functioning as well as possible.

Neuropathic pain is a type of chronic pain associated with injury to nerves or the nervous system. Types of neuropathic pain include, sciatica following disc prolapse, nerve injury following spinal surgery, pain after infection such as shingles or HIV/AIDS, pain associated with diabetes, pain after amputation (phantom limb pain or stump pain) and pain associated with multiple sclerosis or stroke. Neuropathic pain is usually severe and unpleasant. Medicines may be used to treat neuropathic pain but are usually not very effective and work for a small proportion of people. You may not benefit from the first drug tried so you may need to try more than one drug to try and improve symptoms.

You should discuss, with your doctor, what you expect from the treatment. It is easier to treat pain after surgery or an injury with painkiller medicines, however it is rarely possible to relieve long-term pain completely by using painkillers. The aim of treatment is to reduce your pain enough to help you get on with your life. In trials most medicines for long-term pain only benefit around one in every four or five people and on average only provide a 30 % reduction in pain. Medicines work best if you combine them with other ways of managing symptoms such as regular activity and exercise, and doing things that are satisfying or enjoyable, such as work or study, and social activities. Setting goals to help improve your life is an important way to see if these drugs are helping.

Why don't my painkillers work? is a commonly asked question, and often one without any easy answers? Long-term pain arises through many different mechanisms, and most drugs only work for one of these. Some pains do not seem to respond to any painkilling medicines. You can get used to painkillers, including opioids, so that you need more and more to have the same effect: This is called building up tolerance. However, we know that high doses of opioid medicines taken for long periods are unlikely to give better pain relief and are associated with a number of problematic adverse effects.

References above from:-

Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain from The Faculty of Pain Medicine 2015

National and local evidence based guidelines are considered during medication reviews:-

- The National Institute for Clinical Effectiveness (NICE) guidelines for treating Osteoarthritis pain (**NICE clinical guideline 177**)
- The National Institute for Clinical Effectiveness (NICE) guidelines for treating neuropathic pain (**NICE clinical guideline 173**)
- The National Institute for Clinical Effectiveness (NICE) guidelines for Diagnosis and management of headaches in young people and adults (**NICE clinical guideline 150**)