

Not just painkillers

Your pain and how you can help it



Types of pain

Acute pain happens when you injure something - for example if you stub your toe or strain your back. It can last from a few minutes to a few weeks. It will usually settle down as the injury heals.

Chronic pain carries on much longer even after the original injury has healed. Indeed, you may develop chronic pain without any injury or structural damage to the body (e.g. Fibromyalgia). It can continue for months or years.

Both types of pain can be mild or severe. The treatments that will help the most with your pain will depend on whether your pain is acute or chronic. Everyone is different and the treatments that work well for one person may not be as effective for another and vice versa. You need to find what works for you.

Pain medicines

Medicines are sometimes helpful for reducing pain, especially acute pain. **They are not usually helpful for chronic pain** and it is beneficial to use other approaches to managing your pain as well as, or instead of, medicines. It can be helpful to think of medicines as **pain relievers** rather than **painkillers**.

Types of pain reliever

Simple pain relievers: such as paracetamol.

Anti-inflammatory pain reliever: such as ibuprofen, diclofenac or naproxen.

Opioid pain relievers: such as codeine, dihydrocodeine, tramadol, morphine, fentanyl, or oxycodone. (Co-codamol is a combination of paracetamol and codeine. Co-dydramol is a combination of paracetamol and dihydrocodeine).

Managing your pain

Acute pain: If you have an injury, pain relievers can be helpful in the short term, particularly if pain is making it difficult to move or sleep. Other treatments might include heat or cold packs, gentle exercise or stretching. If you are unsure, seek advice from your local pharmacy, physiotherapist or GP.

Chronic pain: It is rarely possible to relieve long-term pain completely by using a pain medicine. This is particularly true when there is no structural damage in the body. When there is no structural damage in the body, the pain is driven by a dysfunction of the nervous system. You might find your pain gets worse when you are stressed or tired when the nervous system is under pressure. Therefore, anything that calms and relaxes your nervous system will help reduce the pain. Reducing fear, worry and stress, where you can, is very important.

Medicines for long-term pain only benefit around one in every four or five people and on average only reduce pain by around a third.

For chronic pain the “Other approaches to managing pain” on page 6 are very important. For example, regular physical activity, social activities, sleeping well, mindfulness and doing things that are satisfying or enjoyable are often more effective than pain medications.

The aim of treatment is to reduce your pain and help you get on with enjoying your life. Setting goals can be an important way to see if the medicines are helping.

Opioid pain relievers

Opioids are strong pain medicines which can be really useful for a short time to help with your recovery after an injury or operation. However, they can cause troublesome side effects and studies show they're not effective in the longer term for pain that's not related to cancer.

It's best that you don't take them for any longer than you need to.

Side effects of opioid pain relievers

Opioid pain relievers can cause side effects such as:

- Constipation and nausea (feeling sick)
- Feeling drowsy, dizzy or confused
- Increased risk of having a fall.

When used for many months or years, opioids can cause:

- Weight gain
- Problems sleeping, including snoring or difficulty breathing
- Poor concentration and poor memory
- Reduced sex drive, erectile dysfunction, infertility
- Mood changes
- Immune system effects, increased risk of infections
- Increased risk of broken bones
- Increased sensitivity to pain.

Other problems with long term use can be:

Tolerance, where your body gets used to the opioid, so the same dose is less effective than it used to be.

Addiction with psychological dependence and behaviour patterns.

Dependence with withdrawal symptoms if the opioid is stopped suddenly.

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How can I reduce or stop taking opioid pain relievers?

It is important that you don't stop taking an opioid suddenly.

If you have been taking an opioid pain reliever and would like to stop, please speak to your GP or pharmacist. We will use a plan to gradually reduce your opioid dose safely over a number of weeks.

Other approaches to managing pain

It is common for people with long-term pain to feel that they have no control over pain and are unable to cope with it. What we now know is that these, very understandable, feelings of fear, hopelessness and worry can make pain worse. We also know that every aspect of your life is important when it comes to your pain. Sleep, social connection, exercise, nutrition, and levels of stress will all impact on your pain. Learning about pain and understanding your pain is very important.



The good news is that small changes can make a **big difference** to how much your pain affects your quality of life. See below for advice on simple things you can do which may help with both pain levels and in how you manage your pain. Evidence shows that making changes as outlined below can **improve pain**. There is hope.

Education: Understanding pain is key. Increase your knowledge about pain and coping strategies by visiting the websites on the next page.

Move more: Simple activity (such as walking, swimming or light gardening) can help to lessen pain by stretching stiff and tense muscles and calming the central nervous system.

Learn to relax: Relaxation can help to control and lessen your pain by calming and re-training the over stressed nervous system. Learning a relaxation technique (such as mindfulness or yoga) and setting aside time each day to practice it can reduce pain and help you feel more in control.

Breathing exercises: Try to control your breathing by breathing gently into your tummy rather than taking rapid, shallow breaths from your chest. This will help you to feel more in control. It will help manage muscle tension or anxiety from worsening your pain.

Sleep well: Evidence suggests that not getting enough sleep can worsen pain. Try to establish a good sleep routine; go to bed at the same time each night and get up at a regular time in the morning.

Fill your life with things you enjoy: An activity which you enjoy and needs some concentration will shift your attention to something else other than your pain. Enjoyment will reduce fear and worry and calm the central nervous system.

Communication: Get out of the house and don't lose contact with people - speak to family members. Catch-up with friends and tell them how you feel.

Where can I get more information?

NHS Lothian Pain Management Programme

<https://services.nhsllothian.scot/lcps/pain-management-aah/>



This website has excellent links to online support, videos and apps to explain and help manage pain, aid relaxation and guide exercise.

NHS Inform

www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain



www.nhsinform.scot/illnesses-and-conditions/mental-health



Other websites

www.painconcern.org.uk



www.flippinpain.co.uk



www.livewellwithpain.co.uk - Gives links to the Pain Toolkit



www.retrainpain.org



Books

“**The Way Out**” by Alan Gordon: Excellent book explaining chronic pain and giving strategies to improve pain.

“**Chronic Pain the Drug Free Way**” by Phil Sizer.

“**The Painfree Mindset**” by Dr Deepak Ravindran.

Apps

www.headspace.com/headspace-meditation-app



Video

Understanding Pain in less than 5 minutes:

www.youtube.com/watch?v=C_3phB93rvI



Telephone Helpline Numbers

NHS Musculoskeletal (MSK) - **0800 917 9390**

Pain Concern - **0300 123 0789**

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