

Managing Chronic Pain



Purpose of this booklet

This handout is about chronic pain and how it can be controlled. You can feel better with proper pain treatment.

Facts about chronic non-malignant pain (cnp)

If you have CNP, you may have some concerns or questions. Here are some common concerns people have and the facts about them.

Concern: Because of the chronic nature of the pain, patients are less sensitive and better able to tolerate pain.

Fact: It is generally not true that people can tolerate unrelieved chronic pain better over time.

Concern: If the cause of pain cannot be found, then it is probably caused by a psychological problem.

Fact: Just because the cause of pain cannot be determined does not mean it's not real. Pain is as real as the person having it. We do not understand everything about what causes pain and how to best treat it in all its forms. More and more knowledge is being discovered about diagnosing and treating pain, and about how we cope with pain. There are many components that impact pain. Some of these are: physical, emotional, cultural, and spiritual. These components will affect the event and direct your treatment.

Concern: If my pain occurred or increased after a traumatic life event (i.e., divorce, death in the family), this stress is probably what caused or increased the pain.

Fact: Stress does not directly cause pain. How pain is felt can be changed when we have stress or are in a weak condition.

Concern: If the patient is depressed and there is no physical cause for the pain, then the depression is causing the pain. The pain will lessen if the depression is treated.

Fact: Depression may interfere with pain control. The incidence of depression in CNP is 31-100%. Depression should be treated at the same time as the pain to improve both disorders.

You may have other concerns about your treatment that is not discussed here. Talk to health care provider about your concerns.

What is chronic non-malignant pain? (CNP)

CNP is pain that has lasted 6 months or longer, is ongoing, is due to non-life threatening causes, has not responded to currently available treatment methods, and may continue for the remainder of life. (McCaffey, M. and Pasero, C.: Pain: Clinical Manual, 1999).

Treating chronic non-malignant pain - CNP

CNP can be difficult for many practitioners to accept and treat because it does not fit the usual cause and cure model of medicine. Many times the treatments that help with acute pain do not help as much, or have unexpected effects with CNP.

Some people who have chronic non-malignant pain are not able to do usual daily activities. This is because the pain does not lessen or go away, and is not managed. They may have changes in their family or work roles. People with CNP may feel frustrated, depressed, anxious, or angry. They may suffer from too little or too much sleep. They may even feel like life is not worth living or feel suicidal. Overall goals in the treatment of CNP are:

- Reduce pain whenever possible
- Restore or improve functioning
- Develop self-help and maintenance skills
- Improve depression and anxiety
- Improve relationships with family, health care providers and others

Communicating and choosing the right medicine

Pain treatments work differently for different people. Even when a health care provider uses the right medicines and treatments in the right way, you may not get the pain relief you need. While you are being treated for your pain, tell your health care providers how you feel and if the treatments make a difference in your level of pain. The information you give them will help them to help you get the best pain relief.

You can help by talking with them about:

- **Pain medicines:**

Give a description of all pain medicines you have taken in the past and how well they have worked for you. It may be helpful to write down your pain level before and after you take your pain medications

- **Medicines and other treatments:**

Tell your health care providers and all treatments you use to help with pain. For example, report any over the counter medications (for example, Motrin or Tylenol), health foods, supplements, vitamins, massage, chiropractic, acupuncture and ALL other types of treatments you use. Your doctor or nurse needs to know about other treatments you are trying and other medicines you take. This is important because some treatments and medicines do not work well together. **Your health care providers can find medicines that can be taken together.**

- **Allergies that you have**, including allergies to medicines.

- **Fears and concerns:**

Your health care provider can answer your questions and help you to understand your pain treatment.

See **The First Step** later in this handout to help you organize this information and make a plan.

Types of pain medicine and their benefits and risks

Many medicines are used to treat chronic cancer pain. Your health care provider may order one or more of them for you to take. The list below describes the different types of medicine that you may take, the kind of pain they work on and possible risks (side effects) and benefits.

Safety tip

Do not start to take a new medicine without checking with your health care provider. Even aspirin can be a problem in some people who are taking other medicines or having other treatments.

For mild to moderate pain

- **Nonopioids:** Acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (NSAIDs). Some examples of NSAIDs are aspirin, ibuprofen, salsalate, and naproxen. You can buy many of these over-the-counter (without a prescription). Others need a prescription.

Benefits: Control mild to moderate pain.

Risks: Some of these medicines can cause stomach upset. They can also cause ringing in the ears, bleeding in the stomach, slow blood clotting, and cause kidney problems. Acetaminophen does not cause these side effects, but high doses of it can hurt the liver. Do not use these medications if drinking alcohol.

For moderate to severe pain

- **Opioids:** Codeine, morphine, methadone, hydrocodone, proxiphyne, fentanyl, tramadol, hydromorphone, and oxycodone. A prescription is needed for these medicines. Nonopioids may also be used along with opioids for moderate to severe pain.

Benefits: These medicines control moderate to severe pain and do not cause bleeding.

Risks: May cause constipation, sleepiness, dizziness, nausea and vomiting. Opioids sometimes cause problems with urination or itching. They may also slow breathing, especially when they are first given, but this is unusual in people who take opioids on a regular basis for pain.

For tingling and burning pain

- **Antidepressants:** Amitriptyline, doxepin, imipramine, trazodone, sertraline, paroxetine, venlafaxine, and fluoxetine. A prescription is needed for these medicines. Taking an antidepressant does not mean that you are depressed or have a mental illness.

Benefits: Antidepressants help to control tingling or burning pain from damaged nerves. They also improve sleep.

Risks: These medicines may cause dry mouth, sleepiness, and constipation. Some cause dizziness and lightheadedness when standing up suddenly.

- **Anticonvulsants:** Carbamazepine, Gabapentin (Neurontin), phenytoin. A prescription is needed for these medicines. Taking an anticonvulsant does not mean that you are going to have convulsions.

Benefits: Help to control tingling or burning from nerve injury.

Risks: Some of these medicines may hurt the liver and lower the number of red and white cells in the blood. It is important to have regular blood tests to check for these effects. Neurontin causes none of those listed side effects.

For pain caused by swelling

- **Steroids:** Dexamethasone, prednisone, methylprednisolone, and hydrocortisone. A prescription is needed for these medicines.

Benefits: Help relieve bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation. Steroids also increase appetite.

Risks: May cause fluid to build up in the body. May cause bleeding and irritation to the stomach. Sometimes can cause confusion for some people.

About side effects

All medicines can have some side effects, but not all people get them. Some people have different side effects than others. Most side effects happen in the first few days of treatment and gradually go away.

When to take your pain medicine

To help your pain medicine work best:

- **Take your medicine on a regular schedule (by the clock).**

Taking medicine regularly and as your doctor tells you will help to keep pain under control. Do not skip a dose of medicine or wait for the pain to get worse before taking your medicine.

- **Ask your health care provider how and when to take extra medicine.**

If some activities make your pain worse (for example, physical activity), you may need to take extra doses of pain medicine before these activities. The goal is to **prevent** the pain. Once you feel the pain, it is harder to get it under control.

Treating pain is important, and there are many medicines and treatments that can be used. If one medicine or treatment does not work, there are others that can be tried. And if a schedule or way that you are taking the medicine does not work for you, changes can be made.

Keeping track of how treatments work for you can help. You can use a record like the “**Pain Control Record**” at the end of this booklet, then share the information with your health care provider. This is the key to working together to find the best pain control plan for you.

Other types of treatments for pain

Your health care provider may recommend that you try other treatments along with your medicine to give you even more pain relief. Relaxation exercises like the one at the end of this booklet can help reduce pain. Many people find that cold packs, heating pads, massage, and exercise help to relieve pain. Music or television may distract you from the pain. Your family members may want to help you to use these treatments. These treatments will help to make your medicines work better and relieve other symptoms, but they should not be used instead of your medicine.

Non-drug treatments of pain

Here are a few examples of treatments that can help to relieve your pain. You may use these treatments along with your regular medicine:

- **Progressive muscle relaxation (PMR)** is the relaxing and tensing of your muscles around the area of pain
- **Deep breathing** is learning to breath using the muscle below your ribs (diaphragm)
- **Stress management** is learning to understand better what causes you to have stress and how to cope with it
- **Guided imagery** is learning to focus on a pleasant image you have chosen using all of your senses; sight, sound, touch, smell, and taste
- **Cognitive restructuring** is learning to change the way you think about pain
- **Counseling or psychotherapy** is learning better ways to cope with the losses you may have because of your pain

Talk to your health care provider about these treatments. They will be able to give you more information. Also, the counseling and support programs listed near the end of this handout may be helpful.

When more treatment is needed

Some patients have pain that is not relieved by medicine. In these cases other treatments can be used to reduce pain.

What are nerve blocks?

When certain substances are injected into or around a nerve, that nerve is no longer able to transmit pain. A local anesthetic, which may be combined with a steroid, provides temporary pain relief. For longer lasting pain relief, different medications may be used. Loss of feeling in the affected area is a frequent side effect of a nerve block.

Is surgery ever done to relieve pain?

After all available medicines and treatments have been tried. The patient may be a candidate for an invasive procedure such as spinal cord stimulators or implantable spinal infusions. Surgery to destroy the nerve(s) is only done as a last resort.

Talk to your health care provider about other pain treatments that will work for you.

The first step

The key to getting the best pain relief is talking with your doctor or nurse about your pain. They will want to know how much pain you feel, where it is, and what it feels like. You can use the questions below to prepare to communicate clearly about your pain. You may wish to write your answers in the space after each question.

Where is the pain? You may have pain in more than one place. Be sure to list all of the painful areas.

What does the pain feel like? Does it ache? Throb? Burn? Tingle? You may wish to use other words to describe your pain.

How bad is the pain? Health Care Professionals will ask you to rate your pain. One easy way is to use a number scale and rate your pain from 0 to 10. Zero means no pain and 10 means the worst pain you can imagine. One of these pain intensity scales is printed at the end of this handout. You can also describe your pain with words like none, mild, moderate, severe, or worst possible.

What makes the pain better or worse? You may have already found way to make your pain feel better. For example, using heat or cold, or taking certain medicines. You may have also found that sitting or lying in certain positions or doing some activities affects the pain.

If you are being treated for pain now, how well is the treatment working? You may want to describe how well the treatment is working by saying how much of the pain is relieved - all, almost all, none, etc.

Has the pain changed? You may notice that your pain changes over time. It may get better or worse or it can feel different. For example, the pain may have been a dull ache at first and has changed to a tingle. It is important to report changes in your pain. Describe how the pain was before and how it is now.

After talking with you about your pain, your doctor or nurse may want to examine you or order x-rays or other tests. These tests will help them find out more about the cause of your pain.

Having a plan and making it work

You can work with your doctor or nurse to write a pain control plan to meet your needs. In a pain control plan, you and health care provider plan your pain control activities. This will include when to take your medicine, how and when to take extra medicine, and other things you can do to ease and prevent your pain. Your health care provider doctor or nurse may also list the medicines and other treatments you can use to help you with any side effects or other aches and pains, such as headaches.

Making the plan work

Some people find that the first pain control plan does not work for them. You and your health care provider can adjust your pain control plan at any time. Here are some questions to ask yourself about the pain plan:

Is the plan hard to follow?

Is there any part of the plan that is hard to understand?

Are you pleased with the pain control?

Are you having trouble getting the medicine?

Are you having trouble taking the medicine?

Are you having side effects from the medicine?

Is the medicine or the treatment causing a problem for you or your family?

Are the non-drug treatments working for you?

Other questions you have for your doctor or nurse:

Pain management programs

A specialized program in pain management is not necessary for every person with CNP. However, when pain becomes the central feature of a person's life, some type of special help is needed.

There are a variety of pain management programs. At the present time, there is no comprehensive listing of pain management programs. There is no agency or group that licenses or accredits these programs. There are some special credentials for physicians in pain management.

The following questions may be helpful in selecting a pain management program:

- What types of pain are treated?
- How are services offered?
- Which services are offered?
- What type of follow-up does the program offer?

Counseling and peer support

Pain can make you feel many emotions. You may feel sad, helpless, vulnerable, angry, depressed, lonely, isolated, or other emotions. Lots of people feel these things when they are in pain. Often, when the pain is successfully treated these feelings lift. Many people, who have had pain, feel that counseling, religious, and other supports groups have helped them to get back a sense of control and well being.

Contact a counselor of your choice or these agencies for further information:

American Chronic Pain Association

PO Box 850
Rocklin, CA 95677
Phone: (916) 632-0922
<http://www.theacpa.org>

American Academy of Head, Neck and Facial Pain

520 W Pipeline Rd
Hurst, TX 76053
Phone: (817) 282-1501
<http://www.aahnfp.org>

Arthritis Foundation

PO Box 19000
Atlanta, GA 30326
Phone: 1-800-283-7800
<http://www.arthritis.org>

► **Central Ohio Chapter**

3740 Ridge Mill Drive
Hilliard, OH 43026
Phone: (614) 876-8200

Back Pain Association of America

PO Box 135
Pasadena, CA 21223
Phone: (410) 255-3633

Crohns and Colitis Foundation of America

386 Park Ave S, 17th Fl
New York, NY 10016-8804
Phone: 1-800-932-2423
<http://www.ccfa.org>

National Osteoporosis Foundation

1232 22nd Street N.W.
Washington, DC 20037-1292
Phone: (202) 223-2226
<http://www.nof.org>

American Pain Foundation

201 North Charles Street, Suite 710
Baltimore, Maryland 21201-4111
<http://www.painfoundation.org>

National Headache Foundation

820 N. Orleans Street, Suite 217
Chicago, IL 60610
Phone: 1-888-NHF-5552
<http://www.headaches.org>

National Institute of Arthritis and Musculoskeletal and Skin Diseases NIH

Bldg. 31, Room 4C02
31 Center Dr. - MSC 2350
Bethesda, MD 20892-2350
Phone: (301) 496-8190
Fax: (301) 480-2814
<http://www.nih.gov/niams>

National Multiple Sclerosis Society

733 Third Ave
New York, NY 10017
Phone: 1-800-344-4867
<http://www.nmss.org>

Reflex Sympathetic Dystrophy Syndrome Association of America (RSDSA)

P.O. Box 502
Milford, CT 06460
Phone: (203) 877-3790 or 1-877-662-7737
<http://www.rsds.org>

Sickle Cell Disease Association of America, Inc.

231 East Baltimore Street, Suite 800
Baltimore, Maryland 21202
Phone: (410) 528-1555 or 1-800-421-8453
Fax: (410) 528-1495
<http://www.sicklecelldisease.org>

TMJ Association

P.O. Box 26770

Milwaukee WI 53226-0770

Phone: (262) 432-0350

<http://www.tmjassociation.com>

Slow rhythmic breathing for relaxation

Deep breathing exercises can help relax you. These exercises may work along with your medicine to lessen or relieve your pain.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you.
4. To help you focus on your breathing and breathe slowly and rhythmically: (a) breathe in as you say silently to yourself, “in, two, three;” (b) breathe out as you say silently to yourself, “out, two, three.” or:

Each time you breathe out, say silently to yourself a word such as “peace” or “relax.”

5. Do steps 1 through 4 only once or repeat steps 3 and 4 for up to 20 minutes.

End with a slow deep breath. As you breathe out say to yourself, “I feel alert and relaxed.”

Source: McCaffery and Beebe, Pain: Clinical manual for nursing practice. 1989. Adapted and reprinted with permission.

Further information and resources

- Talk to your health care providers.
- Ask for other Ohio State University Medical Center patient education handouts about pain control and non-medical treatments for pain.
- Try using guided imagery or relaxation exercises. These are also available recorded on CD-ROM or cassette tapes. An example is “Guided Meditations from The James” ©2001 James Cancer Hospital and Solove Research Institute. Many are sold at bookstores, or are available for loan at libraries.
- Call or visit the Library for Health Information in this Atrium on the 5th floor at the main campus of The Ohio State University Medical Center. Call (614) 293-3707 or email your question to health-info@osu.edu to make a request for information on any health topic, free of charge.

Pain control record

You can use a chart like the one on the last page to rate your pain and to keep a record of how well the plan is working. Write the information on the chart. Use the pain intensity scale to rate your pain before and after you take medicine. See **“Pain Control Record”** on the next page. You might want to photocopy this page so you have an extra blank copy.

