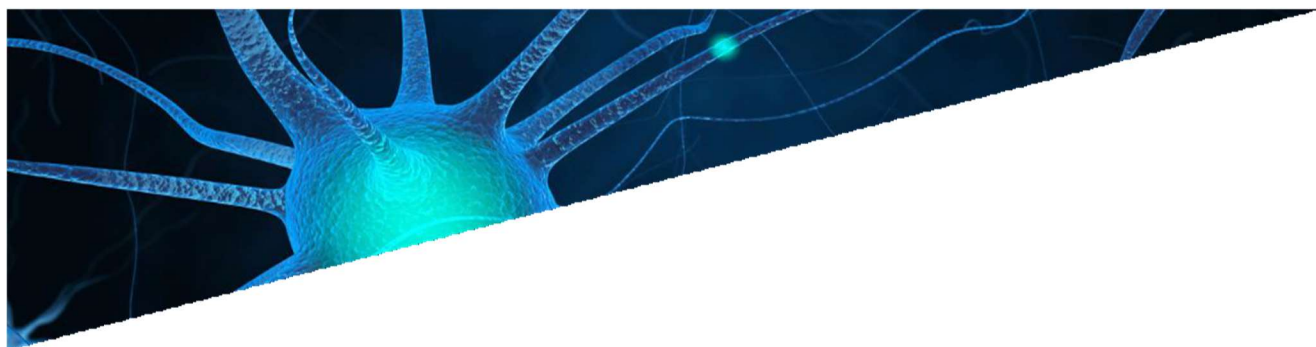


## Appendix 5 – About Pain Patient Information Leaflet (2)



Most of us have experience of everyday pain including headaches, pain from minor injuries and muscular pain for example following exercise. These pains don't last long and often don't need treatment. All pain we feel is affected by how we are feeling generally, our past experience of pain and any concerns we have about the cause of the pain. If we are worried and distressed about how pain may affect us in the future, our pain will feel worse. Also, unpleasant thoughts, feelings and memories (even if these are not to do with pain) can influence how we feel pain. Anxiety, depression, Post-Traumatic Stress Disorder, previous emotional upsets or other mental health problems, are likely to worsen our experience of pain and make it more difficult to treat.

### Types of Pain

Pain is usually described as acute (short-term) or chronic (long-term) pain (usually more than three months).

- **Acute pain** is usually related to an obvious injury such as dental infection, bone fracture or operation.
- **Chronic pain** sometimes begins with an injury but the pain doesn't get better as expected: often it is not clear how a chronic pain has started. Common types of chronic pain include low back pain, pain related to arthritis and pain related to injury to a nerve or other part of the nervous system (neuropathic pain). Chronic pain is usually not a sign of on-going injury or damage but may be to do with changes in the nervous system that occur over time so that the pain signalling becomes self-sustaining over a prolonged period.
- **Cancer pain** is usually described separately and may be short or long lasting. The pain can relate to the cancer itself or the cancer treatment. Additionally, people with cancer may experience acute or chronic pain unrelated to their cancer.

Acute and chronic pain can range from mild or severe with the difference being how long the symptoms last.

## Treatments for different types of pain (you may have more than one type of pain)

### Acute Pain

Acute pain can be severe but usually gets better quite quickly (days or weeks). Treatments usually only need to be given for a short time while healing of the injury begins. Acute pain is often straightforward to treat with a range of medicines and other treatments depending on how severe the pain is. Opioid medicines are useful for treating acute pain and usually only need to be given for a period of a few days. The dose of opioid should be reduced as healing occurs.

### Chronic Pain

Chronic pain can cause low mood, irritability, poor sleep and reduced ability to move around. Unlike acute pain, chronic pain is difficult to treat with most types of treatment helping less than a third of patients. Most treatments aim to help you self-manage your pain and improve what you can do.

Different treatments work for different people. Medicines generally and opioids in particular are often not very effective for chronic pain. Other non-medicine treatments may be used such as electrical stimulating techniques (TENS machine), acupuncture, advice about activity and increasing physical fitness, and psychological treatments such as Cognitive Behaviour Therapy and meditation techniques such as mindfulness.

Helping you understand about chronic pain is important and in particular helping you understand that physical activity does not usually cause further injury and is therefore safe. It is important that you understand that treatments tend not to be very effective and that the aim is to support you in functioning as well as possible.

### Neuropathic Pain

Neuropathic pain is a type of chronic pain associated with injury to nerves or the nervous system. Types of neuropathic pain include, sciatica following disc prolapse, nerve injury following spinal surgery, pain after infection such as shingles or HIV/AIDS, pain associated with diabetes, pain after amputation (phantom limb pain or stump pain) and pain associated with multiple sclerosis or stroke. Neuropathic pain is usually severe and unpleasant.

Medicines may be used to treat neuropathic pain but are usually not very effective and work for a small proportion of people. You may not benefit from the first drug tried so you may need to try more than one drug to try and improve symptoms.

### Cancer Pain

Cancer pain is usually associated with an obvious source of tissue damage and may be acute or chronic. Neuropathic pain can occur with cancer diagnoses and treatments (such as radiotherapy). Because cancer pain treatment, particularly at the end of life, is often for a short duration, it is usually more successful than chronic pain treatment. People who recover from cancer or who survive a long time with cancer may have pain that is more difficult to treat.

## Appendix 6 – Summary of NICE Guidance related to Pain Relief and Opioids

NICE Guidance	Non-pharmacological options	First choice medications	Alternative options
<p><b>Chronic pain (primary and secondary) NG 193 (1)</b>  <b>o Not Do statements</b>            Do not initiate any of the following medicines to manage chronic primary pain in people aged 16 years and over:</p> <ul style="list-style-type: none"> <li>• antiepileptic drugs including gabapentinoids, unless gabapentinoids are offered as part of a clinical trial for complex regional pain syndrome (see the <a href="#">recommendation for research on pharmacological interventions</a>)</li> <li>• antipsychotic drugs</li> <li>• benzodiazepines</li> <li>• corticosteroid trigger point injections</li> <li>• ketamine</li> <li>• local anaesthetics (topical or intravenous), unless as part of a clinical trial for complex regional pain syndrome (see the recommendation for research on pharmacological interventions)</li> <li>• local anaesthetic/ corticosteroid combination trigger point injections</li> <li>• non-steroidal anti-inflammatory drugs</li> </ul>	<p>Offer a supervised group exercise programme. Encourage people with chronic primary pain to remain physically active for longer-term general health benefits.</p> <p>Consider acceptance and commitment therapy (ACT) or cognitive behavioural therapy (CBT) for chronic primary pain.</p> <p>Consider a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, to manage chronic primary pain, but only if the course: is delivered in a community setting and</p> <ul style="list-style-type: none"> <li>• is delivered by a band 7 (equivalent or lower) healthcare professional with appropriate training and</li> <li>• is made up of no more than 5 hours of healthcare professional time (the number and length of sessions can be adapted within these boundaries) or</li> <li>• is delivered by another healthcare professional with appropriate training and/or in another setting for equivalent or lower cost.</li> </ul>	<p>Consider an antidepressant, either amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine or sertraline, for people aged 18 years and over to manage chronic primary pain, after a full discussion of the benefits and harms.</p> <p>Seek specialist advice if pharmacological management with antidepressants is being considered for young people aged 16 to 17 years.</p>	

NICE Guidance	Non-pharmacological options	First choice medications	Alternative options
<ul style="list-style-type: none"> <li>opioids</li> <li>paracetamol</li> </ul> <p><b>Low back pain (NG59) (11)</b></p> <p><b>Do Not Do statements:</b> Do not offer paracetamol alone for managing low back pain.</p> <p>Do not routinely offer opioids for managing acute low back pain.</p> <p>Do not offer opioids for managing chronic low back pain.</p> <p>Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.</p> <p>Do not offer gabapentinoids or antiepileptics for managing low back pain.</p> <p>Do not offer gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines for managing sciatica as there is no overall evidence of benefit and there is evidence of harm.</p> <p>Do not offer opioids for managing <a href="#">chronic</a> sciatica.</p>	<p><b>Self-management</b> Information on nature of low back pain and sciatica. Encouragement to continue with normal activities.</p> <p><b>Non-pharmacological options</b> Exercise for people with a specific episode or flare-up of low back pain with or without sciatica.</p> <p>Manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.</p> <p>Psychological therapies using a cognitive behavioural approach for managing low back pain with or without sciatica but only as part of a treatment package including exercise, with or without manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage).</p> <p>Combined physical and psychological programme, incorporating a cognitive behavioural approach (preferably in a group context that takes into account a person's specific needs and capabilities), for people with persistent low back pain or sciatica:</p> <ul style="list-style-type: none"> <li>when they have significant psychosocial obstacles to recovery (for example, avoiding normal activities based on inappropriate beliefs about their condition) or</li> <li>when previous treatments have not been effective.</li> </ul> <p>Promote and facilitate return to work or normal activities of daily living for people with low back pain with or without sciatica.</p>	<p>NSAIDs - lowest effective dose for the shortest possible period of time.</p> <p>Be aware of the risk of harms and limited evidence of benefit from the use of non-steroidal anti-inflammatory drugs (NSAIDs) in sciatica.</p>	<p>Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective.</p>