



BASIC FACTS ABOUT PAIN & PAIN MANAGEMENT

All patients have the right to have their pain treated. Your health care team encourages you to talk about your pain with them.



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Important things that you need to know:

1. **Acute pain** is pain that is usually of short duration. There is often an initial, obvious injury that causes the pain (example, after surgery). Unrelieved acute pain complicates recovery.
2. **Chronic pain** is of long duration and the cause of the pain is not as obvious as it is for acute pain. Unrelieved chronic pain can lead to depression, disability, loss of independence and a decreased quality of life.
3. Routine evaluation is needed for effective pain management.
4. The best pain management involves patients, families, and health professionals. We need your input!

The most important thing to know:

There are many treatment methods that can reduce pain.

The following are a list of some common myths about pain and pain management.

MYTH: As people age, they should expect to be in constant pain.

No. Just because something is very common, it does not mean that it is healthy or necessary. Constant pain should not be considered “part of getting older” and ignored.

MYTH: will become addicted to pain killers.

Addiction means a person is taking medication to satisfy emotional or psychological needs rather than for medical reasons. Acetaminophen (for example Tylenol) and NSAID drugs (such as Aspirin, Ibuprofen and Advil) are NOT habit-forming.

When taken properly and under the advice and prescription of a doctor, addiction to opioid pain medication (like Morphine, Dilaudid and Codeine) is VERY RARE.

MYTH: If a medication is available over the counter, without a prescription, it means it does not have side effects and you can take as many as you want.

Although over the counter pain medications, like Acetaminophen and Aspirin, are not habit forming, they can have side effects. Some of these side effects can be very serious when maximum daily doses are exceeded. Also, except for Acetaminophen, these medications interfere with blood clotting, and can also cause nausea, stomach bleeding, or kidney problems. For more information, please speak to your health care provider or pharmacist.

MYTH: I will become physically dependent to pain medication.

The term “physical dependence” is often confused with addiction. Physical dependence occurs after you have been using an opioid for a long period of time (more than 2 weeks). It is a chemical change that happens in your body that causes withdrawal symptoms if you stop the medication too suddenly. This is a normal response and can be avoided by slowly cutting back on the amount of medication you are taking.

MYTH: If my doctor prescribes antidepressants for my pain, it means she or he thinks that I am not really in pain and that it is just “in my head”.

No. Research has shown that there are some antidepressants which can help to relieve some types of pain (burning or tingling pain). Ask your health care provider to explain the medications you are taking and exactly why you are taking them. Your pharmacist is another great source of information.

MYTH: I do not need to tell my nurse or doctor about my pain. They are the professionals and they will know if I am having pain.

Although there are ways that health care providers can assess pain in patients who cannot speak, the best way to learn about a patient’s pain is to have them tell us about it. It is also important to know that all people experience pain differently and have different tolerances for pain. So, a situation, procedure or activity that may be very painful for one person may be only slightly uncomfortable for someone else.

MYTH: If something is causing me to feel pain, or if I complain about pain, it means that I am weak.

No. Pain is an unpleasant experience associated with actual or potential tissue damage. Feeling pain has nothing to do with being weak. Not taking pain medication does not make you courageous and strong. If you are feeling pain and you don’t get treatment for it, then you risk having your pain get worse. Also, if you have pain, you may be less able to function, you may feel tired and sluggish, lose your appetite, have disturbed sleep and be less willing to engage in social activities.

MYTH: If I am having pain, I should wait before taking pain medication because my pain may pass.

No. Pain medication should be taken exactly as prescribed by the doctor in order to prevent you from being in pain.

If your doctor has ordered medication on an “as needed basis”, it is wise not to wait too long after your pain starts before taking it. The longer you wait, the more difficult it may become to control your pain. You should take your medication before the pain starts to interfere with your activities of daily living. Make sure to keep track of how much medication you take so that you can report back to your doctor.

Now that we have clarified some myths, let us review some facts about pain and pain management.

TRUTH: Pain can be controlled.

Although pain can be very common with various illnesses, after surgery and with some medical procedures, most patients with acute or chronic pain can become comfortable with simple treatment.

TRUTH: Side effects to pain medications can be managed.

All drugs have potential side effects. Not everyone who takes a medication will experience the side effects or the same side effects.

People are usually most concerned with the possible side effects of taking opioids (like Codeine and Morphine). The most common side effects of these medications are initial

drowsiness, nausea and constipation (which can be prevented and treated). It is important to note that the body usually gets used to these medications within a few days, at which point the side effects disappear. Still, it is important to discuss any side effects with your nurse or doctor.

TRUTH: There are other ways (besides medications) to help relieve your pain.

There are many things you can do, aside from taking medications, to control pain. These methods can work alone or with pain medications to increase your pain relief. The following are a list of examples of pain management techniques:

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| Relaxation techniques | Acupuncture / TENS | Hypnosis | Distraction |
| Hot or cold packs | Music therapy | Imagery | Meditation |
| Massage / Reflexology | Yoga / Qi Gong | Therapeutic exercises | |

Many of these techniques need to be taught. Speak to your health care provider. They will refer you to appropriate resources.

A note about herbal and / or natural medications

It is very important that you speak to your doctor or nurse if you are using, or if you are considering the use of, natural or herbal medications. Certain products may interfere with the medications that your doctor has prescribed for you. Some combinations may even be harmful.

References

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Gordon D, Kwekkeboom K, Ward S. Health facts for you: pain management. *UW Health - Online Health Fact*. University of Wisconsin Hospitals and Clinics: Department of Nursing. 2000;UWH-4922.

Satvinder SD, Hurley RW. The Neurobiology of Pain. In: Tollison CD, Satterthwaite JR, Tollison JW, eds. *Practical Pain Management*. 3rd ed. Philadelphia: Lippincott Williams & Wilkins. 2002;10-25.

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Websites / resources for information on pain control:

Canadian Council on Health Services Accreditation <http://www.cchsa.ca>

Canadian Pain Society <http://www.canadianpainsociety.ca>

IMPORTANT – PLEASE READ CAREFULLY

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