



# Managing Your Pain

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A GUIDE TO PAIN MEDICATION USE

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# Introduction

When you or a loved one is in constant pain, it can change your quality of life. Living with pain may make it hard to eat, sleep, and do daily tasks. Many people with serious pain lose hope that their pain can ever be managed.

Pain can be hard to control because it affects people in many ways. How one person feels pain may be very different from how someone else feels pain. This makes it important for patients to be able to clearly tell their care teams how they feel.

A care team could be nursing home staff, hospital staff, a doctor's office, or a hospice team. This booklet has tools to help patients talk about pain with the care team. Good communication leads to better pain management.

**Freedom from pain is every patient's right.** You do not need to suffer alone if you or someone you're caring for is in serious pain. Pain *can* be managed.

*"You may not control all the events that happen to you, but you can decide not to be reduced by them."*

— *Maya Angelou, Letter to My Daughter*

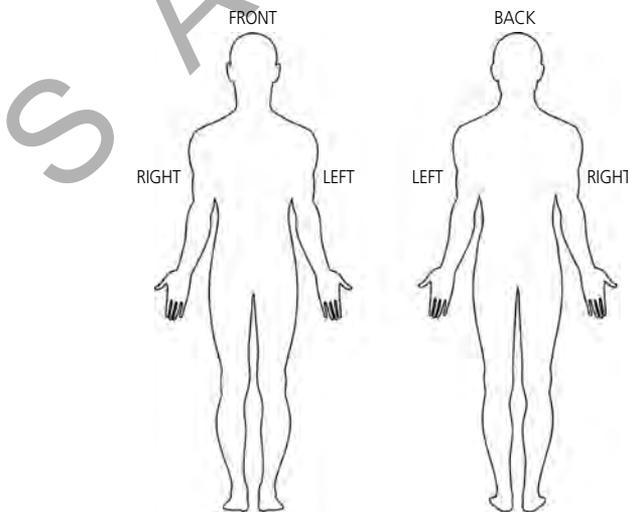
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# Talking about Pain

The first step in managing pain is to talk about it. Patients may downplay their pain or won't talk about it at all. They don't want to be a burden or may see pain as a weakness. But there is strength in reaching out for help.

**Don't wait. Talk to the care team about treatment when pain first starts.** The team will need to know how you feel to find the treatment that will work best. Please fill out the next section and share it with the care team. When needed, check all that apply.

- What kind of pain are you feeling?
  - Sharp
  - Dull
  - Cramping
  - Throbbing
  - Burning
  - Aching
  - Stinging
  - Shooting
  - Tender
  - Nauseating
  - Stabbing
  - Constant
  - Heavy
  - Other: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Where do you feel pain? Circle the area(s) or write below:





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## Pain Treatments

Serious pain is often treated with prescription medicine. The care team will help the patient find the best treatment plan. Treatments vary by the type of medicine, the dose, and the schedule.

- **Type.** Pain medicine can be given by pill, liquid, shot, suppository, or skin patch. The care team will choose the medicine(s) based on the kind of pain, the level of pain, and how it affects the patient's daily life. If one medicine does not work well, the care team can try another.
- **Dose.** Since each person reacts differently to pain medicine, the amount of medicine used will be unique in each case. The care team will calculate the first dose. They will note the patient's weight, height, age, pain level, and medicines already in use. The dose can be adjusted until the right one is found.
- **Schedule.** Many pain medicines are given at set times. Long-acting drugs can be taken on a schedule to treat pain over time. Fast-acting drugs for "breakthrough pain" (when pain is stronger than normal) can be taken as needed.

What you can do:

- **Always take pain medicine as prescribed.** Do not skip a dose, even if you feel better. The goal of pain management is to stay *ahead* of pain. Waiting for it to get worse may make it harder to manage.
- Contact the care team before taking other medicines or supplements. This includes over-the-counter drugs and vitamins.
- Do not drink alcohol when taking pain medicine.

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- Store pain medicine out of reach to keep children, pets, and others safe.
  - Unused medicine must be safely destroyed and thrown out. Ask the care team for guidance.
  - Avoid tasks that make the pain worse, or ask the care team if an extra dose can be taken before doing those things.
  - Keep notes on your pain to track the progress of treatment. You may be given forms to fill out. If you don't have forms, write notes on blank paper. Add details such as:
    - Date/time for each entry
    - Type of pain felt
    - Medicine and dose taken
    - Rate pain before medicine
    - Side effects felt
    - Rate pain one hour after
  - Ask the care team if any of the following might help:
    - Heat/cold therapy
    - Music therapy
    - Massage therapy
    - Aromatherapy
    - Exercise
    - Pet therapy
    - Meditation
    - Spiritual care

## Opioids and Pain Management

Opioids (*oh-pee-oyds*) may be used in pain treatment. Opioids are strong drugs that block pain signals to the brain. They are often the best way to relieve severe pain.

Some opioids are natural and others are man-made. There are mild forms, such as codeine, which can be found in certain cough medicines. Major opioids, like morphine, can be used for more serious pain. Common questions about opioids are on the next page. Ask the care team if you have other questions.

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- Will I become addicted to the drugs?

**Prescribed use of drugs to treat pain does not lead to addiction.** Fear of addiction causes some patients to not take pain medicine as prescribed. This can lead to increased pain. Addiction happens only when a person misuses drugs to get high. Addicts are not in control of their drug use.

Patients at risk for drug abuse must be closely watched if they are prescribed opioids. Tell the care team if there is a history of drug or alcohol abuse.

- Do opioids cause withdrawal?

Once the body is used to pain medicine it will feel signs of withdrawal if the drug is stopped all at once. Signs are anxiety, aches, sweating, or vomiting. The care team will not let a patient feel withdrawal. If a patient needs to change or stop treatment, it is done slowly and safely.

- Isn't withdrawal a sign of addiction?

*Addiction* is often confused with *dependence*. Dependence is a physical change to the body that comes with long-term medication use. This is a normal reaction to using pain medicine. It does not mean it is bad to take the drug for pain.

- Will I have to take higher doses of opioids later?

The right dose should give the same pain relief for quite a while. In many cases, the dose only needs to be higher if the pain gets worse. Some people think they'll have to take more opioids over time to get the same pain relief. This is "building a tolerance." Some patients do build a tolerance to pain medicine over a long time. If you are worried about this, talk to the care team.

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## Opioid Side Effects

Below are the most common side effects of opioids. Most go away soon after starting treatment. **Let the care team know if you feel side effects. They can be managed.**

- Constipation. Pain medicine may slow bowel function. This causes fewer stools that are hard to pass. Constipation while taking pain medicine often does not get better on its own. It can be a problem if it is not treated. The care team may prescribe laxatives or stool softeners. Other things that may help:
  - Try not to be ashamed about talking to the care team; this affects a lot of patients
  - Tell the care team if you have not passed a stool in three days
  - Take laxatives or stool softeners as directed
  - Stay as active as you can; ask the care team if light exercise or stretches might help
  - Drink plenty of water and limit caffeine
- Nausea. Pain medicine can cause upset stomach for the first few days. The care team may treat nausea with medicine until it goes away. Other things that may help:
  - Eat six small meals a day, sitting up to rest after each meal
  - Avoid caffeine and food that is fatty, acidic, or spicy
  - Ask the care team if herbs (like peppermint or ginger) can be taken to help soothe the stomach
- Drowsiness. Opioids may cause sleepiness for the first few days. This should go away as the body adjusts. Tell the care team if it does not. Avoid tasks that need focus, like driving or cooking, if you feel sleepy.

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- Itching and dry mouth. These side effects might seem like an allergic reaction, but they are common with opioid use. Ice chips and good oral care can help dry mouth. There are also medicines for dry mouth and for itching. Tell the care team about signs of true opioid allergy right away. Signs are swelling, rash, throat tightness, or trouble breathing. Other drugs can be used in the rare case of an allergy.

## Opioids at the End of Life

Patients at the end of life are often in need of major pain relief. The main goal at this stage is the patient's comfort. Using opioids gives them freedom from pain in their final weeks and days.

The dose for dying patients is based on pain levels. Doses are higher when pain levels are higher. Opioids may also be used to calm (or “sedate”) dying patients who are in very severe pain. This allows for a peaceful and dignified death.

Some people think that opioid use in these cases can cause early death by slowing or stopping breathing. Studies, however, have found this is not true. **It is the disease that causes death, not the pain medicine.** Breathing slows down as a normal part of the dying process.

Talk to the care team if you or your loved one has an end-stage disease. If you are not working with hospice, please consider it. Hospice care teams are experts in comfort care. They give patients and families physical, spiritual, and emotional support. The hospice team can work with the patient's care team to treat pain. The hospice team also has doctors on staff to make care plans and order medicine as needed.

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## More Support

There is a lot of information on pain management. Learn as much as you can. Look for trusted sources like those listed below. Before doing research, ask the care team if you have questions.

- U.S. National Library of Medicine (2014). *Chronic Pain*. Retrieved from <http://www.nlm.nih.gov/medlineplus/chronicpain.html>
- National Hospice and Palliative Care Organization (2013). *Pain at the End of Life — Common Questions*. Retrieved from [http://www.caringinfo.org/files/public/brochures/EOL\\_Questions.pdf](http://www.caringinfo.org/files/public/brochures/EOL_Questions.pdf)
- National Hospice and Palliative Care Organization (2012). *LIVE Without Pain*. Retrieved from <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3348>
- U.S. Department of Veterans Affairs (2014). *VHA Pain Management*. Retrieved from <http://www.va.gov/painmanagement/>
- U.S. Department of Veterans Affairs (2015). *Dealing with Chronic Pain*. Retrieved from <http://www.warrelatedillness.va.gov/education/factsheets/chronic-pain.pdf>
- National Institute on Drug Abuse (2012). *Is There a Difference between Physical Dependence and Addiction?* Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/there-difference-between-physical-dependence>

**If you're suffering from chronic pain, you don't have to go it alone. We're here for you. Please contact us today.**

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