Your Health Matters! by Angela Kwok: Your Pharmacist at Cunderdin Pharmacy

Understanding Pain and the Treatment Options (Part 2)

Non-opioid, Complementary Medicines and Alternative Therapy for Chronic Pain

Non-opioid pain relievers commonly used as part of a pain management plan are paracetamol (discussed in Par1) & non-steroidal anti-inflammatory drugs (NSAIDs). Antidepressants & Antiepileptic may also relieve pain.

Non-steroidal anti-inflammatory drugs (NSAIDs)

Inflammation is **NOT** the cause in many cases of chronic pain so **NSAIDs may not be helpful**. They may give short-term relief during a pain flare-up, but should not be used long-term due to adverse effects such as gastrointestinal upset; up to 11% asthmatic are sensitive to NSAIDs & they can interact with other medications.

Antidepressants: **Low doses** tricyclic antidepressants (TCA) and serotonin & noradrenaline reuptake inhibitor (SNRI) can provide pain relief for several types of chronic pain, including neuropathic pain.

Anticonvulsant/Antiepileptic: Antiepileptic medicines originally developed for treatment of epilepsy have been shown they may provide pain relief for some, but not all patients with specific neuropathic pain conditions such as painful diabetic neuropathy, postherpetic neuralgia and central neuropathic pain.

Complementary Medicines are also commonly used with conventional medicines for additional pain relief**.** They may include: **Capsaicin (as topical cream), Evening Primrose Oil and Glucosamine.**

Capsaicin has been shown to provide pain relief for osteoarthritis, back pain and nerve-related pain

- Wear gloves to avoid accidentally spreading the cream into the eyes or other mucus membranes**.**
- Do **Not** use in people who are sensitive to capsicum or chilli products & Do **Not** apply to open wound**.**

Evening Primrose Oil (EPO) is used for its anti-inflammatory effects to treat rheumatoid arthritis and nerve damage in diabetes, although evidence of its effectiveness is inconclusive**.**

- Patients with schizophrenia and epilepsy should use EPO cautiously as seizure has been reported**.**
- EPO can also interact with blood-thinning medications such as warfarin, clopidogrel, aspirin and NSAIDs, increasing the potential for bleeding**.**

Glucosamine is a naturally occurring building block of joint tissue such as cartilage and tendons.

- It has anti-inflammatory properties and is also thought to decrease the loss of cartilage in joints**.**
- There is conflicting evidence of the benefit of using glucosamine for osteoarthritis pain; though a number of trials have shown it to be safe and effective at a dose of at least 1500 mg daily**.**
- Glucosamine interacts with warfarin so people who take warfarin need to monitor their INR closely.
- People with severe shellfish allergies need to use non-shellfish (non-crustaceans) Glucosamine.

Chronic pain **Cannot be treated the same way** as acute pain as many factors can contribute to the cause and perception of pain; thus pain management needs to be via a multidisciplinary approach by looking at **biological** (physical fitness & medical), **psychological** and **social** (work, relationship, family) issues.

In addition to medications, other tools may assist in managing chronic pain, they include:

Being active: regular stretching (e.g. yoga) & gentle exercise leads to decreased pain by strengthening weak muscles, improving sleep & mood. Maintaining good sleep is important as lack of sleep decreases pain tolerance.

Pacing daily activity: planning your day in small, manageable steps can build activity at a level that works for you and allows you to better manage your pain by avoiding either overdoing or not doing any activity.

Manage mood, emotion and thought about pain

Chronic pain causes emotional distress, which can lead to depression, mental exhaustion, anxiety and low self-esteem. Depression or mood disorder can in turn add to the experience of pain; thus any mood disorder must be properly managed by your GP or psychiatrist to avoid worsening the experience of pain.

Retrain the brain (e.g. cognitive behavior therapy) can help train our minds to counter unhelpful thoughts and change our behavior; which can then positively influence how we feel pain and our ability to function.

Biofeedback:**T**ranscutaneous **E**lectrical **N**erve **S**timulation(**TENS**),hot or cold packs are useful to relieve pain

Message & Acupuncture: clinical evidences suggest acupuncture has a short-term effect on reducing pain by stimulating release of chemicals in the body similar to opiod medicines which can suppress pain**.**

Useful Website: Pain Health http://painhealth.csse.uwa.edu.au **Pain Australia**: http://www.painaustralia.org.au
Chronic Pain Australia http://www.chronicpainaustralia.org.au