

Pain Management with Medicine

Medicines for pain work better when combined with other treatments, like exercise or psychological approaches (see **For Care Workers: Fact Sheet 3 – Pain Management without Medicine**). Care workers work more closely with residents than other staff, so you may be the first person to notice that a resident is having pain or side effects from their medicine. There are many different medicines to help manage pain. Therefore, it is important that you know a little about the medicines that are being used to help residents manage their pain. Please note that all medicines must be prescribed by a doctor.

Medication effects

Many pain medications have side effects. Older people are generally more sensitive to medicine, and side effects can be worse. See Box 1 (on page 2) for the side effects that are common for different types of pain medication.

Pain medication can increase the risk of:

- Falls
- Constipation
- Polypharmacy
- Cognitive dysfunction



Be vigilant for side effects

If a resident is taking medication for pain it is important that you watch to see if they are suffering any of these problems. You must report side effects to a nurse or the resident's doctor straight away.

Common medicines

There are a large number of pain medicines available, far too many to discuss them all here. Box 1 (on page 2) shows the main types of pain medication and some of their common names.

- All medicines have a name that tells you what chemical it is, like paracetamol.
- Medicines may also have one or more brand names. For example, paracetamol is sold under the brand names Panadol, Panamax, Herron and many others.
- To reduce confusion it is helpful to use the chemical name, which never changes.
- Medications often come in multiple forms (tablets, liquid, suppositories, patch, etc.)

Box 1: Types of Pain Medicine

Drug Type	Chemical Name	Brand Names	Uses	Side Effects
Paracetamol	Paracetamol	Panadol, Panamax, Herron, Tylenol	Mild to moderate pain in muscles, bones and joints	Few
Anti- Inflammatory Drugs	Ibuprofen Diclofenac Celecoxib Indomethacin	Brufen or Nurofen Voltaren Celebrex Indocid	Mild to moderate pain in muscles, bones and joints	Stomach ulcers Fluid retention
Opioids	Morphine Fentanyl Codeine Oxycodone Buprenorphine Tapentadol	MS Contin, Kapanol Durogesic (patch) Panadeine Forte Prolodone (suppository), Endone, Oxycontin, and Oxynorm Norspan Palexia SR	Moderate to severe pain	Constipation Nausea and vomiting Loss of appetite Confusion
Adjuvant analgesics	Amitriptyline, Nortriptyline Venlafaxine, Duloxetine, Pregabalin, Gabapentin, Valproate, Carbamazepine Clonidine	Varies	Almost all of these drugs are used for neuropathic pain. Some are prescribed with other analgesics to reduce pain sensitisation and opioid tolerance	Varies
Topical agents	Lidocaine Lignocaine Capsaicin	Multiple 'over-the-counter' and prescription formulations Zostrix, ZoRub	Neuropathic pain	No major safety concerns

Myths about opioids

Some people are uncomfortable using opioid medicines because they have heard bad things about them. Often these stories are not true. The truth is that:

Opioids do not hasten death

Sometimes people are afraid that taking opioid medications may shorten length of life, particularly at the end of their life. This is not true. Opioids can be very effective in relieving pain and increasing quality of life. They will not shorten length of life.

Side effects can be managed

Opioid medications do sometimes have side effects, but not always and they can be managed. Common side effects include:

- Constipation, which can be relieved through diet, fluid, laxatives and exercise.
- Nausea and vomiting, which is temporary and can be relieved with anti-nausea medication.
- Drowsiness, dizziness or confusion, which is usually temporary.

Opioids are often not addictive for residents

When prescribed and used under the guidance of a doctor, addiction is not usually an issue. Tolerance may develop to the medication, where an increased dose is needed. This is normal. Tolerance can also be managed through the prescription of other medicines or adding an adjuvant analgesic.

Pain management should start early

Sometimes people believe that medications like opioids should only be taken at a point where pain is at its worst. Pain is more easily managed when treatment occurs at the early signs of pain. It is often important to take prescribed medications before pain is expected to occur, under the guidance of the practitioner.

Other medicines you might see

- You may be familiar with a group of medicines called “anti-inflammatories”.
- Many people take these medicines for mild to moderate pain caused by arthritis or other muscle, bone and joint pain.
- These medicines have a lot of side effects, including possible stomach ulcers and fluid retention.
- Because of the side effects these medicines are not usually recommended for older people.
- Sometimes medicines that are most commonly used for another purpose can also be used to treat pain because of their special effects on certain kinds of pain. For example, anti-depressant and anti-epileptic medicines can be helpful for people who have nerve pain.
- Use of these medicines does not mean that a resident has other problems, such as depression or epilepsy, as well.

Pain and movement

- Sometimes a resident may appear comfortable and pain free until they move. Activities like showering, transferring or walking can be difficult and uncomfortable for some people.
- Discuss pain on movement with other members of the care team, such as nurses, physiotherapists, occupational therapists and the resident’s doctor.
- If you can predict that pain will be worse at a particular time, a dose of pain medicine can help the resident manage the pain caused by movement.
- If pain on movement is managed well, residents can still participate in activities and won’t run the risk of problems caused by inactivity, including pressure sores.

Concerns about medicines

As a care worker, you work closely with residents and may notice changes in their condition before other staff. If at any stage you have concerns about a resident's medicines, always report them to nursing or medical staff. If you think that a resident is still in pain after having pain medicine, or that they are having side effects from a medicine, report it immediately. Tell the nurse or doctor you speak to:

- What medicine the resident is taking
- What dose they are having
- When they last had a dose
- What changes in condition you have seen