



Health Facts *for you*

UW HEALTH - ONLINE HEALTH FACT

Pain Management What Everyone Should Know

The purpose of this booklet is to provide you with information about pain management. It describes:

- Facts about pain management;
- How to work with your doctors and nurses to get the best pain control;
- Types of pain treatment;
- A pain control plan.

There are many causes of pain. Illness, surgery, procedures, and even some types of treatment can all cause pain. People feel pain in different ways. Many things can affect each individual's experience of pain. Sometimes pain is just a small nuisance, at other times pain can affect you in many ways. It can keep you from sleeping, eating, and being active. Pain can also make you feel afraid or depressed.

Pain management is an important part of your care. Relieving and controlling your pain can help you get well faster, enjoy greater comfort, and improve the results of your care.

FACTS ABOUT PAIN

Pain can be controlled

Although pain is a common experience after surgery and with many types of illness, **most** patients with acute and chronic pain can be kept comfortable with simple treatment.

The person with pain is the only one who really knows about the existence and severity of that pain. There are no tests or scans or physical changes to measure how much pain a person is having. That's why it is important to **tell your nurses and doctors about pain.**

It is very rare to become addicted to medicine taken for pain.

Addiction means a person is taking a medicine to satisfy emotional or psychological needs rather than for medical reasons. Addiction is often confused with "physical dependence". Physical dependence occurs after you have been using a narcotic for prolonged periods of time (more than two weeks). Physical dependence is a chemical change your body undergoes which causes withdrawal symptoms if the medicine is abruptly stopped. This is a normal response and can be avoided by gradually reducing the medicine over several days. Physical dependence **is not** addiction.

The pain medicine will not stop working.

For some medicines, after a person takes the same amount for a long period of time the body doesn't respond as well to the same amount. Larger or more frequent doses of the medicine are needed to obtain the same effect. This is called "tolerance" and it sometimes happens in people who take narcotics for pain control over a long period of time. Sometimes the need for a larger dose of medicine means the pain is increasing. If pain increases, the dose of the narcotic can safely be raised. There is no maximum amount of a narcotic (opioid) that can safely be prescribed providing there is still unrelieved pain and no side effects. It is important to understand the need to increase the dose of an opioid, to relieve pain or to overcome drug tolerance, does not mean a person is "addicted" to the medicine.

The right drug and the right amount are more important than the way it is taken.

Intramuscular injections or "shots" are not more effective in relieving pain than many other methods. Although there are a variety of ways to take pain medicine, it is the pill form ("by the mouth") which is actually the best method for most pain. Discuss with your doctor or nurse which method makes the most sense for your particular situation.

Opioid side effects can be managed.

All drugs have potential side effects. Not everyone who takes a medicine will experience the side effects. Some of the more common side effects of narcotics are drowsiness, constipation, and nausea. You should always discuss any side effects with your doctors and nurses. Side effects from opioids can usually be managed successfully. For more information about managing opioid side effects, ask for Health Fact #4659.

It is important to tell your doctors and nurses about your pain.

HOW TO GET THE BEST PAIN CONTROL

It is important that you take an active role in a plan to control your pain. You may want to write down your questions before you meet with your doctor or nurse. Be sure to talk to your doctors and nurses about the following things:

1. **Ask the doctor or nurse what to expect:**

- Will there be much pain with your illness, treatment, or after your surgery?
- Where will the pain occur?

2. **Discuss your pain control options with your doctors and nurses:**

- Talk with your nurses and doctors about pain control methods that have worked well or not so well for you before.
- Talk with your nurses and doctors about any concerns or fears you may have about pain medicine.
- Tell your doctors and nurses about any allergies to medicines you may have.
- Ask about side effects that may occur with pain treatment.
- Talk with your doctors and nurses about the medicines you take for other health problems. We need to know, because mixing some drugs with some pain medicines can cause problems.

3. **Help the doctors and nurses "measure" your pain:**

- Use a pain scale to communicate your pain. For pain management to work, you need to have some way to help your doctors and nurses understand how much you are hurting. You will be asked to use a "pain rating scale" to do this. For example, on a scale of 0 to 10, with 0 being no pain, and 10 being the worst pain you can imagine, how much pain do you have right now?
- Tell your doctors and nurses where your pain is, what it feels like, if it changes, and if you feel the pain all the time or only at certain times.
- Talk to your doctors and nurses about setting a pain control goal (such as having no pain that's worse than 2 on the scale).

4. Take (or ask for) pain relief drugs when pain first begins:

- It is easier to control pain if we "head it off at the start".
- If you know your pain will worsen when you start working or doing breathing exercises, take pain medicine first.

5. Talk about the schedule for pain medicines in the hospital and at home:

- You may get pain medicine at set times or you may need to call the nurse to ask for them. It is important that you understand what schedule is best for your type of pain.
- Your nurses and doctors will ask you how the pain medicine is working and change the medicine, its dose, or its timing if your pain is not controlled.

6. Work with you doctor and nurses to make a pain control plan:

- You can use the form on the last page of this booklet to begin planning for pain control at home with your doctors and nurses. When your pain control plan is complete, be sure to share it with all your doctors and nurses.

7. Tell the doctor or nurse about any pain that won't go away:

- Don't worry about being a bother. Pain can be a sign of a problem. The nurse and doctor want and need to know about it.

PAIN TREATMENT

This information is provided to help you discuss your options with your doctors and nurses. Sometimes it is best to combine two or more of these treatments or change the treatments slightly to meet your individual needs.

Pain Medicine

There are many different medicines that can be used to treat pain. Generally they are divided into three basic groups:

1. Aspirin, nonsteroidal anti-inflammatory drugs (NSAIDS), and acetaminophen (Tylenol®)
2. Narcotics (opioids)
3. Adjuvant medicines

Nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen (Tylenol®):

This includes aspirin and other “aspirin-like” medicines such as ibuprofen (Motrin®, Advil®) and naprosyn (Aleve®) as well as acetaminophen (Tylenol®). These drugs are given for mild to moderate pain or as an additional medicine with opioids for severe pain. The main way these medicines work is to decrease the sensitivity of the nerves to pain and reduce inflammation. There is a limit to how much you can take of each of these medicines. Except for acetaminophen (Tylenol®) they interfere with blood clotting, and can also cause nausea, stomach bleeding, or kidney problems. For more information ask for Health Fact #4653.

Narcotics or Opioids:

This includes morphine, hydromorphone, codeine, oxycodone, fentanyl, and others. These drugs are given for moderate and severe pain and they require a prescription. They work primarily by blocking pain sensation in the spinal cord and brain. These medicines can be given in a variety of ways including by the mouth (pills), through the rectum (suppositories), through a vein (intravenous), near the spinal cord (spinals or epidurals), or through the skin (transdermal patches). Possible side effects include drowsiness, nausea, constipation, and slowed breathing. It is rare for a patient to become addicted (see addiction definition) as a result of taking opioids for pain. For more information about narcotics, ask for Health Fact #4659.

Adjuvant Medications:

There are many other types of medicines that have pain-relieving qualities. Many of these medicines (certain antidepressants, anticonvulsants, and steroids) are very helpful when treating certain types of burning or tingling pain.

Important tips on how to use pain medicine:

- When pain is constant, take your medicine on a regular schedule (by the clock). This means to take a dose of medicine at scheduled times during the day and night. Taking medicine regularly will help to keep the pain under control. Do not skip a dose of medicine or wait for the pain to get worse before taking your medicine. The exception for this would be if you have **no** pain or in the case of a severe side effect.
- Ask your doctor or nurse how and when to take extra medicine. If some activities make your pain worse, you may need to take extra doses of pain medicines. The goal is to prevent pain. Once you feel the pain, it is harder to get it under control.
- Report all side effects to your doctor and nurse. Some side effects can be treated, at other times side effects may require you to change to a different medicine.

Non-Drug Measure to Relieve Pain

There are many methods in addition to medicine that can be used to reduce pain. These methods can be effective for mild to moderate pain and to boost the pain-relief effects of drugs. You may need the help of health professionals to learn to do these for yourself. Friends or family members can help with some of them. Examples of some of these treatments include:

**relaxation techniques*

**hot or cold packs*

**massage*

**pressure or vibration*

**hypnosis*

**music therapy*

**distraction*

**imagery*

(using your imagination to create mental pictures or situations to help reduce your pain)

**biofeedback*

(learning to control certain body functions such as heart rate, blood pressure, and muscle tension with the help of a machine to reduce anxiety and help cope with pain)

**transcutaneous electrical stimulation (TENS)*

(a technique in which mild electric currents are applied to selected areas of the skin by a small power pack connected to two electrodes to interfere with pain sensations)

For more information about how to use these methods, please ask for Health Fact #4448. Other, less common ways to relieve pain include nerve blocks, neurosurgery, and radiation therapy.

A Pain Management Plan

A pain management plan is a way to organize all the possible ways to reduce your pain. A pain management plan includes a list of medicines and other non-drug treatments you can use to manage your pain. It also contains instructions for managing possible side effects and information about when and who to contact for questions. It may also include a diary or log for you to fill out.

Your input into the plan is critical if it is to work. Be sure the plan makes sense to you. You must be able to both understand and follow it. The plan will need to be updated and changed as needed. There is no one best plan that works for all people. What works today may not necessarily be the best plan in a week or two months. It is important to keep your doctor or nurse informed about changes in your pain so they can work with you to change your pain management plan and keep it working for you.

You may want to write down problems you have with your plan, like things you don't understand, difficulty getting medicines, or side effects you cannot tolerate, so you remember to ask about all of these things the next time you talk with your doctor or nurse.

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