

PAIN MANAGEMENT



WHAT IS PAIN?

Pain is described as an 'unpleasant sensory and emotional experience'. In this way pain can be very **complex**.^{1a,b}

Chronic pain (meaning long-lasting) is when pain persists longer than the normal time it takes to heal an injury.^{2a,3a}

There is a wide selection of pain products available which can be used for acute (short-term) and chronic (long-term) treatment of painful conditions. These conditions include, but are not limited to:

- Headache with or without tension
- Low back pain
- Muscle spasms
- Inflammatory conditions
- Sports injuries
- Dental pain
- Cancer pain
- Post-operative pain

Learn here all about **PAIN** and speak to your healthcare provider about the range of pain medications which might be useful for you.

The difference between acute and chronic pain :

Acute pain is pain of short and limited duration, relating to an injury, surgery, infection or inflammation.^{1c}

Chronic pain can develop following an acute pain episode.^{1d}

Explaining chronic pain: In much the same way that a small flame from a match can cause a large forest fire, acute pain that is not properly treated can cause pain that persists long after the initial cause of pain.^{3b}

TYPES OF CHRONIC PAIN

Chronic pain affects almost 1 in every 5 patients, making it one of the most common conditions that any GP has to manage on a daily basis!^{4a}

Chronic pain can actually be considered a disease in its own right!^{3c}

"Pain is isolating, emotionally exhausting and adversely impacts on social relationships, daily functions, sleep and self-worth."^{3e}

Musculoskeletal pain (affecting the bones, muscles or joints) is the most common source of serious long-term pain and physical disability.^{4b}

Chronic musculoskeletal pain is pain that has been present or persists for longer than 90 days and beyond an expected time frame for normal healing.^{4c,5a}

PAIN PATHWAYS

Pain is divided into **physiological pain** (activation of pain receptors in the skin) which serves as a protective mechanism, for example, when you automatically pull your arm back from a burning pan; and **clinical pain** which is bodily and/or nerve injury and the associated inflammatory response (pain, swelling and inflammation).^{1e}

MANAGING PAIN

Poorly managed acute pain can result in the development of chronic pain,1l affecting the function of and wellbeing of the individual.^{2a}

DID YOU KNOW?

Psychological factors can influence the pain experience!^{1m}

- Anxiety and depression are associated with higher pain intensity.^{1m}
- Anxiety before surgery has been shown to contribute to increased postoperative pain!^{1m}

TREATMENTS

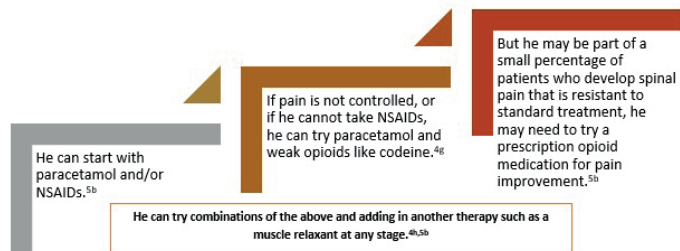
Medicines for the treatment of pain include paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids and other therapies, such as muscle relaxants, steroids and antidepressants, all of which can play an important role in the management of pain.^{4d}



TREATMENT LADDER : STEPWISE APPROACH

A treatment ladder, based on how severe the pain is, will usually be utilised.¹ⁿ The way it works is that treatment is gradually increased dependent on the specific pain experienced by the individual.^{4f}

An example: A patient experiences persistent lower back (spinal) pain. What are his treatment options?



Your doctor or healthcare provider will advise you on which medicine to start with and then your options depending on how it works for you.

Paracetamol	NSAIDs	Opioids
Paracetamol (also called acetaminophen) remains the first choice in the management of mild-to-moderate persistent pain. ^{4i,7a}	NSAIDs are nonsteroidal anti-inflammatory drugs suitable for mild to moderate pain relief ^{1p} – they are the mainstay of treatment for musculoskeletal and rheumatic conditions. ^{6a,7b} They work by relieving pain, reducing swelling and increasing mobility of muscles or joints. ^{6b}	Opioids are used to treat persistent pain and are recommended for patients with different types of arthritis. ^{5c,d} If pain cannot be controlled by paracetamol and NSAIDs, or if NSAIDs are contraindicated, the addition of an opioid is recommended to manage chronic pain. ^{4g}
Paracetamol can be used alone or in medication combinations with NSAIDs or opioids. ^{4g}	Examples include: Aspirin Ibuprofen Diclofenac Mefenamic acid Naproxen Meloxicam Celecoxib, and others. ^{1p}	<u>Weak opioids:</u> Codeine (OTC) ^{4k} Tramadol (Prescription only) ^{5e} <u>Strong opioids:</u> Morphine, and others (prescription only) ^{4k,l}
A wide range of combinations for more severe or persisting pain are available to treat pain. ^{1o,4j}		

COMBINATIONS

Combining different medicines to treat pain is common as this means less amounts of each individual medicines is required with less potential side effects.^{1q}

BENEFITS OF COMBINATIONS

When using opioids and NSAIDs, the combination of paracetamol with these agents is more effective than either agent alone, and it also reduces the dosage of the opioid, or NSAID, that is required to treat pain.^{4j}

ADJUNCTIVE (ADDITIONAL) MEDICATIONS

Generally, adjunctive medications (for example, muscle relaxants) are defined as medications that do not contain painkillers, but which play a role in the management of chronic pain, help reduce chronic musculoskeletal pain, and limit the need for painkillers.^{4m,n}

SUITABILITY OF USE

Your pharmacist or doctor will help you choose the right medication for your needs. Be sure to highlight any medical conditions you might have so that any contraindications can be checked. People at risk of stomach ulcers (for example, age over 65 years or history of ulcer) or heart problems (risk factors include: high blood pressure, diabetes, high cholesterol) should be cautious taking NSAIDs and there are other combination medicines available in these and other cases.^{4o-q}

EFFECTIVE MANAGEMENT OF PAIN:

Not only is the aim of adequate pain management to provide pain relief, it is also aimed at minimising the harmful effects caused by the bodies stress response, as well as preventing acute pain from becoming chronic.^{1r}

Please note : this is an education information leaflet only and should not be used for diagnosis. For more information on **Pain Management**, consult your healthcare professional.

References: **1.** South African Society of Anaesthesiologists (SASA). South African Acute Pain Guidelines; SSN-2220-1181. **2.** Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists (ASA) Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010;112(4):1–24. **3.** Salduker S, et al. Practical approach to a patient with chronic pain of uncertain etiology in primary care. *Journal of Pain Research* 2019;12:2651–2662. **4.** Koch K. Chronic pain management options in general practice. *South African Family Practice* 2012;54:2:94-99. **5.** Raff M, et al. South African guideline for the use of chronic opioid therapy for chronic non-cancer pain. *S Afr Med J* 2014;104(1 Suppl 1):78-89. **6.** van der Bijl P, et al. NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) AND PHYSIOTHERAPY – A SELECTIVE REVIEW. *SA JOURNAL OF PHYSIOTHERAPY* 2002;58(4):3-6. **7.** van Rensburg R, Reuter H. An overview of analgesics: NSAIDs, paracetamol, and topical analgesics Part 1, *South African Family Practice* 2019;61(sup1):S4-S10, DOI:10.1080/20786190.2019.1610228.

