

## Oldham Persistent Pain Management Programme

### Medication

- Compliance with medication is generally poor - less than 40% of people follow their exact prescription.
- Medication has the most underpinning scientific evidence of any pain relieving modality. All medication has the potential for harmful side-effects, but these can vary from individual to individual. Try to be open minded, but vigilant when commencing a new medication. Any concerns - then consult your G.P. healthcare professional or pharmacist.
- The correct level of medication should be the minimum amount that 'does the job'. The stronger the prescribed medication, the more the chance of adverse side-effects, tolerance, dependency and addiction. It is often more realistic for pain to be managed to a level that allows you to be more active and/or sleep better rather than removing pain altogether. The use of medication should be a joint decision between patient and prescriber. To get the best out of the medication that has been prescribed, it is important that you use the correct dose and take your medication at the right times.
- Never exceed your stated maximum dose.
- Some of the medications that we use to manage pain are not primarily pain killers for example, anti-depressants or anti-epileptics medications are commonly used in the treatment of neuropathic (nerve) pain(see chart below)  
anti-depressants can also be useful to regulate sleeping patterns.
- It is unlikely that medications will provide total pain relief, but even a little less pain will allow you to do more activities. If medications don't provide the relief that you expected, this can lead to frustration, worry and stress and a vicious cycle can set in (remember the Pain Cycle discussed in week 1).
- If you would like to reduce or change your medication, you should only do this after discussing it with your GP or healthcare professional.

## Commonly Prescribed Drugs

Drug Category	Examples	Common Side Effects*
Paracetamol	Paracetamol Panadol	Relatively few
Non-Steroidal Anti-inflammatories (NSAIDs)	Aspirin Ibuprofen Diclofenac (Voltarol, Arthrotec) Naproxen Celebrex	Nausea Stomach ulceration/bleed Wheeziness
Weak Opioids	Codeine (8-12% morphine strength) Dihydrocodeine Tramadol	Constipation Nausea Drowsiness Addiction Reduced appetite
Strong Opioids	Morphine (MST/Oramorph) Fentanyl (Duragesic) Buprenorphine(Butrans/Transtec) Oxycodone(Oxycontin/Oxynorm)	Constipation Nausea Confusion Addiction
Anti-Depressants	Amitriptyline Nortriptyline Duloxetine	Drowsiness Dry mouth Nausea Constipation
Anti-Epileptics	Gabapentin Pregabalin (Lyrica)	Dizziness Drowsiness Addiction Increased appetite/weight gain

*\*Read drug leaflet for comprehensive list*

Many drug companies combine these drug categories e.g. Co-codamol (Tylex, Solpadol, Solpadeine) which combines Paracetamol and Codeine