

Chronic pain: what can I do?



Pain comes in many forms. Chronic pain is pain that lasts for 3 months or more after the normal healing time. Unlike acute pain, which usually resolves when the underlying cause heals or is treated, chronic pain is a complex condition associated with changes to the way the brain perceives pain.

People's individual experiences of chronic pain are influenced by diverse physical, social, psychological and genetic factors.

Because of all this, chronic pain responds best to a multidisciplinary approach tailored to individual needs.

Not only is chronic pain managed differently to acute pain, but different types of pain are also treated differently. For example, neuropathic pain (pain caused by damage to nerves) responds to some medicines that are not useful for inflammatory pain (pain caused by injury to muscles and bones). Pain resulting from cancer is also treated differently.

This fact sheet focuses on chronic non-cancer pain.

Getting the best results

Management of chronic pain aims to reduce the impact of pain on your daily activities. Typically a combination of strategies is used. This may include medicines, but also individually tailored exercises, relaxation techniques, stress management, performing activities that are within your pain tolerance and addressing sleep habits.

In the management of acute pain there is usually a greater focus on medicines. For chronic pain, if medicines are used, it should be alongside other approaches. Whatever strategies you use, talk to your doctor to help you decide what is best for you.

Non-medicine treatments

Managing stress and keeping active can help reduce pain and improve function.

People who actively manage their pain through lifestyle techniques experience lower levels of pain-related disability, as well as improvements in mood and overall health compared with those who rely solely on more passive therapies such as medicine or surgery.

Active management can include:

- ▶ psychological techniques to counter unhelpful thoughts and change behaviours
- ▶ meditation

- ▶ relaxation and breathing techniques
- ▶ stress management
- ▶ exercise – including yoga, tai chi, hydrotherapy, stretching, strengthening exercises
- ▶ pacing your daily activities by doing things in small, manageable steps rather than big chunks
- ▶ strategies to improve sleep, such as a minimising alcohol, caffeine and rest during the day
- ▶ participating in activities you find relaxing

Allied healthcare professionals such as exercise physiologists, physiotherapists and psychologists can help implement and support these strategies. Ask for a referral to allied health professionals who have expertise in pain management. You may also find it useful to participate in support or self-help groups where you can share experiences and learn how others in similar situations manage pain.

Using over-the-counter medicines

Speak to your doctor or pharmacist about the best options before buying any over-the-counter medicines. This is particularly important if you have any other medical conditions, such as stomach, kidney, liver or heart problems.

To ensure the safest and most effective pain management, talk to your doctor or pharmacist about:

- ▶ the location of the pain and how long you have had it
- ▶ possible side effects of your medicines
- ▶ whether a particular pain-management approach is right for you
- ▶ whether the pain medicine will affect any other medicines you are taking.

A range of pain medicines can be bought 'over the counter' without a prescription, including paracetamol and ibuprofen.

When used correctly and alongside other strategies, paracetamol can be effective for mild to moderate pain. If you take paracetamol, check that none of your other medicines also contain it. Paracetamol can cause serious liver damage if taken in larger or more frequent doses than recommended.

Combination pain medicines

Combination pain medicines contain more than one active ingredient. Examples include products that combine ibuprofen or paracetamol with a low dose of codeine.

New over-the-counter medicines that contain specially formulated ibuprofen and paracetamol are now also available in Australia.

Tell your doctor and pharmacist if you use an over-the-counter medicine because it may affect other medicines you are taking. Add it to your medicines list to help you keep track of your medicines. You can create and print a medicines list on our website (go to www.nps.org.au/medicineslist). As well, many over-the-counter medicines and most prescription medicines have a consumer medicine information (CMI) leaflet, which can give you important facts to know before, during and after taking your medicine. Ask your pharmacist or doctor for the CMI for your medicine.

Using prescription medicines for pain

NSAIDs

Some non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are available 'over the counter', but others such as celecoxib and naproxen are only available on prescription. These medicines are effective in relieving pain, fever and inflammation (at least in the short term) but they can cause unwanted side effects. They should be used at the lowest dose that improves your symptoms, and only for a short time. These medicines may not be suitable for people with stomach troubles, heart problems, kidney problems, high blood pressure or asthma.

Opioids

Prescription opioids include buprenorphine, fentanyl, morphine, oxycodone, tramadol, tapentadol and codeine in higher doses.

Opioids are commonly used to relieve severe acute pain or cancer pain but are generally not effective at reducing chronic pain that is not caused by cancer, particularly in the long term.

Opioids may be addictive and may have side effects such as nausea, vomiting and constipation. Because of their sedative effect, your ability to drive might be affected. If you are taking opioids, do not drink alcohol and beware of other sedatives – these can further impair your ability to function and lead to accidental overdose and death.

The longer you take opioids, the greater the risk of experiencing negative consequences. About 80% of patients who take opioids long term will experience side effects such as constipation, nausea or drowsiness.

Supplements

When pain is caused by osteoarthritis, some people use glucosamine and/or chondroitin. However, the long-term benefits of these products are unclear.

Emerging evidence suggests that omega-3 fatty acids may help some types of pain, such as chronic widespread pain (fibromyalgia), neck and shoulder pain and menstrual pain. Early studies do not show an effect for some other types of pain such as migraines and osteoarthritis. However, most of the studies to date have been small or done in animals, and large clinical trials are needed to clarify whether or not omega-3 fatty acid/fish oil can benefit people with any of these conditions.

Questions to ask your doctor

There are a number of important things to talk to your doctor or pharmacist about when choosing a pain medicine:

- ▶ Should I take this medicine at regular intervals or only when I feel pain?
- ▶ How long will it take to work?
- ▶ Is it safe to use in the long term?
- ▶ How will this medicine benefit me?
- ▶ Will this medicine make me feel drowsy?
- ▶ What side effects should I expect or watch out for?
- ▶ What can I do to minimise any side effects?
- ▶ How will this medicine interact with my other medicines?
- ▶ Could I become addicted to this medicine?
- ▶ What should I do if the pain does not go away?
- ▶ What alternatives should I consider?

Talk to your doctor about a pain management plan

Developing a pain management plan with your doctor can help improve the way you manage your pain. It can help to set step-by-step achievable goals. Your plan could include strategies such as exercise therapy, meditation or activity management (eg, pacing of tasks), as well as medicines.

Ask your doctor to consider a team care approach and refer you to an allied health professional trained in pain management.

For more information on different types of pain:

www.aci.health.nsw.gov.au/_data/assets/pdf_file/0015/212820/Neuropathic_Pain.pdf

www.painmanagement.org.au

www.painaustralia.org.au

www.chronicpinaustralia.org.au



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