



SAFE PASSAGE

Simple Facts About the Control of Pain

Kansas City Hospice & Palliative Care  NorthCare Hospice
A Subsidiary of Kansas City Hospice & Palliative Care

Managing pain can help you live a fuller life

When the pain of illness is controlled, people can enjoy activities, perform household tasks or other work, enjoy the company of others, and sleep. They can avoid the anxiety or depression that can come with uncontrolled pain.

Studies show people respond better to treatment and have more active immune systems when their pain is controlled. They recover faster from surgery than people whose pain is not controlled. Plus, they are less likely to have changes in their nerves that causes pain to continue even after the original problem heals.

Today, there are excellent treatments for pain. Most people with pain will find relief in medicines taken by mouth. People who cannot swallow or don't respond to those drugs can get relief from drugs given by a skin patch, with a suppository, lines under the skin or by an IV. People with pain that is harder to control may find relief in treatments such as radiation therapy for cancers, nerve block injections or surgery.

Non-drug treatments – relaxation exercises, massage, imagery, hot or cold packs, rest, distraction with pleasant activities, or counseling and support groups – can also be helpful.

GETTING PAIN RELIEF

You have a right to pain relief. Ask your doctors about their approach to pain relief and how they plan to treat any pain you may have during your illness. If you have pain, tell your doctors and nurses. They should ask

some questions to learn more about the pain, and you should give them details about your pain so that they can provide the best treatment.

Here are some questions you should expect:

- ▶ Where is your pain? Do you hurt in more than one part of your body?
- ▶ What type of pain is it? Is it sharp, stabbing, burning, tingling, numbing, aching, throbbing? You might find other words to describe it.
- ▶ How bad is the pain? Is it mild, moderate, or severe? Where does the pain fall on a scale of zero to 10, with zero being no pain and 10 being the worst pain imaginable?
- ▶ What makes the pain better or worse? Is it better or worse with certain activities, eating or being in a certain position?
- ▶ What medicines have helped it? What medicines have you tried that did not help or did not agree with you?
- ▶ Is the pain present all the time or does it come and go? When did it start?
- ▶ Has the pain changed over time?
- ▶ Is your current pain medicine controlling the pain? Are you having problems with side effects?
- ▶ How does the pain affect your mood, activities or ability to interact with others?
- ▶ What is your goal for pain relief? What level of pain control do you want to achieve?

After talking with you, your doctor or nurse will examine you and might order some tests to find out why you are in pain. You should be started on pain medicine to control your symptoms even before the tests are done. Serious pain is a medical emergency.

TYPES OF PAIN MEDICATION

Many medicines control pain, and your condition may require a combination of two or more. If you have constant pain, you should take your medicine on a regular schedule to control pain throughout the day. *Don't wait* for the pain to begin before starting your medicine. You might also have a “flare-up” or “break-through” pain. In that case, it is good to have a fast-acting medicine on hand to add when needed.

Analgesics

These are the most common pain medicines.

For Mild to Moderate Pain

TYPES: The first line of defense for mild to moderate pain includes aspirin, acetaminophen and nonsteroidal anti-inflammatory drugs such as ibuprofen and naproxen, which are called non-opioid medicines. You can buy some of these without a prescription.

CAUTIONS: Though they are easy to obtain and are mild pain relievers, these medicines can cause serious organ damage if you take more than the recommended doses. For example, overdoses of some can cause stomach bleeding, kidney failure or liver damage. Do not start these medicines without asking your doctor if they can be taken with your other prescriptions.

For Moderate to Severe Pain

TYPES: Stronger medicines, called opioids, include morphine, hydrocodone, oxycodone, codeine and hydromorphone. Commonly called narcotics, these medicines require a prescription.

CAUTIONS: Opioid medicines can be taken with non-opioid medicines and do not cause stomach

bleeding or organ damage. However, they often do cause constipation, so you should take a laxative with them to prevent this problem. Opioid medicines also can cause nausea, sleepiness or itching in the first few days of treatment. They may cause slow breathing if started in high doses, but this is unusual in people who take them on a regular basis for pain.

OTHER PAIN MEDICINES

In certain types of pain, analgesics work best if they are given along with other types of medications, called adjuvants. These medicines help slow pain signals, making the analgesics work better.

Antidepressants

TYPES: Commonly prescribed antidepressants include amitriptyline, desipramine and nortriptyline. Physicians prescribe them to help control tingling or burning pain, which usually is caused by nerve damage. They also can help improve sleep.

CAUTIONS: Antidepressants can cause dry mouth, drowsiness or constipation. Some can cause dizziness, especially if you stand up too quickly.

Anticonvulsants

TYPES: These medicines include gabapentin, valproic acid and carbamazepine. In addition to treating seizures these also help ease nerve pain, especially if it feels like tingling, stabbing or electrical shocks.

CAUTIONS: Some of these medicines can cause nausea or dizziness. Some of them also require blood tests to monitor for possible side effects.

Steroids

TYPES: These medicines include prednisone and dexamethasone. They help with bone pain as well as pain caused by inflammation, pressure on nerves, or a tumor pressing on the brain or spinal cord.

CAUTIONS: Steroids can cause increased appetite, fluid retention, stomach irritation or confusion.

Nonsteroidal Anti-Inflammatory Medicines

TYPES: These medicines include ibuprofen, naproxen and meloxicam. They can be added to the stronger pain medicines for people who have bone pain.

CAUTIONS: These medicines can cause kidney problems or stomach irritation and bleeding.

SIDE EFFECTS

Like all medications, pain medicines can have side effects that can appear in the first few hours or days of beginning treatment. As a rule, these side effects lessen over time. Each person is different in their response to a medication, and in some cases side effects will not occur.

Watch for and let your doctor know about any side effects that happen while you are taking pain medications. Your doctor can prescribe other treatments that will control the side effects while your body adjusts.

Constipation

Unfortunately, this is a side effect of opioid medicines that does not usually go away with time. However, taking proper steps can make a difference.

WHAT TO DO: Most people will need to do two things. Start a laxative at the same time you start taking an opioid medicine, especially if constipation has been a common problem. If possible, increase your fluids, eat more fruits and vegetables, and stay as active as possible.

When someone is very ill and dying, it is natural to eat less and move less. Constipation still can be controlled with the right medications.

Nausea and Vomiting

Some people taking pain medicines will have nausea and vomiting, which is more common the first three days.

WHAT TO DO: Have an anti-nausea medicine on hand when you start the pain medication. If nausea develops, you can take the anti-nausea medicine on a regular schedule for several days. It may not be needed after that.

Sleepiness or Confusion

Like other side effects, this problem happens during the first few days of treatment and then wears off in most people. If it remains a problem, you can ask about a medicine that helps keep you more alert, your doctor can adjust your pain medicine or you can change to a different pain medicine. Sometimes people sleep a great deal in the first few days after starting a pain medication because their unrelieved pain was causing exhaustion. Pain relief allows them to finally relax and sleep deeply.

Slowed Breathing

This side effect usually is not a problem if your pain medicine is given at recommended doses and, if necessary, is gradually increased. If you are still experiencing pain, the increased medication will not slow your breathing significantly. Your doctor or nurse can tell you how to determine whether an increase is appropriate.

FREQUENTLY ASKED QUESTIONS

Q: Should I take pain medicine only if I am in pain?

A: Pain control is much easier if you take medicine before the pain becomes intense. The goal is to prevent pain or to keep it at a mild level. Some people take medicine on a schedule, even if pain is already under control, to reach this goal.

Q: If I take the stronger drugs now, will they work later on when I really need them?

A: Sometimes your body gets used to a drug and you need take more to control pain. Your doctor will adjust your dosage as needed.

Q: Will I get “hooked” or addicted to pain medicine?

A: Addiction is dependence on a drug for mental reasons such as “getting high.” People who take drugs to relieve pain rarely have problems with addiction. They take only the drugs they need to control pain. Uncontrolled pain, however, can have long-lasting effects, so your doctor will strongly encourage you to take pain medicine if you need it. If you must stop the medicine for any reason, your doctor will slowly reduce the dose over a few days to allow your body to adjust.

Q: Are morphine and other strong pain relievers used only for the last stages of dying?

A: Anyone who has moderate or severe pain should take medicine that is strong enough to relieve that pain, even if the pain is temporary. For example, some people recovering from common surgery receive morphine for post-surgical pain control.

Q: If I ask for pain medicine, am I still being a “good” patient?

A: For you to enjoy a good quality of life is an important goal of medicine. Pain is a normal part of many conditions and your physician does not want you to suffer if relief can be provided. A “good” patient is one who provides a highly accurate picture of the problem to the doctor. So don’t withhold the information that your doctor needs to provide you with the best treatment.

Kansas City Hospice & Palliative Care



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We are a not-for-profit organization offering a range of services for people of all ages and at all stages of serious illness.

Our programs include:

- ▶ **Advanced Illness Support** — in-home consultation services to help guide you through complex healthcare systems and medical decisions
- ▶ **Kansas City Palliative Home Care** — supportive care for people at any stage of serious illness, offered at home before the need for hospice
- ▶ **Kansas City Hospice** — comfort, care and compassion at home or in a nursing home
- ▶ **NorthCare Hospice** — home care and nursing home hospice care in the Northland
- ▶ **Carousel** — care for seriously ill children
- ▶ **Kansas City Hospice House™** — inpatient care in the comfort of a homelike setting
- ▶ **NorthCare Hospice House** — compassionate inpatient care in the Northland
- ▶ **Solace House** — a center for grief and healing offering a nurturing place for children and adults following a death

For more information or to schedule a complimentary assessment to see if one of our programs may be helpful to you, call:

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