

Chronic Pain and What You Can Do About It



Developed by the UAMS Arkansas Geriatric Education Collaborative and

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This project was supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28723 (Geriatric Workforce Enhancement Program (GWEP)). This information or content are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

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Chronic Pain and What You Can Do About It

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This book will help you:

- Learn some basic facts about chronic pain
- Understand ways to manage your chronic pain
- Understand how to work with your doctor to use, store, and stop taking opioids safely
- Talk with your doctor about how to better manage your chronic pain

How do I use this book?

- Read the information about ways to manage your chronic pain.
- Check the boxes and fill in the blanks as you think more about how to care for your chronic pain. This will help you talk with your doctor about managing your pain.
- Keep track of your pain and the ways you are caring for it every day. This will help you know what works to manage your pain. Share this information with your doctor.

What are the main topics in this book?

Section 1: What you need to know about opioids

After reading this section, you will be able to answer these questions:

- What is an opioid?
- Why do doctors prescribe opioids?
- What are some examples of opioids?
- Are opioids dangerous?
- How do I take opioids safely?
- How do I stop taking opioids safely?

Section 2: Other ways to care for your chronic pain

After reading this section, you will know some answers to these questions:

- What non-opioid medicines treat pain?
- How can I care for my chronic pain without medicine?

Section 3: Your chronic pain record and opioid exit plan

This section will help you keep track of:

- How you are trying to care for your chronic pain
- How well your treatments are working
- Your symptoms as you stop taking opioids

Facts about chronic pain

What is chronic pain?

Chronic pain is pain that lasts more than 12 weeks. Chronic pain is different from acute pain. Acute pain lasts a shorter period of time (less than 12 weeks). Acute pain is usually caused by an injury or medical condition that will heal quickly or can be treated.

In this book we are only talking about chronic pain.

What causes chronic pain?

Chronic pain can be caused by an injury, surgery, or chronic illness. Some illnesses that cause chronic pain include:

- Arthritis: Inflammation (swelling) of one or more of your joints.
- Fibromyalgia: A problem that causes pain all over your body.
- Ehlers-Danlos syndrome (EDS): A problem that affects your skin, joints, and blood vessel walls. Symptoms include overly stretchy joints, very stretchy skin, and fragile skin.

Who struggles with chronic pain?

Around 25 million Americans struggle with chronic pain. More than 1 in 10 are over 50 years old.

Why should I get help with my chronic pain?

Chronic pain can make it hard to:

- Enjoy time with your family
- Enjoy your hobbies
- Work
- Build meaningful relationships
- Live on your own



**How has chronic pain made your life harder?
(Check all that apply, and add your own.)**

It is harder to play with my kids or grandkids.

It is harder to spend time with my family.

It is harder to do the things I enjoy.

It is harder to do my job.



**What concerns do you have about treating your
chronic pain?**

(For example: I am worried that there is no treatment for my chronic pain.)

Talk to your doctor about these concerns.

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Section 1:
**What you need to
know about opioids**

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What is an opioid?

- An opioid is a type of medicine that relaxes your body and reduces pain.
- Opioids are very strong and can be addictive, and most require a prescription.
- Some opioids are illegal (for example, heroin and opium). In this book, we will only discuss legal opioids.

Why do doctors prescribe opioids?

- Opioids treat moderate to severe pain in ways that other prescription or over-the-counter medicines do not.
- Many older adults have severe chronic pain, so it is common for doctors to prescribe opioids to older adults.

What makes opioids different for older adults?

- Older adults may be on many medicines. So, doctors should talk to you about how an opioid might change the effects of other medicines.
- Older adults' bodies "break down" medicines differently. Doctors must watch you carefully to see how your body reacts to new medicines.
- Older adults may have more than one health problem. Doctors watch for changes in these problems when they start older adults on new medicines.

What are some examples of opioids?

You are probably familiar with some opioids. You may be taking opioids and not even know it! Here are the names of some common opioids:

Commonly Known As	Also Known As (check your medicine label)
Carfentanyl	Carfentanil
Codeine	Codeine
Darvocet-N, Darvon	Dextropropoxyphene
Demerol	Meperidine
Methadone	Dolophine
Fentanyl	Duragesic patch, Sublimaze, Ultiva
Hydrocodone	Hysingla ER, Norco, Vicodin, Zohydro
Hydromorphone	Dilaudid
Imodium	Loperamide
Morphine	Avinza, Kadian, MS Contin
Opana	Oxymorphone
Oxycontin	Oxycodone
Percocet	Oxycodone, Roxicodone
Vicodin	Hydrocodone, Hysingla ER, Norco, Zohydro
Some medicines with opioids in them are available over the counter (without prescription)	
Commonly Known As	Also Known As
Imodium	Loperamide
NyQuil	Dextromethorphan
Robitussin	Dextromethorphan
TheraFlu	Dextromethorphan
Vicks	Dextromethorphan

Note: Over-the-counter medicines with opioids are **not** addictive.



List any opioids you are taking now or have taken in the past:

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Talk with your doctor about how you are taking these.

Are opioids dangerous?

Like any medicine, opioids can have bad side effects even if you take them as prescribed.

Serious side effects of opioids include:

- Slowed breathing
- Hyperalgesia (when your pain feels worse)
- Depression (signs include feeling down for a long time)
- Coma
- Brain injury
- Tolerance (when you need to take more of a medicine to get the same pain relief)
- Dependency and addiction (you may have symptoms if you stop taking it)
- Overdose (you may die suddenly)

Less serious side effects of opioids include:

- Sleepiness
- Dizziness
- Confusion (not thinking clearly)
- Nausea (sick to stomach)
- Constipation (difficult or hard stool)
- Dry mouth
- Itching
- Sweating
- Low sex drive
- Low energy
- Low strength
- Hard time peeing



But opioids are different from most other medicines.

How are opioids different from other medicines?

- Opioids are dangerous because they are very strong and very addictive.
- Getting addicted to opioids does not mean you have done something wrong. Addiction is your body telling you that it has become dependent on the medicine.
- Many people take opioids exactly as they are prescribed and still become addicted.



When should I be worried that I am addicted to opioids?

Read this list, and check any box that applies to you:

- You think about the medicine a lot.
- The thought of running out of the medicine really scares you.
- You tried to take less of the medicine but could not.
- The medicine is hurting your relationships at work or home.

If you checked **any** box, make an appointment to talk with your doctor.



If you are worried that you might have taken too much of your opioid (overdose), call 911 right away.

How do I take opioids safely?

You must realize that it may not be possible to get rid of all your pain, all of the time. For example, it is normal to have pain after surgery. And some diseases will be painful no matter what treatments or medicines you get. But if your doctor wants to help you manage your pain with opioids, use these tips to take them safely.

- **Use opioids only when you need them:**
 - Even if you are prescribed opioids, try other things first. See section 2 of this booklet for ways to treat pain without opioids. You might be surprised at what helps!
 - Only use the opioid if these other ways do not get your pain to a level you can handle.

- **Limit how much you take:**
 - Take as little of the opioid as possible to treat your chronic pain.
 - Do not take more of your opioid without talking with your doctor first.
 - Do not take your opioid more often without talking with your doctor first.
 - If you must take an opioid for a long period of time, talk with your doctor about a plan for when and how to stop taking them. (See page 17 for more on creating an “exit plan.”)

How do I take opioids safely? (continued)

- **Be careful when taking opioids with other drugs:**
 - If you take opioids with alcohol, it can be deadly.
 - If you take an opioid with any of the following drugs, it raises your risk of falling:
 - Anti-anxiety medicines (such as Xanax or Valium)
 - Muscle relaxers (such as Soma or Flexeril)
 - Sleep aids (such as Ambien or Lunesta)
- **Talk with your doctor often about how much opioid medicine you are taking:**
 - Keep your medicine list current. Give your nurse or doctor a list of all medicines (prescription and over-the-counter) and supplements you have taken in the past month. Include the dosages (how much you take).
 - Ask your nurse or doctor about problems that can happen when you take opioids with other medicines.
 - Tell your nurse or doctor about other problems you have, especially mental health concerns, sleep apnea (when you stop breathing for short periods when sleeping), and chronic pain.
 - Tell your nurse or doctor about addiction to alcohol, tobacco, or drugs in your own life or in your family.
 - Be aware that you usually cannot get refills on opioids. So, take them only when you need them and talk with your doctor about how to manage your pain once you run out.



List all the medicines (prescription and over-the-counter) and supplements you take in the table below. Take this with you to all your doctor's visits and share it with them.

Include the ones you take for pain and for other things.

Name of medicine, supplement	Description	Purpose	Dosage: how much	When you take it: days and times
Example: Omeprazole	Pink/Red Capsule	Heartburn	10mg	Once a day, morning

What you need to know about opioids

How do I store opioids safely?

- Always store opioids out of the reach of children, teens, and pets.
- Use a locked box or cabinet to prevent use and abuse by others.
- Keep track of how many pills you have.

What do I do with leftover opioids?

- Take your leftover opioids to a local **drug take-back** program. These programs can safely dispose of the drugs. Places that often have take-back programs include:

- Pharmacies (drug store)
- Police department

To find a take-back program near you, visit:

<https://takebackday.dea.gov/>.

- **Do not** flush opioids down the toilet or pour them down the drain. They can end up in the drinking water.
- **Do not** put them in your garbage can. They can be eaten by a pet.



Ask your doctor or pharmacist where to take your left-over opioids. Write down the places here:

How do I stop taking opioids when it is time?

- **Create an “exit plan” with your doctor.** If you must take opioids for more than 2 weeks, talk with your doctor about an exit plan. This is a plan for how to stop taking them. You will likely need to take fewer pills or a lower dose for a while, and then take even fewer pills or an even lower dose. This is called tapering. You will keep tapering until your body does not need the opioid anymore. **Do not try to taper on your own.**
- **Know what to expect.** While you are tapering your opioid, you may have some withdrawal symptoms.

Be aware that you may need to take other medicines to help with these symptoms.

- **Keep a record when you are on your exit plan.**

Use a table like the one on page 39 to:

- List any symptoms or changes in your health.
- Keep track of your blood pressure.
- List the non-opioid ways you are managing your pain (especially the ones that work!). See section 2 of this book to learn more about treating pain without opioids.

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Section 2:
**Other ways to treat
your chronic pain**

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How can I treat my chronic pain?

There are many ways to treat your chronic pain. You can take opioids or other pain medicines. There are also other ways you can treat your pain without taking medicine.

In addition to taking opioids, you may be able to get some relief from pain with medicines that are not opioids. See the table on pages 22 and 23 for a list of non-opioid pain medicines, including:

- How to get them
- How they can help with your pain

Before you start or stop taking a medicine, be sure you:

- Talk to your doctor to make sure it is safe and you take the right amount
- Read and understand the medicine labels

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How can I treat my chronic pain? (continued)

There are also things you can do to treat your pain without taking medicines. These include different types of activities, therapies, and specialists you can see. See the table on pages 24 and 25 for a list of non-medicine treatments, including:

- How to get them
- How they can help with your pain

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Other ways to treat your chronic pain

What non-opioid medicines treat pain?

You may be able to get some relief from pain by taking some of the medicines below. **Do not start taking these without asking your doctor first.**

Drug name or type	Drug facts	Where to get it	Things to think about
Acetaminophen (pronounced Uh-SEE-ta-MEN-uh-fin)	This is the drug in Tylenol.	Over-the-counter	There is a limit to how much you can take in a day to protect your liver.
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Several different medicines are in the NSAID group. Examples are: <ul style="list-style-type: none"> • Ibuprofen (Advil®) • Aspirin • Naproxen (Aleve®) 	Over-the-counter Prescription	These can be hard on your stomach, kidneys, and liver. Some people cannot take these at all.
Steroids	You can get this as a cream, a pill, or a shot. It is often used to help with nerve pain. Examples are: <ul style="list-style-type: none"> • Dexamethasone (Decadron) • Prednisone • Methylprednisolone (Medrol) 	Prescription	These can affect your immune system, cause an upset stomach, and impact your thinking.

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Antidepressants	<p>The kind that help with pain are:</p> <ul style="list-style-type: none"> • TRAs, such as: <ul style="list-style-type: none"> • Amitriptyline • Desipramine • SNRIs, such as: <ul style="list-style-type: none"> • Duloxetine (Cymbalta) • Venlafaxine (Effexor) <p>They are often used for pain in the nerves, muscles, and bones.</p>	Prescription	Side effects are different for each drug.
Anticonvulsants (medicine to treat seizures)	<p>Examples are:</p> <ul style="list-style-type: none"> • Gabapentin (Neurontin) • Pregabalin (Lyrica) 	Prescription	Side effects are different for each drug. Some people who have taken these have thoughts of hurting themselves.
Topical medicine (such as a cream or lotion that you put on your skin)	<p>These medicines can help with your pain when you rub them on the place on your body that hurts.</p> <p>Examples are:</p> <ul style="list-style-type: none"> • Diclofenac (Solaraze, Flector) • Lidocaine (Lidoderm) • Capsaicin 	Over-the-counter Prescription	There is a chance that some of these may go through your skin and into your blood stream.

What other things can I do to treat my pain?

There are many other things you can try to help with you pain.

Other things to help	What it is and how it can help	Where to get it
Physical activity	Physical activity includes: <ul style="list-style-type: none"> • Cleaning • Walking • Gardening • Exercise Not moving enough can make your pain worse. Activity helps with: <ul style="list-style-type: none"> • Energy • Strength • Stamina (able to do things for longer time) • Stress relief 	Before you start a new exercise program talk to a: <ul style="list-style-type: none"> • Doctor • Physical therapist • Fitness instructor Check with your insurance company. Many plans include gym memberships at no cost.
Physical therapy	Physical therapy can help by making you stronger and more flexible. You would need to go to physical therapy sessions often and do exercise at home.	You may be able to get this without a doctor's order. A doctor's order may help you get in faster or get help paying for it.
Massage (by a licensed massage therapist)	Massage can: <ul style="list-style-type: none"> • Relax parts of your body that hurt • Lower your stress • Help with the signals from your brain that may be causing pain 	You can get this without a doctor's order. A doctor's order may help you get in faster or get help paying for it.

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Cognitive Behavioral Therapy (CBT)	<p>This is a type of counseling that helps you with coping skills. A CBT counselor can help you cope with pain by:</p> <ul style="list-style-type: none"> • Reducing stress • Meditating • Helping with depression 	<p>You may be able to get this without a doctor's order. A doctor's order may help you get in faster or get help paying for it. Ask your doctor about finding a counselor in your area.</p>
Treatment with an Interventional Pain Specialist	<p>An interventional pain specialist is a doctor that works with you on a plan to treat your pain.</p>	<p>You can get this without a doctor's order. A doctor's order may help you get in faster or get help paying for it.</p>
Chiropractic care	<p>Chiropractors can help get your body's parts lined up the way they are supposed to be.</p>	<p>You can get this without a doctor's order. A doctor's order may help you get in faster or get help paying for it.</p>
Acupuncture	<p>With acupuncture, a health care provider puts needles in your skin. Needles may release "feel good" chemicals that help with pain.</p>	<p>Find a local provider online at: www.nccaom.org</p>
The Chronic Pain Self-management Program	<p>This is a 6-week group therapy program. The goal is to help you create a pain management plan that works for you.</p>	<p>Learn more about this program at: agec.uams.edu/chronicpain or email: smrc@selfmanagementresource.com</p>

Other ways to treat your chronic pain



In the table below, write down the non-opioid pain medicines you have tried in the past 6 months. Take this list with you to your next doctor's visit.

Pain medicine I tried	How much I took (dose)	How often I took it	How much it helped	Symptoms or other problems I had
Example: Tylenol	500 mg	Twice a day - once at breakfast and once at bedtime	Helped a lot in the morning, but I felt bad again by noon. Did not help with sleep.	Upset stomach when I took it without breakfast.

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In the table below, write down the other ways you have tried to treat your pain in the past 6 months. Take this list with you to your next doctor's visit.

Other things I tried	When I started	When I stopped	How it helped	Problems I had doing this
Example: Massage	A few months ago	Have not	Helped right after the massage and up to a few days after	Finding the time and extra money

Other ways to treat your chronic pain



Write down the non-opioid pain medicines you would like to talk to your doctor about. When you see your doctor, fill in the other side of the table if they think you should try it.

Pain medicine I want to talk with my doctor about	What the doctor said				
	<i>(Fill these in if the doctor thinks I should try this medicine)</i>				
	Should I try this?	Where will I get the medicine?	How much will I take?	How often will I take it?	How do I get refills?



Write down the other things you would like to talk to your doctor about to treat your pain. When you see your doctor, fill in the other side of the table if they think you should try it.

Other things I want to talk with my doctor about to treat my pain	What the doctor said	
	Should I try this?	What do I need to do to get started?

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Other ways to treat your chronic pain

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Section 3:
**Your Chronic Pain
Record and Opioid
Exit Plan**

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How do I use a pain record?

Use a pain record to help you keep track of your pain and how you treated it. Show this record to your doctor. It will help your doctor suggest the right kinds of treatment for your pain.

To use a pain record you will need to list:

- Date and times
- Where it hurts
- Type of pain you have
- Pain level (how bad it hurts)
- What treatment you tried to get rid of the pain
- If the treatment helped

You will also need to take your blood pressure once a day. Write the numbers down in your pain record.

What words can I use to describe my pain?

Use these words to help you describe your pain.

Sometimes to describe your pain you may need to use more than one word.

- Aching
- Cramping or spasm
- Gnawing
- Heavy
- Hot or burning
- Sharp
- Shooting
- Sickening
- Splitting
- Stabbing
- Tenderness
- Throbbing or pounding

How do I describe my pain level?

0: No pain

1 to 3: Mild pain

Ranges from pain you do not notice much to pain that is uncomfortable.

4 to 6: Moderate pain

Ranges from pain that distracts you from daily activities to pain that is upsetting.

7 to 9: Severe pain

Ranges from intense (strong) pain to pain so bad that you cannot do things you need to do each day.

10: The worst pain you can imagine

You are not able to move or think clearly.



Your pain record

Fill in the table to help keep track of your pain and treatments you have tried.

Date and Time	Where it hurts	Type of pain (more than one may apply)	Pain level	Blood pressure	What I tried	Did it help?
Example: 4/15 10:00 am	Back and neck	Aching	6	130/85	Stretching and exercise	Yes
4/15 5:00 pm	Neck	Shooting	5			

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Your pain record

Fill in the table to help keep track of your pain and treatments you have tried.

Date	Where it hurts	Type of pain (more than one may apply)	Pain level	Blood pressure	What I tried	Did it help?

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Date	Where it hurts	Type of pain (more than one may apply)	Pain level	Blood pressure	What I tried	Did it help?

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Your pain record

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Date	Where it hurts	Type of pain (more than one may apply)	Pain level	Blood pressure	What I tried	Did it help?

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What is an opioid exit plan?

It is a plan to help you slowly stop taking opioids. It is only for people that:

- Have been taking opioids for 2 weeks or more
- Decide with their doctor to cut back on the opioids they are taking

How do I create an exit plan?

Ask your doctor to help you create a schedule for how to slowly stop taking your opioids. **Do not try to cut back on your own.**

What symptoms might I have?

When it is time to cut back on your opioids, you may have some symptoms, such as:

- Mental or emotional health changes:
 - Restlessness
 - Anxiety
 - Confusion
 - Hallucinations (seeing, hearing, or feeling things that are not there)
- Stomach problems
 - Nausea
 - Vomiting
 - Diarrhea
- Trouble sleeping
- Sweating
- Fevers
- Seizures
- Tremors
- Rapid heart rate
- Blood pressure changes (up or down)
- More pain

Be sure to talk to your doctor if you have these symptoms to learn the best way to treat them.

Your opioid exit plan



Ask your doctor to help you fill in the left side of the table (schedule). Use the right side of the table to track your symptoms, blood pressure when you have symptoms, and other things you did to treat your pain.

Schedule		Track			
Days	How much I took (dose)	How often I took it	Symptoms (if any)	Blood pressure (during symptoms)	Other things I did to treat my pain
Example: Day 1	5 mg pill	1 time per day	Restless	130/85	Stretching

Your opioid exit plan



Ask your doctor to help you fill in the left side of the table (schedule). Use the right side of the table to track your symptoms, blood pressure, and other things you did to treat your pain.

Schedule			Track		
Days	How much I took (dose)	How often I took it	Symptoms (if any)	Blood pressure	Other things I did to treat my pain
Example: Day 1	5 mg pill	1 time per day	Restless	130/85	Stretching

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