



More Options for Managing Pain

The Drug Education Network (DEN) works to prevent harm from drugs through education for healthier, inclusive and thriving communities.

- Are you currently experiencing a painful condition and want to know about more treatment options?
- Are you experiencing pain and using medicines and wondering if they may be causing side effects?
- Have you been experiencing pain for a while now and are ready to try more options for managing your pain?

Then this pack is for you.

This kit is designed to provide you with extra tools and information about managing your pain and to learn more about the range of options that are available.

But remember **always** talk to your doctor before considering changing your dosage of any medications that you are taking. Serious side effects or health problems can happen if you change your dosage of medicines without medical advice.






How to use this kit

Here is a collection of cards that shares information about pain, medicines for pain and what to look out for, as well as more options for managing pain.

What to look out for ...



-  If you are interested to understand more about **pain and medicines** and their effects check out the **purple** coloured pack. This pack contains information and questions for you to think about and ask your GP or pharmacist
-  If you want to know more about **other health-care** options for working with pain check out the **green** coloured pack.
-  If you want to explore what **complementary health-care** options may possibly work for you check out the **teal** coloured pack.

*What about **pain?***

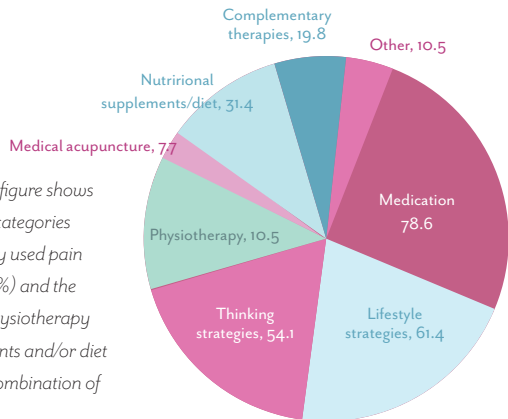
What about pain?

- It's experienced in many different ways, including physical & emotional pain.ⁱ
- Described as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.ⁱⁱ
- Acute pain is usually short-term caused by recent injury or trauma, with healing of the tissues and resolution occurring within 3 months.
- When acute pain does not resolve within 3 months, it is classified as Chronic Pain.



*How do people
manage pain?*


People were asked to indicate how they managed their pain. The figure shows the percentage of respondents who selected each category. Multiple categories could be selected. It can be seen that medication is the most commonly used pain management strategy at 78.6%, followed by lifestyle strategies (61.4%) and the thinking strategies (54.1%). More than a third of respondents used physiotherapy for pain management, with almost a third using nutritional supplements and/or diet (31.4%). Twenty-four percent of respondents indicated they used a combination of all the methods listed.



Surveys show that medicines are most commonly used.

We now know that using pain medicines long term does not necessarily work so well.

The Australian Pain Management Association suggests, medicine is one part of the picture and works best when combined with physical therapy and cognitive therapy.ⁱⁱⁱ



*So what about
medicines
for pain relief?*

Main forms of medicine used for pain relief are

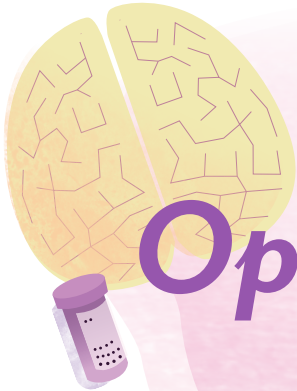
- Opioids –morphine, tramadol; eg. Endone, OxyContin, Denpax, Tramal
- Anti-epileptic drugs – pregabalin, gabapentin, carbamazepine;
- Anti-depressants – amitriptyline, duloxetine
- Over-the-counter medicines – such as nonsteroidal anti-inflammatory drugs (NSAIDS), paracetamol, codeine;

This kit will focus on understanding opioids and what to look out for.

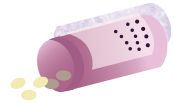
If you are taking other pain relief medicines, please speak with your doctor or pharmacist if you have any questions.

However from 1st February 2018, products containing codeine will not be sold over the counter in pharmacies and will only be available on prescription. So people will need to use an alternative over the counter product such as paracetamol, ibuprofen or a combination of these drugs. A number of alternative over the counter cough and cold medicines also do not contain codeine.^{iv}

Opioids & pain



Opioids and pain

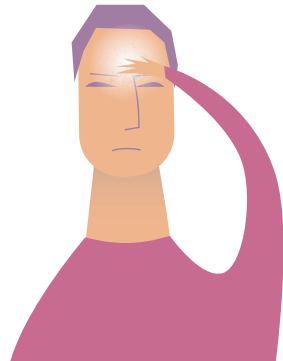


They are powerful analgesics (pain-killers) commonly used to reduce acute and chronic pain.

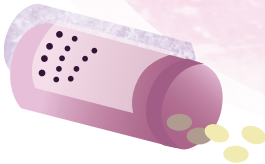
They attach to receptors in the central nervous system, which in turn reduces pain signals to the brain.

Opioids can produce a number of side effects^v

- Slower and shallow breathing which can lead to overdose
- Feeling Fuzzy headed
- Addiction
- Feeling Sick
- Constipation



*What about
long-term use of
opioids?*



What about long-term use of opioids?

Research shows that people who are on opioid therapy ***long term*** notice more troublesome pain and more problems with daily activities than people not on opioids.^{vi}

This can be explained in terms of 'the ceiling affect' which is where a drug reaches a maximum effect, so that increasing the drug dosage does not increase its effectiveness.

In many cases, the severity of side effects from a medication increases as the dose increases.

If you are in this situation, what have you noticed about the effectiveness of your current pain management approach?

Signs of Overdose

Shallow/slow breathing

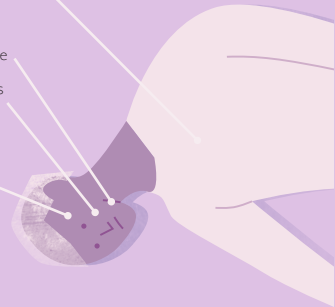
Pale skin/blue lips for
lighter skinned people

Ashen skin/grey lips
for darker skinned people

Snoring/rasping breathes

Pinpoint pupils

Unresponsive



OVERDOSE RISKS OF OPIOIDS

Overdose happens when the body is unable to handle the effects of a drug dose. This will cause breathing to slow or even stop.

Other signs of overdose include^{vii}

- No response to stimuli
- Can't be woken up
- Blue fingernails
- Blue lips
- Dizziness
- Slow breathing
- Slowed heart rate
- Confused thinking
- Slurred speech
- Unsteady gait
- Clammy skin
- **Unusual or deep snoring is a common sign of overdose.**

If you cannot get a response from someone do not assume they are asleep. Do not let people at risk 'sleep it off'.



OPIOID OVERDOSE RESPONSE PLAN^{viii}

- 1 If you think someone is having an overdose act quickly to help the person.
- 2 First check for danger. Look out for things like needles or people who may be upset or agitated nearby
- 3 Try to get a response from the person by calling their name, and shaking their shoulders.
- 4 If there is no response, dial 000 and ask for an ambulance.
- 5 Place the person in the recovery position.



- 6 If you have Narcan/Naloxone assemble the kit ready for use and inject the full amount of one min-jet into the outer thigh or upper arm. Include approved images/instructions here
- 7 Make a note of the time that the Naloxone dose was given and tell the ambulance staff when they arrive.

- 8 If there has been no response after 3–5 minutes give another dose of Narcan/Naloxone.
- 9 If the person is breathing, leave them in the recovery position and monitor their breathing.
- 10 If the person is **NOT** breathing apply CPR immediately, continuing until the person starts to breathe on their own or the ambulance arrives.
- 11 CPR: is 30 chest compressions followed by two breaths. Continue CPR until help arrives or patient recovers.

CPR 30:2



Making sure opioid medicines are working the best for you

So opioid medicines can work well to treat pain but understanding **how** they work can help you to avoid the pitfalls and side effects they can cause.

Think about the following **questions** that you can ask your **doctor, pharmacist or health professional** so that you are well informed from the start:



- How does this medicine work on the body?
- Are there any symptoms I should see a doctor about?
- Is the medicine a depressant: will it make me drowsy or lethargic?
- What could happen if the dose is increased?
- What are the risks of becoming dependent or addicted?
- Are there any other risks?
- What interactions could happen if I am taking other medicines, or drugs or drinking alcohol?
- What about other medicines that are prescribed for mental health conditions including SSRI's or anti-psychotics? How do these medicines interact with opioid medicines?
- Are there withdrawal symptoms when stopping the medicine and how do they need to be managed?



*What about
extra approaches
for managing chronic pain?*



If you have been experiencing pain as part of a chronic or complex health condition (more than 6 months) you can talk to your doctor about a **Chronic Disease Management Plan**.^{ix}

This plan will allow you to claim a Medicare rebate for up to five visits in a calendar year from a number of Allied Health Professionals.

Treatment with a **chiropractor, exercise physiologist, osteopath, physiotherapist or psychologist** may be helpful as part of your overall pain management plan.

How can
Chiropractors
help manage pain?

How can Chiropractors help manage pain?

Chiropractors use a system of treating bodily disorders by manipulation of the spine and other parts, based on the belief that the cause is the abnormal functioning of a nerve. Chiropractic treatment can be an effective approach for treating acute, subacute, and chronic low back pain.^x




*How can
**Exercise
Physiologists**
help manage pain?*

How can exercise physiologists help manage pain?

Exercise physiologists can provide exercise interventions for the prevention and management of chronic diseases and injuries. There is strong evidence that supports the use of exercise in the treatment and management of chronic back pain.^{xi xii xiii}

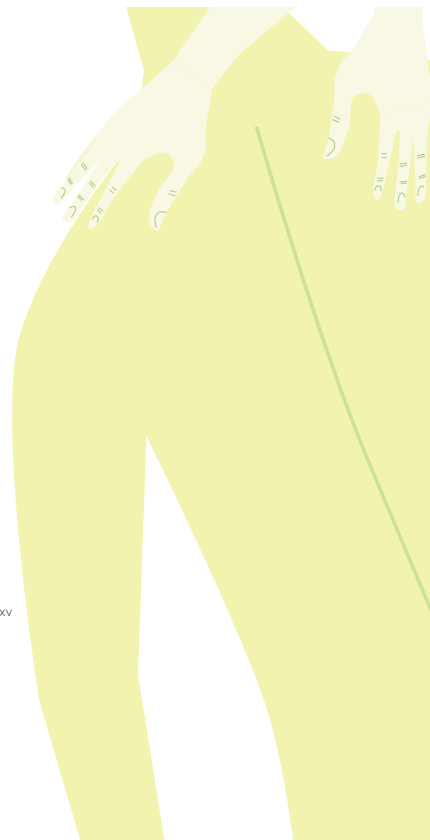



A large, stylized lightbulb graphic is the central focus of the image. The bulb is a textured, light green color and is set against a background of a darker green. The base of the bulb is a yellow-green color. The text is centered within the bulb.

How can
Osteopaths
help manage pain?


How can Osteopaths help manage pain?

An **osteopath** focuses on the connections between the structure and function of the body and uses manual techniques to assist the body to heal itself. Research has shown that osteopathic treatment can help with general aches and pains, arthritic pain, backache (not arising from injury or accident) and headaches arising from the neck.^{xiv xv}





How can
Physiotherapists
help manage pain?


A stylized yellow hand with fingers spread, pointing towards the left, serving as a background for the title.

How can Physiotherapists help manage pain?

Physiotherapists are highly qualified health professionals who work in partnership with their patients to help people get better and stay well.

Physiotherapists also work closely with GPs and other health clinicians to plan and manage treatment. GPs refer more patients to physiotherapists than any other healthcare profession.

Using advanced techniques and evidence-based care, physiotherapists assess, diagnose, treat and prevent a wide range of health conditions and movement disorders. Physiotherapy helps repair damage, reduce stiffness and pain, increase mobility and improve quality of life.^{xvi}



*How can
Psychologists
help manage pain?*

How can Psychologists help manage pain?

Psychologists are experts in helping people cope with the thoughts, feelings and behaviors that accompany chronic pain. Psychologists may work with other health care professionals to look at the physical and emotional aspects of pain. Psychologists can help you learn relaxation techniques, such as meditation or breathing exercises, to keep stress levels under control.^{xvii}



Moving with pain

PROGRAMS

Moving with Pain Programs

Moving with Pain is a pain management group program run at the Royal Hobart Hospital. Moving with Pain uses practical methods to work on participants' problems of pain, physical difficulties, distress and poor quality of life. You can learn about your pain condition, and understand what affects the level of pain you feel. Participants will learn skills and strategies to help manage pain and improve their quality of life.

Visit outpatients.tas.gov.au/clinics/pain_management/moving_with_pain_program to find out more.^{xviii}

*What about
**medicinal
cannabis**
& pain?*

Research is happening in Australia to understand the benefits of medicinal cannabis for a range of conditions, including epilepsy in children, nausea control in HIV and cancer patients. **Other painful and chronic conditions are being researched and may result in a case for medicinal cannabis treatment.**^{xix} The Narcotic Drugs Amendment Bill (2016) spells out a national licensing scheme to allow a legal and safe supply of medicinal cannabis products for regulated medical purposes.^{xx} **However cannabis will remain an illegal drug in Australia for non-medical use.**

In Tasmania, medicinal cannabis products which contain cannabidiol, but not the psycho-active component Tetra-hydro cannabinol (THC), can be accessed via a referral from a GP to a medical specialist, who will assess patients on a case-by-case basis to be treated with medicinal cannabis where appropriate.^{xxi}

Talk to your doctor to find out more about these options.

Tips for making changes to managing your pain

Tips for making changes to managing your pain

- 1** Be gentle with yourself – making changes can be challenging, especially if you have been experiencing pain for a while
- 2** Your doctor can advise you on managing your medication, and it is **very important** that they guide and support you through this process.
- 3** Looking after yourself will help your body to better manage pain, so think about your diet, sleep and how you deal with stress – these can all have a big impact on better managing pain.
- 4** Who is in your support network and can help you with advice, information and getting to appointments?

*What about
complementary
medicine
& pain?*



To find out more about whether complementary therapies could help you better manage your pain, here are some suggested questions.

What training or experience do you have in treating people with chronic pain?

How does the therapy work?

Are you registered with private health funds that can offer rebates on treatment?

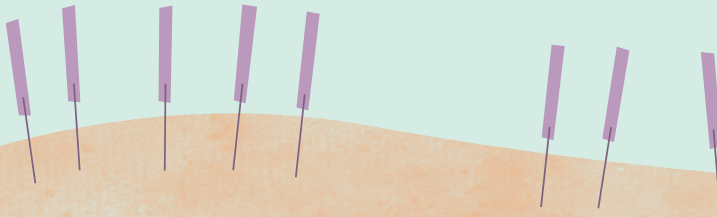
How many treatments am I likely to need?

Can the treatment approach be combined safely with conventional medical treatment?

This refers to forms of health care that are used in addition (complementary) to medical treatments.

A review of evidence from clinical trials shows that a variety of complementary health approaches—including acupuncture, yoga, tai chi, massage therapy, and relaxation techniques—hold promise for helping to manage pain. The review, conducted by the National Center for Complementary and Integrative Health, was published in the journal Mayo Clinic Proceedings.^{xxii}

Acupuncture *as a treatment for pain?*



Acupuncture as a treatment for pain?

Acupuncture is one of the main forms of treatment in traditional Chinese medicine. It involves the use of sharp, thin needles that are inserted in the body at very specific points. This process is believed to adjust and alter the body's energy flow into healthier patterns.^{xxiii}

In my experience I have found acupuncture an effective therapy for alleviating back and neck pain and supporting my body to balance and heal.

- Ron



Massage
as a treatment for pain?



Massage as a treatment for pain?

Massage involves working and acting on the body with pressure and is used to promote relaxation and well-being. It is beneficial in treating sports injuries and other problems affecting the muscles of the body.^{xxiv}

I have found massage therapy to be really helpful for managing my lower back pain and improving my quality of life.

-Marie

Mindfulness
based stress reduction
& pain



Mindfulness based stress reduction and pain

Meditation is a mind and body practice that has a long history of use for increasing calmness and physical relaxation, improving psychological balance, coping with illness, and enhancing overall health and well-being.^{xxv}

Meditation has four elements in common: a quiet location; a comfortable posture; a focus of attention and an open attitude (letting distractions come and go naturally without judging them).



Tai chi & pain



Tai chi and pain

Tai Chi is a traditional Chinese mind–body exercise that enhances balance, strength and flexibility and reduces pain, depression, and anxiety for many people with chronic conditions.^{xxvi xxvii}



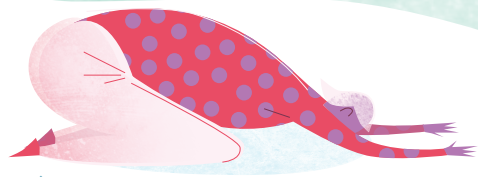


downward facing dog

Yoga & pain



mountain pose



child's pose

Yoga and pain

Yoga cultivates health and wellbeing (physical, emotional, mental and social) through the regular practice of a range of many different techniques, including postures and movement, breath awareness and breathing exercises, relaxation and concentration, self-inquiry and meditation.^{xxviii}

Yoga classes have helped me to stay flexible and strong, which has been great for helping me to stay on top of my chronic aches and pains.

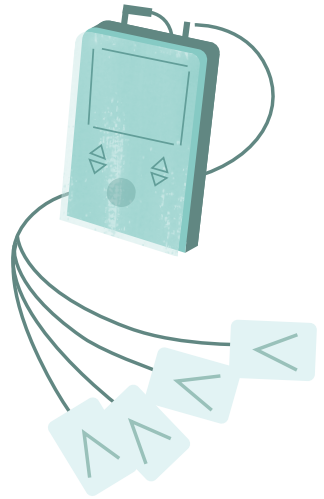
- Louise



TENS machines & pain

TENS machines and pain

Transcutaneous electrical nerve stimulation (TENS) is a non-invasive pain relieving technique. Pulsed electrical currents are generated by a portable pulse generator and delivered across the intact surface of the skin using conducting pads. Patients can self-administer TENS and adjust the dosage as needed. TENS can be used as a stand alone treatment for mild to moderate pain and can be used in combination with pain relieving medicines to relieve severe pain. Factors predicting success with TENS are not known, so any patient may respond to TENS.^{xxx}





Complementary Therapies

ONLINE LINKS

If you think any of these approaches could be helpful for you, check these websites for more information.

Australian Natural Therapists Association |
australiannaturaltherapistsassociation.com.au

Australian Traditional Medicine Society | atms.com.au

Yoga Australia | yogaaustralia.org.au

Tai Chi | taichiaustralia.com/schools.html

Mindfulness Therapy | mindfulnessaus.com.au
mindfulness.net.au/mindfulness-training.html
mindfullivingtasmania.com.au/about
mindfulintent.com.au/si

DISCLAIMER *The information contained in this brochure is not intended to replace medical advice.*

A 2009 systematic review (Perraton and Matochka 2009) concluded that there is strong evidence for the use of hydrotherapy in the management of FMS.

Many of the studies in this review used physiotherapy supervision of the hydrotherapy program as opposed (for example) to self-lead or volunteer-lead programs. Professional supervision may be an important component of hydrotherapy programs for FMS. This may possibly be due to the fact that a progressive exercise program is usually what is required and in most cases volunteers and even allied health assistants are unable to progress or change exercises.

Of the 11 studies that were reviewed, aerobic exercise featured in all studies and strengthening and flexibility exercises were included in a majority of the programs.

Improved anxiety and depression-related outcomes were reported immediately following intervention periods and after follow up periods in a number of trials. The exercise component of the studies (as opposed to the relaxation or passive components) may be more important in changing depression-related outcomes in the FMS patient.

Another 2008 systematic review by McVeigh and McGaughey reported positive outcomes for pain, health-status and tender point count. There is strong evidence for the use of hydrotherapy in the management of FMS.

The European League Against Rheumatism (ELAR) published guidelines for the management of FMS in 2007 (Carville and Arendt-Nielsen). They list nine recommendations including hydrotherapy and Individually tailored exercise programmes including aerobic exercise and strength training for the management of FMS.

For more information, please see:

Häuser W, Thieme K & Turk DC (2010): 'Guidelines on the management of fibromyalgia syndrome – a systematic review'. *J Pain*. 14(1):5-10.

McVeigh JG, McGaughey H, Hall M & Kane P (2008): 'The effectiveness of hydrotherapy in the management of fibromyalgia syndrome: a systematic review'. *Rheumatology International*. 29(2):119-130

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²International Association for the study of pain: www.iasp-pain.org/Education/Content.aspx?ItemNumber=1698#Pain

³Australian Pain Management Association: www.painmanagement.org.au/resources/managing-pain.html

⁴Therapeutic Goods Administration: www.tga.gov.au/media-release/update-proposal-rescheduling-codeine-products

⁵Alcohol and Drug Foundation: www.druginfo.adf.org.au/drug-facts/codeine-facts#sthash.NZB2GkXy.dpuf

⁶Narcotics: www.narcotics.com/opioids/

⁷Alcohol and Drug Foundation: www.druginfo.adf.org.au/drug-facts/codeine-facts#sthash.NZB2GkXy.dpuf

⁸Penington Institute, (2014) www.copeaustralia.com.au/wp-content/uploads/FactSheet_OpioidOverdoseResponsePlan.pdf

⁹Australian Government, Department of Health and Human Services, www.humanservices.gov.au/individuals/subjects/chronic-medical-condition-assistance

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¹¹Hayden JA, van Tulder MW, Tomlinson G. Systematic review: strategies for using exercise therapy to improve outcomes in chronic low back pain. *Ann Intern Med*. 2005;142:776–85.

¹²Kos BW, van Tulder MW, Chung-Wei CL. An undated overview of clinical guidelines for the management of non-specific low back pain in primary care. *Eur Spine J* 2010;19:2075–94.

¹³Royal Australian College of General Practitioners www.racgp.org.au/afp/2014/november/approach-to-low-back-pain-%E2%80%93-exercise-physiology/

¹⁴Bronfort G, Haas M, Evans R, et al. Effectiveness of manual therapies: the UK evidence report. *Chiropractic & Osteopathy*. 2010;18(3):1–33.

¹⁵Osteopathy Australia, www.osteopathy.org.au/pages/research-and-evidence.html

¹⁶Sturla Haslerud, Liv Heide Magnussen, Jon Joensen, Rodrigo Alvaro

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^{xxxiii}Tasmanian Health Service, outpatients.tas.gov.au/clinics/pain_management/moving_with_pain_program

^{xxxiv}Cannabis Consulting Australia, Medicinal Cannabis for people living with pain; www.cannabisconsultingaustralia.com.au

^{xxxv}Parliament of Australia, Narcotic Drugs Amendment Bill 2016: www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r5609

^{xxxvi}Department of Health and Human Services, Medical Cannabis Controlled Access scheme www.dhhs.tas.gov.au/psbtas/publications/medical_cannabis/medical_cannabis_controlled_access_scheme

^{xxxvii}Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-based evaluation of complementary health approaches for pain management in the United States, *Mayo Clin Proceedings*. September 2016;91(9):1292-1306.

^{xxxviii}Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-based evaluation of complementary health approaches for pain management in the United States., *Mayo Clin Proceedings*. September 2016;91(9):1292-1306.

^{xxxix}Chester Buckenmaier, III, MD Jerrilyn Cambron, DC, PhD Ruth Werner, BCTMB Pamela Buckenmaier, RN, LMT Christopher Deery, LMT Jan

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