

It's a Pain

Pain is a terrible thing, affecting many people for many different reasons, and we all have different tolerances.

Pain can be 'acute' (short term) after an injury, or 'chronic' (ongoing) pain from eg arthritis or cancer.

For many years as doctors, we have tried to manage pain in many different ways, in medieval times, anything from hedgehog grease, boiled grasses, bloodletting, or boiled owl (????) were used in various potions, and poultices. Having watched many episodes of 'Horrible Histories' with my children, I have seen some very *interesting* medical treatments of various, things that fortunately we don't use now....!!

So obviously we've come a long way....but still guidance on how we deal with pain changes often.

One of the most common forms of treatment for pain is 'opioid analgesia' (analgesia just means pain relief).

These types of pain killers include codeine (co-codamol) dihydrocodeine, tramadol, and stronger things such as morphine, oxycodone, and fentanyl, to name a few.

We know these sorts of medicines are *very useful* for short term pain relief eg after surgery, for severe pain that will last days to weeks, or in situations like cancer pain. But it was also thought that these types of painkillers were useful in more chronic pain (months-years)

We now know that this is not the case, it doesn't help in the long term, and actually can result in more harm than good, with unwanted side effects, dependence and respiratory depression, (reduced rate and quality of breathing) even an early death.

There is a chart we can use to work out how much opioid type medication you take (compared to morphine) this is called the 'morphine equivalent'. It has been shown in recent studies that people taking more than 100mg of morphine equivalent per day, have an increased risk of death (from overdose or side effects) compared to those who take less or none. (I will include a link to a calculator you could use)

In light of the latest guidance, within the practice, we are undertaking work to look and review patients who appear to be taking this level or above with a view to discussing their management and offering support in reducing this burden.

You may not be currently taking morphine, but looking at the tables below you can have an idea of the equivalences of other medication

10mg oral MORPHINE =	100mg of oral CODEINE
	100mg of oral DIHYDROCODEINE
	5mg of oral OXYCODONE
	25mg of oral TAPENTADOL
	67mg of oral TRAMADOL

Unwanted effects of opioids include :

Constipation

Nausea

Sleepiness

Poor concentration/memory

Hormonal effects including: Lowering testosterone levels, Difficulty getting pregnant

Depression

Osteoporosis (thinning bones)

Reduced immune system

Opiate hypersensitivity-which is when after taking them for a long time, you become MORE sensitive to pain. If you stop opioids, this effect will be reversed, so pain gets better after stopping them.

Tolerance is when the opiate becomes less effective, as your body has become used to them.

Dependence is when you stop taking them suddenly, you get 'withdrawal' symptoms'

Addiction is a feeling of craving the medication, even if you feel no physical benefit, and may even feel it is doing you harm. You may feel out of control, not considering how much, or how often you are taking them

Driving can be affected also, which is why in 2015 a *new law was passed* with limits on how much of some medication can be in your system.

It has been shown than people with higher levels of morphine can have slower reaction times, and slower decision making, difficulties judging speed and distance.

With ANY medication, you should not drive if you don't feel safe.

If you feel concerned about the medication you are taking and would like to discuss reducing it, we can offer you support. You can speak to a GP, nurse or our in house pharmacist, and we will try and help you.

Other support can be found at:

The pain toolkit: www.paintoolkit.org

<https://www.nhs.uk/live-well/healthy-body/ways-to-manage-chronic-pain/>

<https://www.nhs.uk/conditions/back-pain/>

Opiate conversion chart: <https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids>