



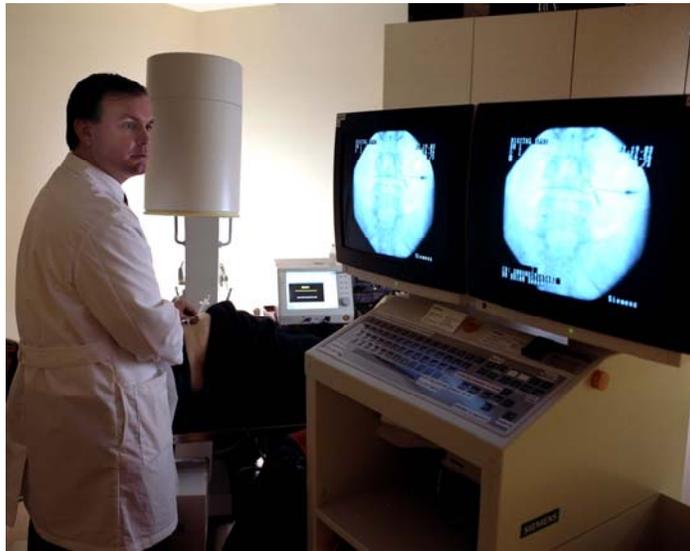
**HOW TO  
MANAGE YOUR  
PAIN:  
A GUIDE FOR  
PATIENTS AND  
FAMILIES**

A publication from:  
Center for Pain Medicine and  
Physiatric Rehabilitation

*“Dedicated to Improving the  
Quality of Your Life”<sup>SM</sup>*

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**Center for Pain Medicine  
And  
Physiatric Rehabilitation**

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The following information has been developed to educate you about pain control. We encourage you and your family to read this material. If you have any questions, be sure to ask your doctor or nurse.

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## **Pain is different for everyone**

Pain is a very personal experience and is different for everyone. No two people are alike when it comes to pain. One person may feel pain with more intensity than another who may have a higher ability to cope with pain. Whatever the case may be, the most important thing is that people who suffer from pain know how to describe it, and are willing to play a vital role in helping to manage it.

## **There are two time frames for pain**

- 1) **Acute** pain, for instance, may be a cut, a small burn or a sprained ankle. This type of pain does not last a long time.
- 2) **Chronic** pain, such as back pain, arthritis or cancer pain, lasts for longer periods of time and may range from mild to severe.
  - a. **Neuropathic pain:** this is pain related to nerve injuries
  - b. **Nocioceptive pain:** this is pain related to force

## **Speak up about your pain:**

To get help with relieving your pain, it is important that you communicate with your doctor or nurse. Don't think that you are not being a "good" patient or, that you are a weak person when discussing your pain. If you don't tell, who will? Describe your pain as well as you can. Don't make light of it, but don't exaggerate. Remember, research has shown that treating pain promotes the well-being of the whole person.

## **Tips on how to describe your pain include:**

- What does the pain feel like?
  - Is it sharp, dull, throbbing, burning, or tingling?
  - Where is the pain located?
  - Is it constant, or does it come and go?
  - How much pain do you feel on a scale from zero to ten?

*With zero being no pain, and 10 being the worst possible pain you can imagine.*

You may want to keep a diary to record the amount of pain you experience and what works best to ease your pain. Do your pain medicines help? How many hours do they give you relief? What aggravates your pain?

Also record how pain affects your life in general; how it affects your appetite, your sleep, your work and other activities.

## **Take Control of Your Pain**

There are different ways to help control pain. For some people medicines are effective. Others prefer to use alternative ways to control pain. A number of methods are described on the following pages.

If you do not like to take medications, you are not alone. However, if you suffer from pain, especially chronic pain, take your medicines regularly in the prescribed doses. If necessary, around the clock. Pain is easier to manage when it is mild than when it is severe. There is no need to suffer when it can be avoided. While pain cannot always be completely relieved, it can be managed to such a degree that you will be able to enjoy life more.

Please understand that, managing pain with medications, depends on the type of pain you have. Some medicines take several days or longer to promote pain relief while other medications may work sooner. Discuss this with your physician.

## **Different Types of Pain Medications**

**Opioid** drugs relieve moderate to severe pain. They are also called narcotics. For some people when first taken, they may cause drowsiness and promote sleep. Talk to your doctor or nurse if this is a problem for you.

In general, don't worry about becoming addicted to opioid medications. People who take pain medications for the purpose of getting pain relief have a different motive than those who do not have pain and who take drugs just to get high. Unless you are having a problem with drug abuse, you will want to stop taking the medicines once the pain has gone away.

It is true that people who have been taking opioid medicines for a period of time will need to decrease their dosages gradually when these medicines are no longer necessary. It is also true that some people have side effects from phasing out opioid medicines. Your doctor, however, will help you stay as comfortable as possible. Talk to them about this.

**Non-opioid** drugs relieve mild to moderate pain. A doctor must prescribe some. Others may be bought over the counter.

**Antidepressants** and **anti-seizure medicines** can be prescribed by a doctor to relieve pain caused by nerve damage or vascular damage. This type of pain is typically described as burning in nature and tingling. Opioids tend not to work well for this type of pain. **Please note:** the fact that these medicines have been prescribed for you does not mean you are depressed or at risk for seizures.

**Steroids** can be prescribed by a doctor to relieve pain. **Remember,** you will be taking steroids for pain relief; do not confuse these with steroids that some athletes take illegally to build up their bodies. To avoid withdrawal symptoms the dosage needs to be decreased slowly.

**Breakthrough medication** is medication that you can take in addition to your pain medication for those periods during the day that your pain has increased. This medication is generally reserved for pain that has occurred due to activity or exercise. These medications are short acting and only stay in your body for a few hours.

### **Why is my doctor changing my medication?**

Patients suffering from chronic pain have their pain all day long. Although there may be times in the day when your pain is greater than others, most chronic pain patients experience pain all day long. When your physician treats this, the best plan of care is to give you a medication that lasts all day long. These medications are known as sustained release medications. These medications will stay in your body for prolonged periods of time. This allows the pain to be consistently controlled throughout the day. Although you may still have episodes when your pain is increased with activity, the goal is to decrease the periods with the long acting medication and limit the amount of breakthrough medication. *In some ways treating chronic pain is just like treating high blood pressure. Your physician tends to place you on a medication that controls your blood pressure all day long. Although your blood pressure will fluctuate throughout the day it tends to stay within an acceptable range. This is how we want to control your pain.*

### **Tips to protect yourself when taking medications:**

Always ask questions that include:

- 1) How much medicine do I take?
- 2) Do I take it with or without food?
- 3) Are there food and drug interactions to know about?
- 4) What do I do when I forget to take a dose?
- 5) Do the medicines I take interact with each other?
- 6) What are the possible side effects?

### **General information about side effects:**

While not all people get them, many medications cause side effects at one time or another. You must be aware of these side effects so that you can deal with them and know when you **must** tell your doctor about them.

Pain medications can cause side effects that include drowsiness, sleepiness, nausea and vomiting. This may happen when you first start to take the medicines and usually wear off after a short period of time. You may become constipated during the time you are taking the medicine. Skin rashes and itching, caused by an allergic reaction to pain medicine, may also occur for some people. If you are taking opioids then you should start a stool softener at the same time to prevent constipation.

**When sleepiness occurs**, avoid the type of activities that include driving, swimming, climbing stairs, using power tools, etc. **Most State law prohibit driving while taking sedative medications.**

If **nausea** and **vomiting** persist, talk to your doctor or nurse. Medicine is available to stop or lessen these side effects.

### **Drugs and alcohol do not go together!**

Combining alcohol with medicines can be very dangerous, even fatal. It can increase drowsiness and cause difficulty in breathing, resulting in unconsciousness and death.

**Please Note:** Always tell each doctor you see about different medicines you are taking. Some medicines should never be taken together because the way they interact adversely and could be dangerous to your health.

### **Different ways to take and give pain medications:**

The most common way to take medicines is in **tablets, capsule, liquid, transdermal, or suppository form.**

The medicine in the suppository dissolves in the rectum and is absorbed by the body. A skin patch filled with pain medicine and placed on the skin may also be used. Pain medicines can also be injected under the skin or into a vein or muscle.

Pain after surgery can be treated by using a small pump that contains a liquid medication. This is called “**Patient Controlled Analgesia**” or **PCA** for short. A small tube is inserted into a vein in the arm or top of the hand. A push button is used by the patient so that the pump releases the right amount of pain medicine prescribed by your doctor when the patient needs it.

**Intrathecal medication** can be used in a patient with chronic pain or who is experiencing side effects from oral medication or who is not getting pain relief with other methods of delivery of pain medication. This method significantly decreases the daily dosage of pain medication due to its increased potency. This involves implanting a catheter and pump in the body to deliver pain medication 24 hours a day and 7 days a week.

### **Non-drug methods to relieve pain:**

There are several treatments available that can be used alone or in combination with medicine to help manage pain. They are briefly explained and include:

**Acupuncture:** A pain relief method that was developed by the Chinese. Needles are inserted into certain points of the body to relieve pain.

**Biofeedback:** A technique in which people are trained to use signals from their bodies to help cope with pain. It may involve “behavioral modification: which means changing a person’s reaction to life’s stressful events.

**Imagery, visualization, meditation, stress- reduction and relaxation:** techniques taught to help direct your mind away from feeling

pain.

**Music:** Like pain, music is different for every one. Tastes range from opera to rock. You know what type of music will take your mind off things. If you are not sure, you may be interested to know that research has shown that many people thoroughly relax by listening to Gregorian chants, “ambient” or “new age” music. You may want to check these out at a music store.

**Hot or cold pads:** will decrease pain by changing blood flow.

**Physical therapy:** Exercises and movement of muscles done under the direction of a certified physical therapist.

**Transcutaneous Electric Nerve Stimulation (TENS):** Mild electric currents are applied to selected areas of the skin helping to interfere with pain sensations.

### **When drug and non-drug ways to relieve pain are not enough:**

Some patients have pain that is not relieved by medicine. In these cases other treatments can be used to reduce pain:

**Surgery-** when a tumor presses on nerves or a part of the body it may cause pain. An operation to remove the tumor may relieve the pain.

**Neurosurgery-** pain nerves, most often in the spinal cord, are cut to help relieve pain.

**Radiation therapy-** one or more treatments help reduce pain by shrinking a tumor.

**Nerve blocks-** this is when pain medicine is injected close to a nerve or into the back to help block pain.

**Radiofrequency-** applying an electrical current to heat sensory nerves to eliminate pain. This technique can provide longer lasting pain relief if nerve blocks are successful in decreasing pain and is not as invasive as neurosurgery.

**Cryoablation-** this applies the same concept as radiofrequency how-

ever the nerves are frozen instead.

**Spinal cord stimulation-** applies an electrical lead directly over the sensory structure of the spinal cord to decrease pain and interfere with pain transition.

**Implantable drug delivery systems-** utilizes implantation of a drug delivery system to provide continuous levels of pain medication 24 hours a day and 7 days a week.

## **AM I AN ADDICT?**

Everyone has the potential to be addicted to something. For some people it is chocolate and others it is drugs. *Addiction* is a self-destructive behavior and compulsive in nature. When taking opioids there is a chance that you will become dependent on them but the possibility of you becoming addicted to them is rare. Patients who become addicted to prescription medications usually have a history of addictive tendencies or family members with addiction problems. When talking with your physician be honest about your tendencies so that they can help you whether you have pain or have an addiction to pain medication. **Proper communication with you physician will ensure the best possible treatment.**

**A WORD ABOUT THE  
CENTER FOR PAIN MEDICINE  
&  
PHYSIATRIC REHABILITATION**

Our center is dedicated to improving a patient's quality of life. We utilize current concepts in physical medicine, rehabilitation, and pain medicine to decrease your symptoms, improve your lifestyle and promote optimum health. We feel that we must address the whole person in order to treat the patient. Addressing only the symptoms without treating other underlying problems will only provide partial relief for the patient and will not make the patient well. We utilize medications, exercise, and emotional support to provide a positive environment and positive outlook. We provide all our services within one office so that the patient will constantly be supervised and any problems that might occur along the way can be addressed quickly so that there is no delay in your care. Our employees are all certified and our physicians are all board certified. Dr. Kahan, our Medical Director, is board certified by the *American Academy of Physical Medicine and Rehabilitation, American Academy of Physical Medicine and Rehabilitation– Pain subspecialty, Fellow International Board of Interventional Pain Physicians, American Board of Pain Medicine, American Osteopathic Board of Physical Medicine and Rehabilitation, and National Board of Osteopathic Examiners*. He is the former Director of Outpatient Services for rehabilitation at Albert Einstein College of Medicine and has taught over 120 residents in physical medicine and rehabilitation and pain medicine. He continues to give educational lectures on a regular basis.

## Helpful Internet Web Sites

Center for Pain Medicine and Physiatric Rehabilitation  
[www.4-no-pain.com](http://www.4-no-pain.com)

International Spinal Injection Society  
[www.spinalinjection.org](http://www.spinalinjection.org)

Tame the Pain  
[www.tamethepain.com](http://www.tamethepain.com)

American Academy of Physical Medicine  
and Rehabilitation  
[www.aapmr.org](http://www.aapmr.org)

North American Spine Society  
[www.spine.org](http://www.spine.org)

World Institute of Pain  
[www.wipain.org](http://www.wipain.org)

