

# Pain Medications: A Comfort or a Threat?

When you have pain from a health condition or a medical treatment, you have the right to expect help in managing that pain.

The first step is to be honest with yourself and your loved ones about your level of pain. Then talk to your caregivers (nurses, doctors, etc.). Part of their job is to help manage pain, and they will understand any fears or concerns that you may have.

Managing your pain will involve you, as the patient, as well as your professional caregivers - nurses, doctors, pharmacists, therapists, and others. Working together is the best way to achieve good results.

It may not be possible to make your pain go away completely. However, our goal will be to make you as comfortable as possible while still restoring your ability to function.

The management of pain involves different treatment and coping strategies. Pain medications may or may not be used.

Many patients have questions and concerns about possible side effects or problems from long-term use of pain medications. This booklet was developed to answer the questions that we are often asked about different types of medication and to reduce concerns about using them.

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## TYPES OF PAIN MEDICATION

### ***What are some commonly used pain medications?***

Commonly used pain medications include aspirin, acetaminophen (one brand name is *Tylenol*), ibuprofen (brand names include *Advil*, *Motrin*, and *Mydol*), and naproxen (brand names include *Naprosyn* and *Aleve*). All are effective for mild to moderate pain, and all are relatively safe for most people.

Many pain medications are available over-the-counter. Other, more potent, medications are available by prescription.

### ***Are aspirin, acetaminophen and ibuprofen safe for everyone?***

When used as directed, these medications are safe for most people. However, people with certain medical conditions should be aware of potentially dangerous side effects. Here are some examples:

**Aspirin and ibuprofen:** Aspirin and ibuprofen can cause problems for people with a history of stomach problems (such as ulcers) or bleeding problems, or for people taking blood-thinner medications.

**Acetaminophen:** If you have liver disease, you should take acetaminophen only under the direction of your doctor. It is not recommended to use alcoholic beverages and take acetaminophen at the same time, especially if you have a problem with your liver.

### ***What other pain medications might my doctor prescribe?***

There are many prescription medications for pain that your doctor can consider. Some were originally developed to treat other conditions, such as depression or epilepsy. They can be grouped into categories that include:

- ♦ Tricyclic antidepressants (examples: amitriptyline, or *Elavil*)

- ♦ SSRI (selective serotonin reuptake inhibitor) antidepressants (examples: *Prozac*, *Paxil*, *Zoloft*, *Celexa*, *Lexapro*)
- ♦ Anticonvulsants (examples: gabapentin, or *Neurontin*; valproate, or *Depakote*; carbamazepine, or *Tegretol*)

### ***Are there medications used for specific types of pain?***

Some medications are useful in treating specific conditions. For example:

- ♦ *Imitrex* is often prescribed for migraine headaches, and *Midrin* is recommended for various other types of headaches
- ♦ Baclofen and *Skelaxin* are used to treat pain from muscle spasms
- ♦ General sedatives (diazepam, or *Valium*; lorazepam, or *Ativan*; clonazepam, or *Klonopin*; butalbital, or *Fiorinal*, *Equagesic*, *Esgic*) can also be taken to relieve pain related to muscle tension or spasm

### ***What are "adjuncts," and why does my doctor prescribe them?***

Adjuncts are sometimes referred to as "assistant medications." They are used to make the actual pain medication – even a very strong one – work better. If your doctor prescribes an adjunct for you, he or she can answer any questions you may have about it.

### ***What are opioid analgesic pain medications?***

Opioid analgesics make up a "family" of medications specifically developed and used to reduce or block the experience of pain. Here are some terms that your doctor or pharmacist may use:

**Analgesic:** A medication that specifically targets pain

**Opiate Analgesic:** A natural pain medication taken from the opium poppy plant

**Opioid Analgesic:** Another name for any opiate analgesic, or a pain medication made in pharmaceutical company laboratories that is very similar in structure and actions to opiate analgesics

**Narcotic Analgesic or Controlled Substance:** Other terms that are used to describe opioid analgesics. These medications can produce an intoxicated feeling and are misused by some persons. That is why they have been placed under federal government control, according to narcotics laws.

***How do opioid analgesics work?***

Opioid analgesics do not treat the condition that causes the pain. Instead, they act on nerve cells to block the sensation of pain. In other words, they affect your nervous system's ability to tell you that you feel pain.

You may have heard about *endorphins*, which are naturally occurring chemicals made in your brain. Endorphins act on pain receptors called *opiate receptors*. Opioid analgesics work by acting on these same receptors.

***What should I know if opioid analgesics are prescribed for me?***

Before taking opioid analgesic medications, you should understand:

- ◆ How they work
- ◆ Why they are prescribed
- ◆ The actual risks
- ◆ The true potential risks

Unfortunately, there are many false beliefs about these medications. When patients or their caregivers have misunderstandings or misconceptions, the care of patients can be changed unnecessarily.

The answers that follow should give a better understanding of these medications.

***What are the names of some opioid analgesics?***

Opioid analgesics include codeine (as is found in *Tylenol #3* and many other products), morphine (morphine sulfate, *MS Contin* or *Kadian*), buprenorphine (*Buprenex*), oxycodone (*Percodan*, *Percocet* or *OxyContin*), hydrocodone (*Vicodin*), hydromorphone (*Dilaudid*), methadone (*Dolophine*), fentanyl (*Duragesic*), meperidine (*Demerol*), propoxyphene (*Darvon* and *Darvocet*), and tramadol (*Ultram*), and a variety of combination products that can contain codeine or other opioids.

These medications vary in strength. For instance, propoxyphene isn't quite as strong as the other opioids, and tramadol is a medication with a mixture of actions, of which the opioid action is relatively minor. However, *Darvon* and *Ultram* products are indeed opioids.

***What should I know about safety?***

There is no doubt that these are strong medications. However, they are very effective and very safe to use for the vast majority of people.

***Why do many patients, nurses, and doctors have concerns about opioids?***

Some people think that the term *controlled substances* implies something dangerous or bad. However, there is nothing bad about taking a medication that a licensed physician prescribes for you. As with any medication, be sure that your physician has answered all your questions and addressed your concerns.

## MEDICATIONS AND POTENTIAL PROBLEMS

### *What kinds of problems can come from using opioid pain medications?*

Opioid medications are generally very safe. However, as with any medication, unwanted side effects can occur, and may include:

- ♦ **Constipation** is a common side-effect, which can be controlled through diet changes and using over-the-counter laxative products.
- ♦ **Sedation** (feeling very sleepy). While you are taking opioid medications – and especially when you first start taking them – you should not try to drive, or operate dangerous tools or equipment. The sedating effects of opioid analgesics are multiplied if you also use alcoholic beverages or other medications that have sedating effects.
- ♦ **Coma or death.** In very high doses, or in overdose situations, opioid analgesics are dangerous. They cause breathing to slow down, which can lead to coma or death.

**Be sure to keep these medications away from children and pets.**

### *What problems can occur when opioid analgesics are misused?*

There are a variety of ways that pain medications are misused, including:

- ♦ Fear of addiction keeps some people from taking opioids that could relieve their pain
- ♦ Fear that some people could develop an addiction has also led many doctors to not prescribe opioids, even when indicated
- ♦ Some people do become addicted.

### *How common is addiction?*

Although it certainly can and does happen, it is relatively uncommon to develop an addiction when using opioid analgesics for pain.

It is more common to develop a pattern of misusing prescribed medications, even if true addiction does not occur.

### *Are there any non-prescription drugs that I should be careful taking at the same time I am taking prescription pain medications?*

You should be careful whenever you take more than one pain medication at a time, and especially careful when taking products that contain acetaminophen (some brand names include *Tylenol* and Walgreen's *No-Aspirin Pain Reliever*). While it is a very safe medication when taken as directed, it can be very dangerous when taken in excessive doses: liver damage, or even fatal liver failure, can result. Most doctors and pharmacists advise patients to:

- ♦ Take no more than 4,000 milligrams of acetaminophen per day (that's eight "extra strength" 500-milligram tablets).
- ♦ Be especially careful when taking different medications that contain acetaminophen. The 4,000-milligram daily limit applies to acetaminophen from *all* sources. These sources can include:
  - Combination non-prescription products, such as cold remedies containing acetaminophen
  - Combination prescription drugs (such as *Percocet*, *Darvocet*, *Vicodin*, *Lortab*), which contain an opioid analgesic as well as acetaminophen.

## MEDICATIONS AND ADDICTION

### *I am concerned because I heard that opioids are addictive. What does this mean?*

Some people are considered to be at a higher risk of developing an addiction if they take an 'addictive' medication regularly. This includes people with a past history of alcohol or other drug addiction, or a family history of alcohol or other drug addiction.

In addition to opioid analgesics, there are other 'families' of medications that are addictive, including some sleeping pills, sedatives and stimulants. Most addictive medications are regulated by federal authorities.

### *What are important points about addiction?*

Some important points about addiction include:

- ◆ Addiction is a complex condition that is not caused by a medication. It develops, or re-occurs, from an interaction of factors. The agent, or drug, is only one factor.
- ◆ People with addictions misuse 'addictive' medications because of psychological cravings for feelings of 'euphoria' or 'drug-induced highs.' However, having a 'high' or pleasurable feeling when taking a medication does NOT necessarily mean that someone has become addicted to the medication.
- ◆ Most people who are given 'addictive' medications do not develop addiction: addiction occurs in about 10 percent of the population.
- ◆ Most medications are not 'addictive,' and people who do have addiction do not misuse all medications. Most people with active addictions misuse only a few families of drugs, which may include opioid analgesics.
- ◆ New research has shown that some older ideas about addiction are not true:
  - Developing a tolerance to a medication or needing a higher dose for it to be effective is NOT the same as being addicted to the medication

- Physical discomfort or symptoms of physical withdrawal when a medication is stopped or reduced is NOT the same as being addicted to that medication
- When given an opioid medication, most people don't experience euphoria or a 'high.' For people who do not have an addiction, taking an opioid medication is more likely to cause an unpleasant feeling than a 'high.'

### *Where can I get more information about addiction?*

The American Pain Society, the American Academy of Pain Medicine, and the American Society of Addiction Medicine have prepared information that explains what addiction is, and what it is not. If you would like to read it, please ask us for a copy.

### *In summary, what should I know if my doctor has prescribed an opioid analgesic for me?*

- ◆ Opioid analgesics are generally very safe.
- ◆ You can receive comfort from the pain-blocking effects.
- ◆ The risk of becoming addicted to opioid analgesics prescribed by your doctor is very low.
- ◆ The occurrence of 'problem use' of opioid analgesics is more common than the occurrence of 'addiction.'
- ◆ If you have concerns, it is better to discuss them with your doctor than to simply refuse to take the medication.
- ◆ Only in certain circumstances do opioid medications cause over-sedation or unpleasant side effects. Side effects, such as itching, wear off soon after you stop taking the medication.

***What are the warning signs of problem use?***

It is a warning sign of a problem when you:

- ◆ take a larger dose than prescribed
- ◆ take more doses per day than authorized, or
- ◆ run out of your prescription early because you took more than was prescribed

If you notice *any* of these signs, please talk to your doctor about it.

***I need to take more and more medication to control my pain. Is that okay?***

When you feel that you need more and more pills to produce the same level of pain relief, it may be a sign that you are developing a *tolerance* to the pain-relieving effects of the opioid medication.

Tolerance can be a sign of addiction. However, it is more likely that a *pharmacologic tolerance* is developing. This is a common, and even natural, outcome of regular use of these medications.

***What should I do if I think I am developing a pharmacologic tolerance?***

If you think you are developing a tolerance, you should discuss it with your doctor.

It doesn't necessarily mean to you, or to your doctor, that you must stop taking opioids. It just means you and your doctor must explore what is happening and if it is necessary to make changes in your treatment plan.

***Is it a problem if I take opioid medications after my pain is gone?***

It is a sign of problem use if you find that you are taking a pain medication to produce a result other than pain relief. You should consider it a warning sign if you use an opioid medication – especially if you aren't experiencing much pain – for any of the following:

- ◆ as a sleep aid
- ◆ to reduce anxiety or depression
- ◆ to give you an energized feeling or a “boost of energy”
- ◆ to feel an emotional “euphoria”

***If I think I have developed a pattern of problem use, what should I do?***

You should discuss it with your doctor if you notice that:

- ◆ you've developed a pattern of what doctors call *relief use* (using medication for relief of stress, anxiety, depression, or fatigue), or
- ◆ you are taking medication because you like the ‘high’ you get from it.

***Are there any other signs that show that I may be developing an addiction?***

Signs that suggest either problem use or an addiction include:

- ◆ Continuing to take opioid medications, and seeking supplies of them, even if the medication is creating a problem in your life.
- ◆ Continuing to take opioid medications even though they cause you to feel sleepy or doopey, or to be inactive.
- ◆ Seeking and obtaining opioid medications from unauthorized sources. This can include buying them from “the streets,” taking them from family or friend’s medicine cabinets or purses, or going to doctors other than your own to get additional supplies.

If any of these apply to you, please consider them as significant danger signs.

You must find the courage to have an honest discussion with your doctor about what has happened to your relationship with opioid analgesics.

Or, you can talk with your Meriter nurse, and she/he can help you decide on your best next step.

## OPIOID ANALGESICS FOR PEOPLE WITH A HISTORY OF ADDICTION

*I have a history of addiction. Is there a threat to my sobriety and well-being if I take a prescribed opioid analgesic?*

There is no doubt that there is controversy about this topic, both in medical circles and in recovery circles. Here are some points to consider:

- ◆ Addiction has three primary components:
  1. the compulsive use of substances
  2. increased use over time
  3. continued use despite the negative effects to the individual or his/her relationships
- ◆ If your doctor prescribes a specific amount of medication over a controlled period of time, it is unlikely that you would try to obtain and use these agents on your own when you no longer need them for your health condition.
- ◆ If you and your doctor are partners in a plan that puts the doctor in control of your medication supplies, it is unlikely that you would obtain and use these agents on your own in an uncontrolled manner.
- ◆ If you are taking opioid analgesics during an inpatient stay, it is best to leave the hospital without outpatient supplies. If they are needed, you and your doctor can become partners in a plan: the doctor controls your medication supplies, and you agree on a date after which you will no longer receive them.
- ◆ Your health condition may mean that opioid analgesics are necessary for a period of time. In that case, it's a good idea to develop a very specific treatment contract with your doctor. It will decrease the likelihood of any loss of control or re-activation of your addiction.
- ◆ A dose of an opioid analgesic could result in a 'drug-liking' experience for you. In addition to relieving your pain, the medication could give you a positive feeling that is pleasurable or emotionally rewarding for you. If that hap-

pens, consider it as a danger sign that you could experience a re-activation of your addiction. However, it does not mean that you have lost your sobriety or are already into active addiction again.

- ◆ You should not try to "tough out" your health problem alone. Instead, reach out to others for support. Remember, stressful times are high-risk times for relapse.
- ◆ To reduce the risk of relapse, turn to the people who understand you and who understand addiction. For instance, if you are in a 12-step program, share your concerns with someone in the program.
- ◆ Be totally honest with yourself. Have you made up symptoms, or made them sound worse than they really are, to get a doctor to prescribe pain medications for you? Did you try to get pain medications because you thought they would help with other problems, such as anxiety, depression, discomfort in social situations or insomnia? Did you ask for pain medications because you want to cope better with life problems, or you crave a 'high?' If you answer *yes* to any of these questions, it is vital that you do a personal inventory and share your situation with others, including your doctor.

*If I have a history of addiction, what should I tell my doctor?*

To do the best job of developing a treatment plan for you, your doctor needs to have your complete and honest health history. This includes all medications you are currently taking and any previous addictions.

Today's doctors and nurses have a better understanding about chemical dependency than they did in past years. When you discuss your addiction, you should expect to be treated with dignity and confidentiality.

***I think my doctor has prescribed an opioid analgesic for me. How should I explain my history of addiction?***

Talking to your doctor about your history of addiction may seem difficult, but it can begin with a simple statement. Here are some examples of what you could say:

- ◆ *Doctor, I am an addict. I've been in recovery for \_\_\_\_\_ months/years. (If your history includes addiction to prescription painkillers or heroin, sharing this is important.)*
- ◆ *Doctor, I know that you (or a doctor who will be covering for you) may prescribe a narcotic analgesic for me because of my health condition (or my pain, or the surgery). I want to be consulted before that happens.*
- ◆ *Doctor, I do not want to have any more pain or discomfort than is necessary. I don't believe that I am a better person or should 'win points' because I plan to suffer through pain. But I hope we can work out options for treating my pain that would not require me to take opioids.*
- ◆ *Doctor, I expect that I will be taking opioid analgesics during my course of treatment at Meriter. Because of my history of addiction, that frightens me. Please be understanding about my fear. I know that just because you order narcotic analgesics for me that I am not likely to develop active addiction again. I also know there is a chance that that could happen. I have asked people who care about me to provide additional emotional support at this time. But I do hope you understand where I'm coming from.*

- ◆ *Doctor, if I develop any sort of 'drug-liking' from any medication you order for me, I promise I'll tell you about that. If that sort of thing were to happen, maybe it would be good for me to talk with an addiction counselor or nurse while I'm here at Meriter.*
- ◆ *Doctor, if you and I agree that I should be given a take-home supply of narcotic pain killers when I am discharged, please remember that I have a history of addiction. My take home supplies should be for a short duration of time and should have NO REFILLS.*

There may be other things you want to convey to your doctor about your condition or about your treatment. It may help you if you write down your thoughts and rehearse what you want to say to your doctor when he or she makes rounds.

***Why should I use the strategies listed above?***

If you use strategies such as these,

- ◆ Your health condition does not need to be a threat to your recovery
- ◆ Your medical or surgical treatment does not need to be a threat to your recovery
- ◆ Your medications do not need to be a threat to your recovery

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