

## UNDERSTANDING PAIN BY DR A RICHMAN SALARIED GP

Pain can be a confusing and frustrating condition to live with, particularly as it's something that cannot be seen from the outside by those around us. Most of us grow up thinking that pain will eventually go away, so how do we make sense of pain that doesn't go away? Pain that doesn't go away and is persistent is called 'Chronic pain'.

When you have a new injury (acute pain) it is easy to guess which part of the body is causing the pain – the bruise, the broken bone or swelling for example around a sprained ankle. Sometimes it's easy to think that scans or x-rays might be able to give us all the answers but sadly it is impossible to say whether these are the source of the pain or not. With chronic pain it is much more difficult as often there is no obvious physical cause, no accident, bump, fall or stumble to blame. It's commonly misconceived that chronic pain is an indicator of an ongoing injury requiring suspension of activity, however this is very often not the case. Chronic pain is complex, often a product of abnormal neural signalling and usually requires a multimodal treatment approach. Our aim is to try and help you manage it most effectively.



### What treatment is available?

Firstly, you may not need to take painkillers to relieve your pain. Here are some alternatives:

- Applying heat to the skin can help some types of pain. Use compresses or products such as sprays, creams, ointments, gels and patches to help swelling and inflammation. These are available from your local pharmacy.
- Support from bandages or compression hosiery can help with sprains and strains.
- Rest if your body tells you to.
- Exercise gently as soon as you are able. Try to be active every day instead of only on the good days when you're not in so much pain.
- **Physiotherapy – you can self-refer using forms available on our surgery website or directly book an appointment at reception!**

When taken at the right dose, painkillers are safe and effective medicines. When you have short-term pain, it may be best to take the painkiller as recommended on the pack to help you remain active and stop the pain from building up and becoming intolerable. If a 2-week course of over-the-counter painkillers does not work, ask for help from your GP or pharmacist.

Common painkillers used to treat pain are:

- Paracetamol
- Aspirin
- Ibuprofen

*The above are readily available over the counter and should always be used first before considering the below:*

- Naproxen
- Codeine (please note we no longer readily prescribe co-codamol)

Aspirin, ibuprofen, and naproxen come from a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs work by changing the body's response to pain and swelling. They are particularly helpful for acute strains and sprains, muscle and joint pains, however high doses or long-term use may lead to indigestion, bleeding from the gut, kidney problems, high blood pressure, fluid retention and slight increased risk of heart attack and stroke. They may also worsen asthma in about 10% of sufferers. Aspirin must never be given to under 16 years old due to a very rare but fatal condition called Reye's syndrome. Codeine and dihydrocodeine are a very mild derivative of morphine, and work by blocking pain messages in the brain and spinal cord. Paracetamol works in a different way to NSAIDs and codeine. It is particularly helpful in reducing fever and relieving pain.

Because each type of painkiller works in a different way to relieve pain, there are some products available that contain more than one type of painkiller. For example, aspirin, paracetamol or ibuprofen can be combined with codeine and/or caffeine.

Know what you are taking! Always read the instructions and do not take two products containing the same active ingredient.

**A WORD OF CAUTION ON CODEINE, CO-CODAMOL AND OTHER OPIOID BASED PRODUCTS - PROLONGED USE CAN LEAD TO CONSTIPATION, HEADACHES, TOLERANCE AND ADDICTION - PLEASE ONLY TAKE FOR SHORT PERIODS IF POSSIBLE AND SEEK HELP FROM YOUR GP OR OUR PHARMACIST IF YOU FEEL YOU NEED HELP WITH COMING OFF THESE PRODUCTS. THERE IS VERY LITTLE EVIDENCE THAT THEY ARE HELPFUL FOR LONG TERM PAIN.**

Whatever the treatment, its important to remember that there is help available and you are not on your own! In addition to support available from us at the practice there are also charities specialising in pain, such as Action on Pain and Pain Concern

These charities provide information, tips and techniques on pain management, and there is also the opportunity for you to speak to volunteers and join a community to share experiences with others suffering with similar conditions.

Sources and useful links:

[www.britishpainsociety.org](http://www.britishpainsociety.org)

[www.nhs.uk/live-well/healthy-body/ways-to-manage-chronic-pain/](http://www.nhs.uk/live-well/healthy-body/ways-to-manage-chronic-pain/)

[www.action-on-pain.co.uk/](http://www.action-on-pain.co.uk/)

[painconcern.org.uk/](http://painconcern.org.uk/)

[www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/](http://www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/)

[www.fpm.ac.uk/opioids-aware/information-patients](http://www.fpm.ac.uk/opioids-aware/information-patients)

[www.paintoolkit.org/](http://www.paintoolkit.org/)