

<http://www.psa.org.au/selfcare>

Coping with Chronic Pain

We all suffer pain from time to time. Pain is an important signal that our body has been damaged in some way; and so attention is required to treat or remedy that damage.

Pain can be *acute*, meaning that it comes on suddenly and lasts for a limited time, or it can be *chronic*, that is persistent and long lasting. Acute pain may only last a few minutes, but maybe hours, days or weeks; and it could be caused, amongst many other things, by insect bites, burns or broken bones.

At best this pain is unpleasant, however when it becomes not only severe, but also chronic, it can all but destroy our quality of life. Coping mechanisms for chronic pain often involve the use of pain relievers; and various pain relievers are available which work in quite different ways from those pain relievers we would normally expect to use for acute pain. Some non medication treatments might also be helpful.

This year, the self help group and health promotion charity, Chronic Pain Australia, has organised the first National Pain Week (24 – 30 July) to raise awareness of both the problems of chronic pain and some of the effective management strategies.

The Chronic Pain Australia website (www.chronicpinaustralia.org) states that one in three Australians live, directly or indirectly, with chronic pain. And almost two thirds of these people suffering with chronic pain say it interferes with their daily activities.

The leading cause of chronic pain is reported to be related to injury – possibly sports injuries or car, work or home accidents. But sometimes the cause can't be easily identified.

Modern medicines work in several ways. They can prevent disease, cure disease or palliate (ie, reduce the severity of) the symptoms.

The need for pain relief as a part of palliative care would seem quite obvious, but for many reasons pain relief is neglected or not provided in an effective way.

In the past 10 years or so more attention has been focussed on the benefits of the so-called opioid type pain relievers such as morphine (morphine was first isolated in the early 1800s, although evidence exists that the raw material opium was in use several thousand years ago).

Most doctors and pharmacists have a very good understanding of the benefits of the opioid pain relievers such as morphine. However, there are still misconceptions in the minds of many patients, their families and carers. Used appropriately they are both safe and effective.

Recently we have seen the development of a number of variations on the old morphine mixtures – preparations which are easier to take, more palatable and less likely to cause uncomfortable side effects. There are long-acting and sustained release tablets and capsules, as well as patches and lozenges in doses which can be individually tailor-made.

Of course, opioid analgesics aren't the only option – nor even the best choice on many occasions. Simple pain relievers like paracetamol or the non-steroidal anti-inflammatory medicines can be very effective when taken in the right dose. And medicines such as antidepressants, anti-epileptics, antispasmodics and steroids – medicines not normally associated with pain relief by patients and their families – are often the drugs of choice.

There might also be the need for regular laxatives or occasional anti-nauseants and possibly something for dry mouth caused by the side effects of some of the medicines.

The World Health Organisation (WHO) has a so-called Analgesic Ladder to help explain how pain relievers are best given. Your pharmacist can guide you through the steps. Ask also for the series of "pain reliever" Fact Card available from pharmacies around Australia providing the Self Care health information. Phone 1 300 369 772 for the nearest location or check out the website www.psa.org.au and click on "Self Care Pharmacy Finder".