

We strongly advise against stopping any opioid medication suddenly—always consult with your GP if you are unhappy with your regime.

Always consult with your doctor, nurse or pharmacist if you are unhappy with your medication.

### Medications for Nerve Pain

These medications are often referred to as pain ‘modifiers’ and can help settle down nerve pain such as shooting, burning, and pins and needles, by interfering with pain messages and calming down the nerve signals.

- **Amitriptyline** was originally developed as an anti-depressant – but it is also used for nerve pain management. It is an anti-depressant at higher doses but for nerve type pain it is used between 10mg-75mg. Common side effects can include drowsiness, dry mouth/eyes and palpitations. Often people feel drowsy the day after taking this so we advise taking this medication approximately 12 hours before you need to be out of bed the next day! For example if you are up for work at 7am, try taking this at 7pm each night. **Contraindicated in glaucoma or raised intra-ocular pressure.**
- **Gabapentin and Pregabalin** were originally developed for the management of epilepsy, however they are also used for managing nerve pain. They work by delaying the time it takes for nerve signals to ‘fire off’, thereby calming nerve activity down and reducing the nerve pain. Common side effects include drowsiness, indigestion, dizziness and weight gain.
- Some patients may become addicted to these medicines if used regularly for a long time. They are not recommended for people with a history of misuse of drugs.

### Try to be patient when trying something new!

It is important to remember when trying a new medication, that many will take time to reach a therapeutic level in your body, and this can often take up to 6 weeks.

So try not to feel disheartened if you do not get instant relief from your medication!

### Side Effects, Risks and Benefits of Medication

We all need to consider the side effects, risk and benefits when taking medication. Many side effects can be managed, for example if a medication causes constipation this can either be managed by making small changes to your diet or by using laxatives.

Of course this all depends on how effective the medication is for managing your pain! If a pain relief medication is effective, you may feel comfortable in attempting to manage any side effects.

However if a medication is not tolerable and/ or is not effective, it may be more beneficial to try a different option.

### Drugs and Driving

Please be aware some medications may affect your ability to drive safely and legally.

You should **NOT** drive after taking medication until you know how it affects you. You should **NOT** drive if you feel dizzy, sleepy, unable to concentrate to make decisions.

Further information is available on request.

**Reference:** Hull and East Riding Prescribing Committee (HERPC) 2018 [Non-specialist analgesia algorithm for managing chronic non](#)

# HERPC

Hull and East Riding Prescribing Committee

## Patient Information Leaflet

# Understanding Pain Medication

Approved: HERPC March 2019 Review: March 2022

## Managing Persistent Pain

You can find advice to support you and manage your pain at <http://www.nhs.uk/live-well/healthy-body/how-to-get-nhs-help-for-your-pain/>. In addition, many people will take medication to help manage their pain.

**REMEMBER....Medication is only a PART of managing your pain!**

Try to see your medication as an aid, to enable you to engage in other methods of management - such as increasing your activity levels, improving core muscle strength, engaging in other treatments offered to you and taking an active role in deciding what works for you!

In this leaflet we aim to inform you a little further about some of the commonly prescribed medications.

### Your Treatment, Your Choice

When choosing the right medication for your needs it is important that you understand the options available, and that you are aware of possible side effects and the implications of these. Being involved in decisions about your medication enables you to feel more in control of your own pain management.

### Types of Pain

Pain is often classified as one of two types:

- **Nociceptive / 'Standard'** pain – commonly described as aching, dull, throbbing, or sharp.
- **Neuropathic / 'Nerve'** pain – often described as shooting, burning, electric shock, pins and needles, altered sensations, numbness.

Not all pain relieving medications work in the

same way, and some types of pain respond better to specific groups of medication.

When you see your GP, Nurse or Pharmacist about your symptoms, how you describe your pain is really important in deciding which type of medication you may most benefit from.

### Medications Commonly Used to Manage Pain

Medications commonly used to manage 'standard' pain and 'nerve' type pain are:

- **Paracetamol and NSAIDs (non-steroidal anti-inflammatory drugs)** are used to treat mild to moderate pain.
- **Paracetamol** is often used short term for the relief of acute pain. For persistent pain the maximum dose (adults: 2 x 500mg tablets or capsules four times daily) is recommended for a therapeutic build up of pain relief in the body. It is the safest medication for pain with the least amount of side effects and risks, as long as it is taken correctly and the maximum dose is not exceeded. It is an excellent foundation for pain relief and can improve the effectiveness of other analgesics if they are required.
- **NSAIDs (Ibuprofen, Diclofenac, Naproxen)** can be used short term for acute pain and are often used in the treatment of arthritis. These medications are most often prescribed when pain is associated with inflammation, and can help reduce pain in this way if taken as prescribed for some time. NSAIDs do come with some side effects and potential risks especially if you have other medical conditions e.g. heart problems. You should always discuss with your GP, pharmacist or nurse if they are OK for you.
- **Weak Opioids\* (Codeine and Tramadol)** are used to treat moderate to severe pain.
- **Strong Opioids\* (Morphine, Oxycodone, Fentanyl, Buprenorphine)** are used in the treatment of severe pain.

\*Opioids work by blocking the pain receptors in the brain. They are most effective for 'standard' pain.

### Common Side Effects of Opioids

Common side effects with opioids include constipation, nausea, drowsiness, dizziness, and hallucinations.

Opioids can be reduced gradually if other methods of pain management are effective, such as increasing activity, TENs, relaxation etc. Opioids come in varied forms including oral solution, tablets, and patches.

Some people may become addicted to opioids; however this is less common when managing persistent pain.

**Long term use of high doses of strong opioids can lead to dependence, opioid induced hyperalgesia, endocrine and immunosuppression.**

### Increasing or Reducing Medication

Tolerance is when your body has become used to the drug and the effectiveness decreases over time. This does not mean you are addicted, but it may indicate that an increase in your dose is required to manage your pain levels.

If you are considering reducing any opioids, this must be done so gradually under your GPs guidance to reduce the risk of withdrawal effects such as sweating, pain increase, nausea, anxiety, and 'flu' like symptoms.

These effects are more likely to occur if the opioid is stopped suddenly, and do not necessarily indicate an addiction, but they are a normal bodily response to the medication being reduced.