

MEDICATION FOR CHRONIC PAIN

Chronic pain usually does not respond to common analgesics such as aspirin, paracetamol and codeine.

The exact mechanism for chronic pain is not completely understood. It is thought to represent hypersensitivity of some of the pain pathways affecting both the area where the pain is felt, and also along the nerve pathways in the spinal cord and the processing areas of the brain.

The sensations are not dependent on there being an ongoing problem, such as an infection or active dermatitis. It is known that sensations persist despite the area looking physically normal. Sometimes the affected skin can look red.

A well known example is "phantom limb" pain. Some people will have had an amputation for a diseased and painful limb, but after physical healing of the structures, pain can still be felt as though the limb were still there.

There are brain and spinal cord nerve pathways that produce and stop sensations being felt. They are normally in balance. Excessive sensation is the problem that medications aim to improve. Once effective, they need to be used for some months.

WHAT CAN IMPROVE CHRONIC PAIN?

The body's own endorphins (morphine-like substances) are natural pain killers. Exercise can increase endorphin levels. Our emotional state is linked to the brain chemicals serotonin and noradrenalin levels. Positive emotions can increase serotonin levels.

Several types of medications are used to modify chronic pain. They mimic or influence the levels of the body's own painkillers. They may also be used to treat other conditions, often at different doses.

Tricyclic antidepressants (TCAs) are commonly used to treat chronic pain. They increase the level of noradrenalin and serotonin.

Both have an effect on mood, but noradrenalin seems particularly important in reducing the transmission of pain messages to the brain. The dose chosen is generally too low to treat depression adequately. The side effects at higher doses often limit their use in depression, and newer antidepressants are used in preference (commonly called SSRIs).

The SSRIs act to increase serotonin rather than noradrenalin, and have limited usefulness in reducing chronic pain. **The two types of medications are generally not combined.**

Anticonvulsant (antiepileptic) medications are also used. In this clinic you will generally be referred to a pain specialist if you require these medications.

LOW DOSE TCAS

Commonly chosen medications include nortriptyline (Allegron), amitriptyline (Endep, Tryptanol), imipramine (Tofranil), doxepin (Sinequan) and dothiaden (Prothiaden).

Sedation, dry mouth and slowing of the urinary stream are the commonest side effects. People respond very individually regarding the severity of these effects, and swapping between the TCAs is often worthwhile. Many people have no side effects.

Sedation can be minimized by starting on a very low dose such as 5 or 10 mg, taken at least an hour before bed. The medications are shortacting but there may be a "hangover effect". It is advisable to take the first dose when you do not have to drive early the next day, and to get up at your usual time. If you are excessively tired, take a smaller dose a little earlier the next night.

Do not use alcohol or any other sedative. Try to persist with mild tiredness as this usually wears off by one week. Increase the dose gradually, depending on sedation, by about 10 mg per week to a maximum of 50 - 75 mg per night. 30 mg is often an adequate dose.

This fact sheet is designed to provide you with information on Medication For Chronic Pain. It is not intended to replace the need for a consultation with your doctor. All clients are strongly advised to check with their doctor about any specific questions or concerns they may have. Every effort has been taken to ensure that the information in this pamphlet is correct at the time of printing.

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Higher doses can be trialled, but the effect on chronic pain seems to reduce if doses as for the treatment of depression are prescribed.

Drink water regularly. Dry mouth can be a persistent side effect ("bioteen" is a product that may reduce this dryness).

LOW DOSE TCAS

Other side effects may uncommonly include:

- Lowered and sometimes raised blood pressure
- Rapid or irregular pulse
- Increased dreams
- Constipation

DO NOT USE TCAS

- If you have epilepsy or other seizures
- If you have some forms of glaucoma
- If you have liver function problems
- If you have urinary retention problems
- If you have some forms of heart problems
- If you have an overactive thyroid or are taking thyroxine (*close monitoring of thyroid function is needed*).
- If you have a psychiatric problem
- If you already take antidepressants

Interactions with other medications may occur. Let your doctor know you are already on a TCA.

TCAs are best stopped several days before elective surgery.

HOW LONG WILL I BE TAKING TCAS?

Most people need around 6 months or more of the medication. When pain levels are at a manageable level, gradual lowering of the dose is recommended, not abrupt cessation. Withdrawal effects can occur. The TCAs generally do not have addictive properties.

Chronic pain can have episodes of worsening even without an accompanying injury or infection. If there is no other cause for the pain, it is possible to restart or increase the dose of the TCA if it has been reduced for a while

TCAS IN PREGNANCY

There are no well controlled studies of TCAs in pregnancy.

TCAs are therefore not generally prescribed during pregnancy or breastfeeding. They can produce withdrawal symptoms in the infant.

OVERDOSE

Overdose of TCAs can be especially dangerous in the elderly and in children. Heart rhythm problems can occur. Seek hospital care in case of suspected overdose.