



**WAPHA**  
WA Primary Health Alliance

**phn**

PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative

# Primary Health Network Persistent Pain Program presents



**'Turning Pain into Gain'**

# Understanding Pain Medicines

*The OLD, the NEW and the FUTURE*

# OLD ways of managing persistent pain

- \* Treat pain with the same type of medication for everyone =  
**NO INDIVIDUALISED CARE**
- \* We used the term “PAIN KILLER” even though we knew that they did not usually take all the pain away.



# OLD ways of managing persistent pain

- \* Mainly used opioids (opium)
- \* Mainly used ONE single drug treatment
- \* Or merely didn't treat it with medicines and patients were expected to bear up with pain
- \* Pain not believed! Or considered an *addict* !!

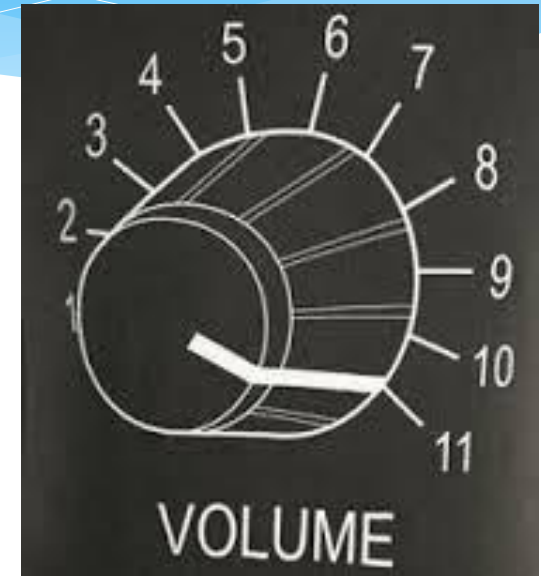


# NEW ways of managing persistent pain

- \* TODAY managing persistent pain with analgesics is about:

**Turning down the pain intensity**

So that you can have a better quality of life and enjoy it despite pain!



# NEW ways of managing persistent pain

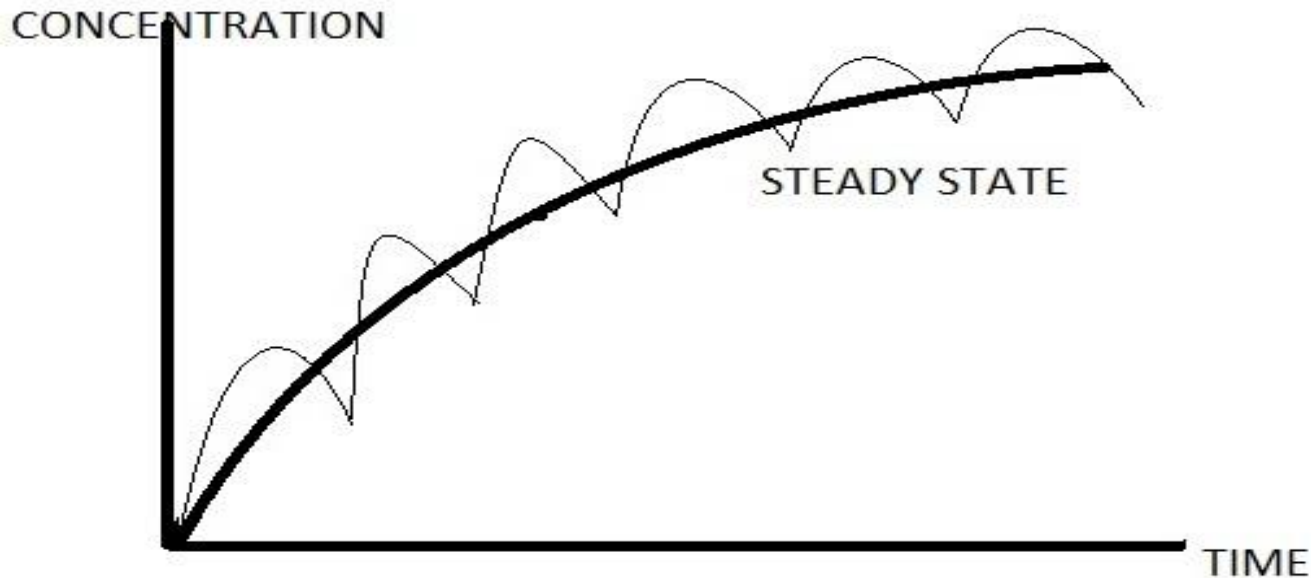
- \* **ACUTE PAIN / FLARE UP PAIN**
- \* **Early treatment with short-acting** pain relievers for **just a few days**
- \* Where opioid therapy is appropriate for acute pain **SHORT-ACTING analgesics** would be used.
- \* Pain relievers are weaned off or stopped once the acute pain / flare up reduces
- \* Non-drug treatments are also important for acute pain flare up management too.
- \* Pain relievers such as anti-inflammatories (oral or topical) and some short-acting opioids are appropriate for short term use



# NEW ways of managing persistent pain

- \* **PERSISTENT PAIN**

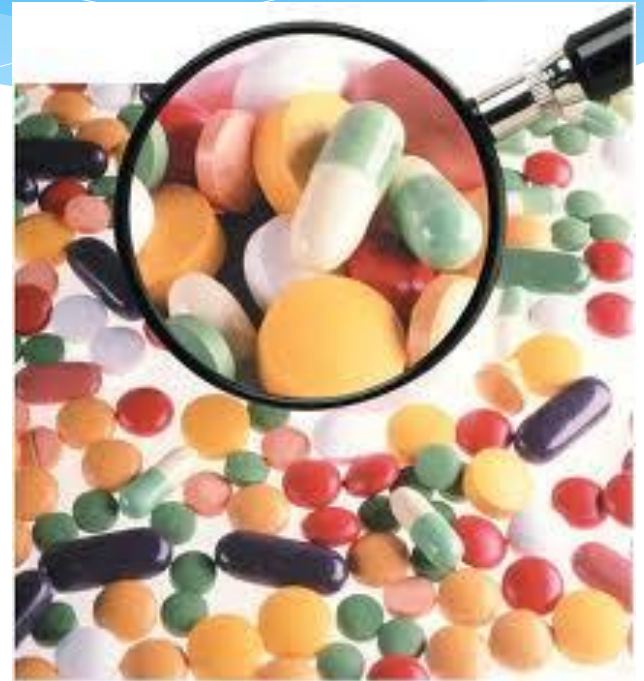
- \* Long acting analgesics are preferred but would need to be taken regularly, around the clock and not only in response to pain.



# NEW ways of managing persistent pain

## PERSISTENT PAIN

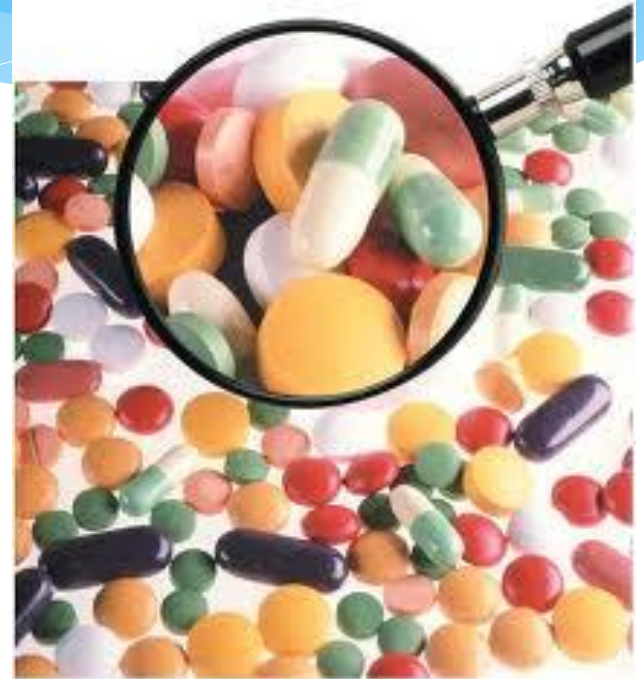
- \* Taking a number of different medicines for your pain is not unusual
- \* There are different classes of analgesics each with different actions. These may be prescribed together as they target different sites of action in the body.
- \* Review your medications regularly with your pharmacist so that you understand the role of each of your medicines.





# NEW ways of managing persistent pain

- \* **PERSISTENT PAIN**
- \* Pain relievers are **not seen as the only way to manage pain** but just one part of a plan amongst other ways of managing pain
- \* The role of pain relievers are to help with **return to function**
- \* Once return to function is achieved, pain relievers are often reduced to enable the brain to rehabilitate and self regulate



# General principles of pain relievers

- \* **Most side effects are reversible** once you clear it out of the system by gradual reduction
  - \* Side effects may be due to too high a dose so reviewing a dose may mean you can tolerate the medication better.
- \* **Stopping some medicines may cause withdrawals, slow dose reduction** to wean off the medicine may avoid withdrawals and try and avoid changing more than one thing at a time
- \* **Withdrawal side effects** are short lived
- \* Drug intolerance may not be a “true” allergy – **keep a detailed record of what the actual symptom was**

# Reporting Adverse Reactions

## What to include in a report

Each report must include:

- ✓ contact details for the reporter
- ✓ a patient identifier (e.g. initials, but not the full name of the patient or doctor)
- ✓ a description of the adverse event
- ✓ details of the medicine(s) or vaccine(s) suspected of causing the adverse event.

Please include as many other details as possible.

## You don't need to be certain, just suspicious!

You can report any suspected adverse event involving a medicine or vaccine, even if you think it might already be known about. You don't need to be absolutely certain that the medicine or vaccine caused the reaction – a suspicion is enough. All reports can contribute to the TGA's investigation of a potential problem.

## How you can report

You can report:

- online
- via telephone
- by post
- via email
- via fax

Visit [www.tga.gov.au](http://www.tga.gov.au) and follow the link to 'Report a problem'. Information about how the TGA handles personal information under the *Privacy Act 1988* can be found via this link.



Australian Government

Department of Health  
Therapeutic Goods Administration

## Reporting adverse events to medicines and vaccines

Information for health professionals

## Therapeutic Goods Administration

PO Box 100 Woden ACT 2606 Australia  
Email: [info@tga.gov.au](mailto:info@tga.gov.au)  
Phone: 1800 020 653 Fax: 02 6232 8605  
[www.tga.gov.au](http://www.tga.gov.au)

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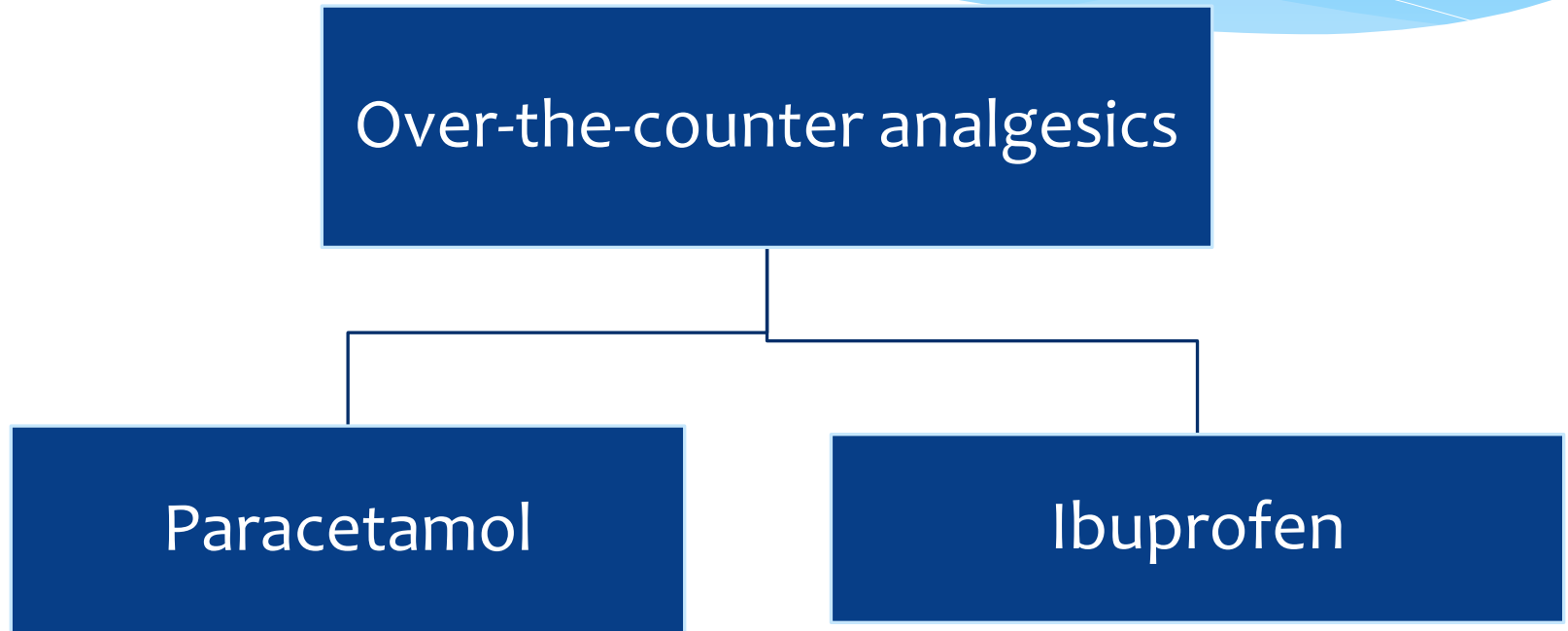
# Reporting Adverse Reactions

\* <https://www.tga.gov.au/report-side-effect-medicine>

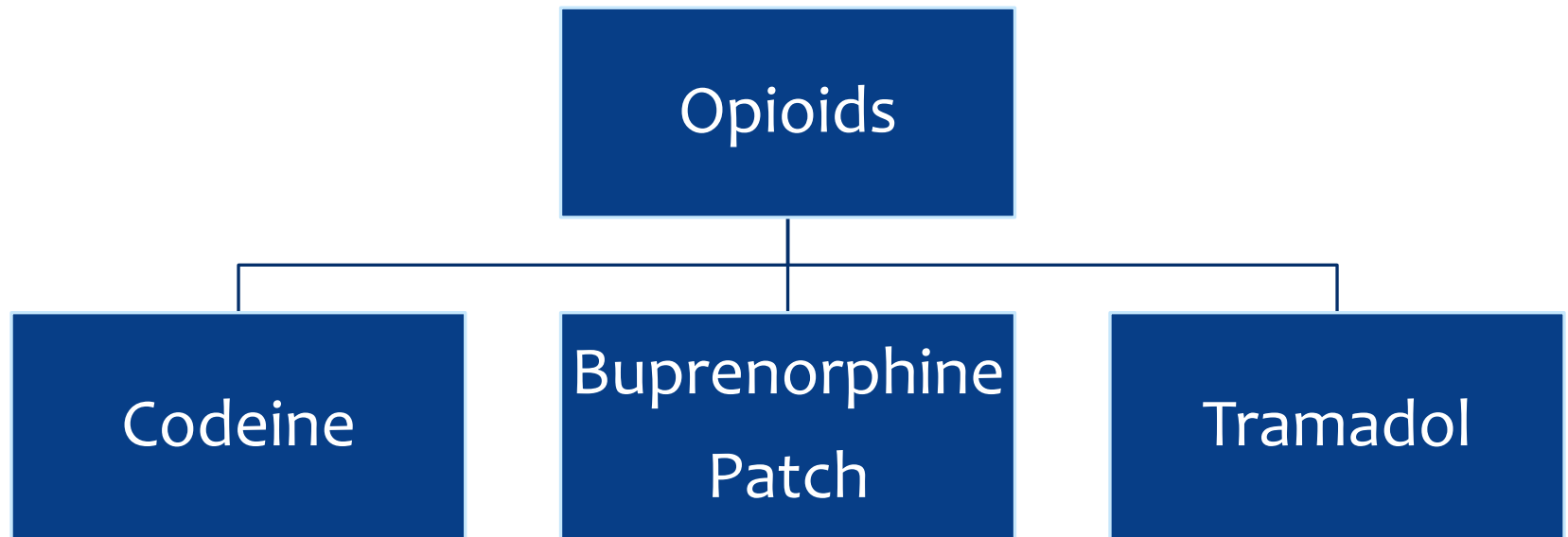


**“Side effects may include hairy lungs, heart giggles, plaid eyeballs, euphoric knees, navel coughing, nostalgia about the future and loss of desire to yodel.”**

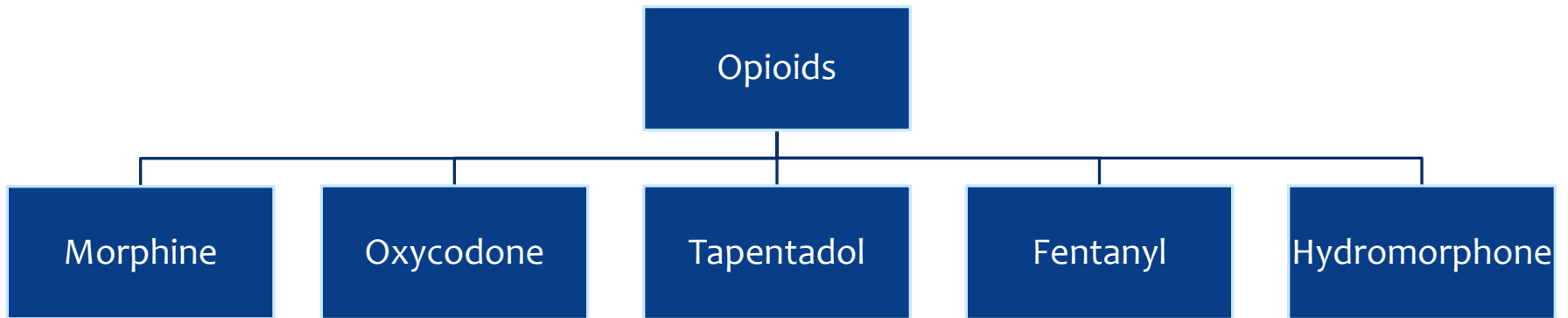
# Types of Analgesics



# Types of Analgesics



# Types of Analgesics





# Opioids and their role in pain management

## **Good evidence in:**

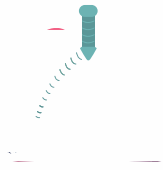
- \* Acute pain - short term use
- \* Cancer pain
- \* Palliative care pain

## **Limited evidence for long term use in:**

- \* Chronic non-cancer pain



# Side effects of opioids



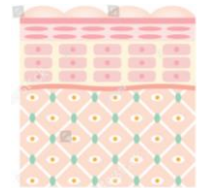
Respiratory  
depression



Sedation  
Impaired driving ability  
(cumulative, consider other  
medications)  
Impaired coordination



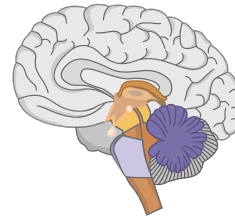
Fluid retention



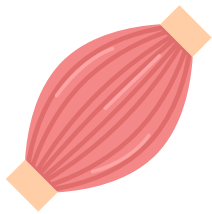
Lower limb cellulitis (due to  
immune compromise)

# Side effects of opioids

Chronic constipation  
Nausea and vomiting



Fluid retention  
Gynaecomastia  
Amenorrhoea  
Osteoporosis



Diffuse tenderness



Urinary retention

# Opioid long term effects

- \* Tolerance
- \* Physical dependence (all patients)
- \* Substance Use Disorder (a condition in itself)
- \* Pseudo-addiction (under managed pain)
- \* Opioid induced hyperalgesia
- \* Immune compromise (not well understood)



# Over the Counter Pain Relievers



# Over the Counter Pain Relievers

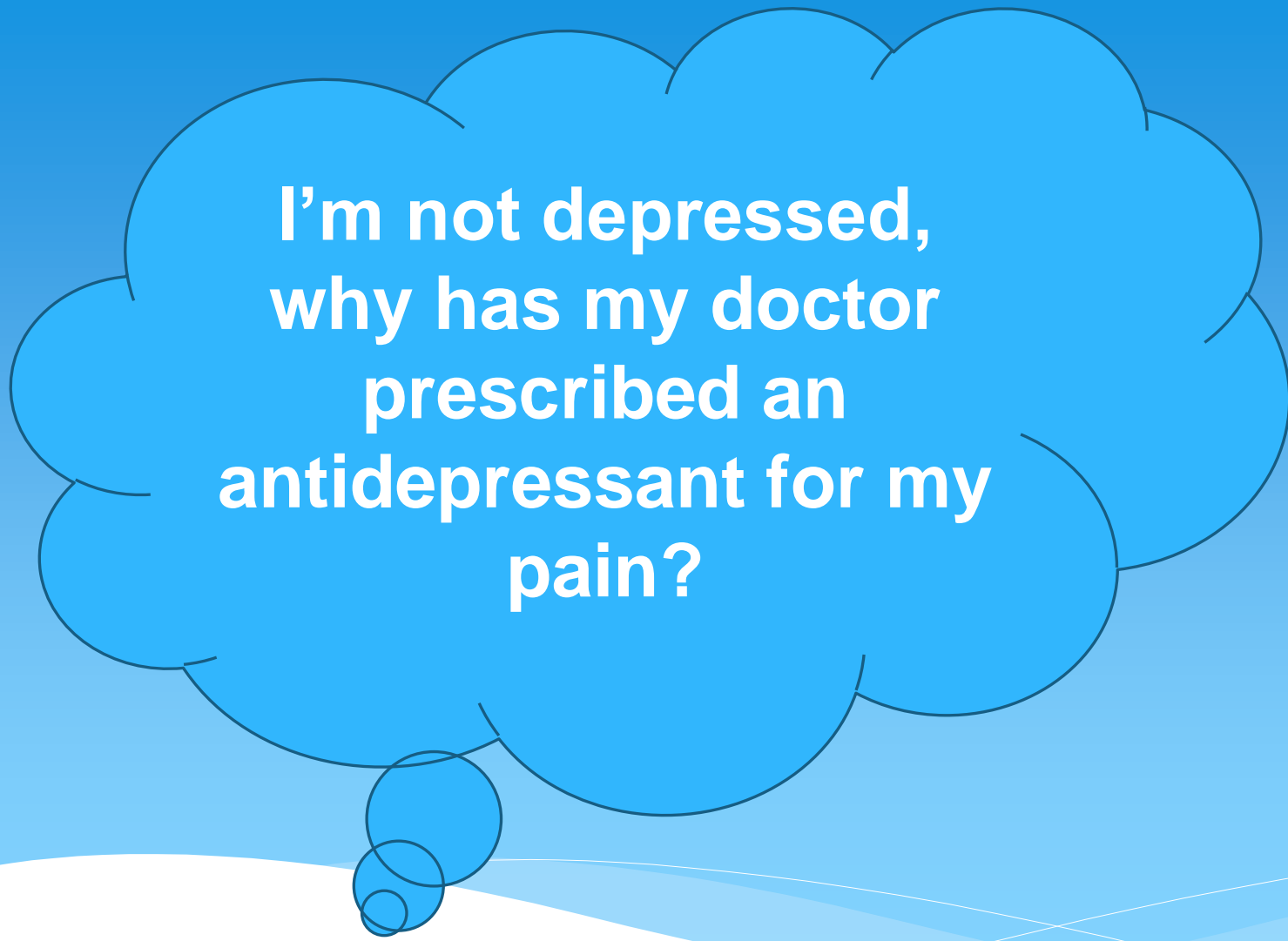
- \* Mainly for **Acute Pain only**
- \* The doses are usually too minimal to be effective for persistent pain
- \* For **short term use only** – E.g. 3 days
- \* Comes with strong marketing
- \* Taking increased quantities will usually bring about side effects rather than have much effect
- \* May have the same ingredient to what you already have prescribed



# Over the Counter Pain Medicines



"There's nothing wrong with me. I just want to ask the doctor if any of these drugs I saw advertised on TV are right for me."



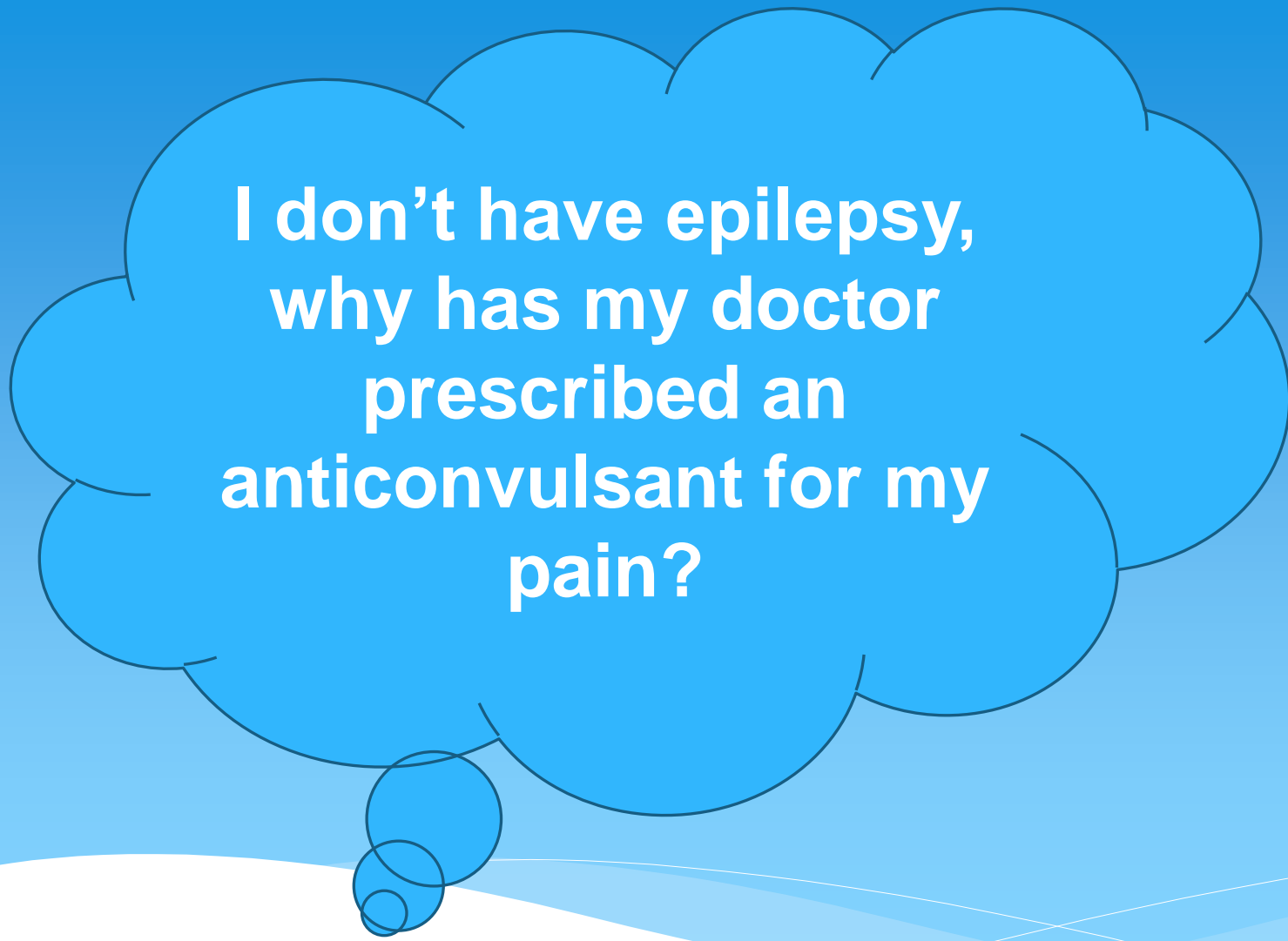
**I'm not depressed,  
why has my doctor  
prescribed an  
antidepressant for my  
pain?**



# Antidepressants in persistent pain

- \* Antidepressants can assist with nerve related pain
- \* Older antidepressants may cause drowsiness
- \* Newer antidepressants can keep you awake
- \* Should not be stopped abruptly
- \* Can interact with herbs such as St John's Wort and Ginseng

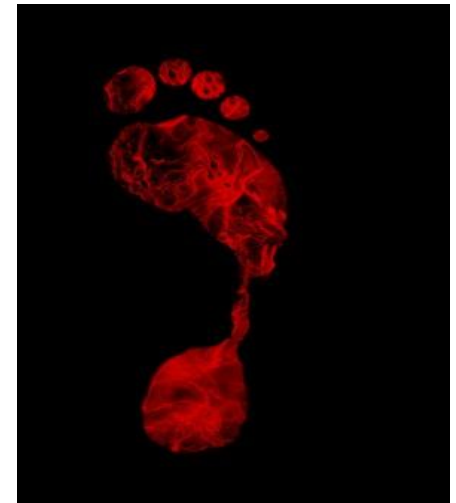
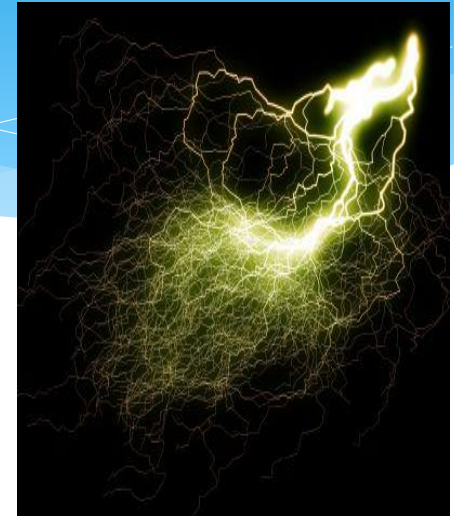




**I don't have epilepsy,  
why has my doctor  
prescribed an  
anticonvulsant for my  
pain?**

# Anticonvulsants in persistent pain

- \* Originally used for epilepsy
- \* In pain therapy, used for neuropathic pain (stabbing, sharp shooting, burning pain)
- \* Side effects may be short lived or longer.
- \* Side effects may be weight gain, impaired memory or concentration, “word finding” are reversible on lower doses
- \* Doses should commence **LOW** and increase in dose **SLOWLY**



# Injectable treatments

- \* Corticosteroid injections
- \* Anaesthetic injections
- \* Usually short term relief and usually repeated treatments required
- \* Can irritate already sensitive central nervous system

# Topical treatments

- \* Anti-inflammatory gels and anaesthetic gels
- \* They act on the actual area where the gel is applied to.
- \* The medication only has minimal penetration into the blood stream, thus less side effects.
- \* Usually the full dose of application is required but only for short term use



# Topical treatments

- \* May be appropriate for flare ups or for longer term treatment depending on which ingredient is applied
- \* HEAT may draw more of the ingredient into the body than you want. Apply to cool skin is preferably as a general rule.



# What are benzodiazepines?

- \* Prescribed for anxiety or insomnia for less than 4 weeks use and recommendation is to wean off gradually
- \* Examples are: temazepam, diazepam, alprazolam, oxazepam
- \* Can cause dependence with long term use



# Benzodiazepines in pain management

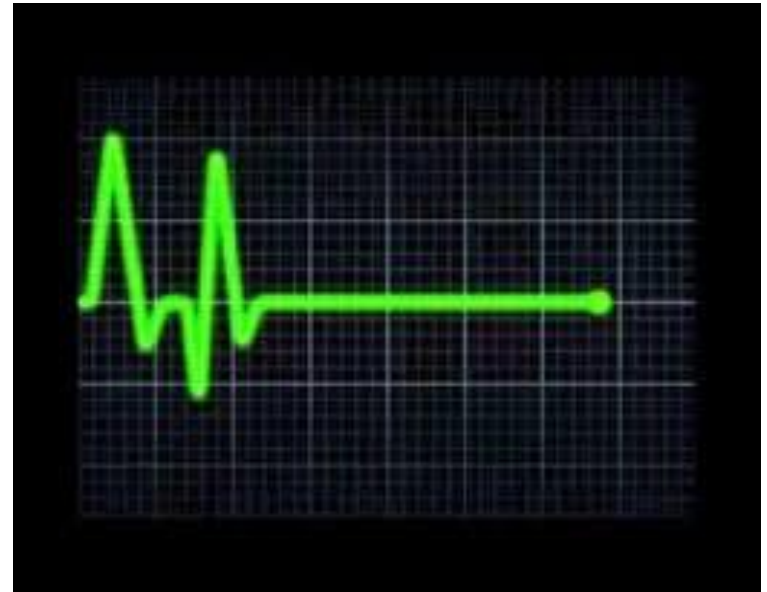
- \* Limited role in pain management
- \* Increased mortality (death) rates when used with opioids
- \* Alcohol should be avoided
- \* Increase the risk of central sleep apnoea especially when used in conjunction with opioids





# Benzodiazepines in pain management

- \* When used in combination with opioids they act to depress the central nervous system
  - \* Increased risks of sedation (and road accidents)
  - \* Problems with slow or shallow breathing,
  - \* A reduced drive to breathe and
  - \* Eventually coma and/or death.



# Tapering off medication

- \* Sudden withdrawals are not recommended and can be very dangerous
- \* Seek guidance from your GP and Pharmacist and together work on a gradual reduction plan
- \* Include psychological support also to help you manage any anxiety involved in the gradual withdrawal



# Update on Medicinal Cannabis

## **Therapeutic Goods and Medicines**

- \* Most of the studies on chronic non-cancer pain involved using medicinal cannabis in addition to other pain medications, and focused on chronic (long-term) rather than acute (short-term) pain.

Ref: <https://www.tga.gov.au/community-qa/medicinal-cannabis-products-patient-information>

# Update on Medicinal Cannabis

## Therapeutic Goods and Medicines

- \* There is some evidence that cannabinoids can reduce pain in **neuropathic pain**, but for many people the reduction in pain may be small.
- \* There is not enough information to tell whether medicinal cannabis is effective in treating pain associated with arthritis and fibromyalgia.

Ref: <https://www.tga.gov.au/community-qa/medicinal-cannabis-products-patient-information>

# Update on Medicinal Cannabis

## Faculty of Pain Medicine

Used for the treatment of:

- Epilepsy (Strongest evidence)
- Multiple Sclerosis
- Chronic Non-Cancer Pain (CNCP)
- Chemo Induced Nausea and Vomiting
- Palliative care

# Update on Medicinal Cannabis

## Faculty of Pain Medicine

- \* The use of medications, including medicinal cannabis, is not the core component of therapy for chronic pain
- \* Patient education and support is a critical component of therapy for chronic pain, particularly with respect to expectations of drug therapy



# Update on Medicinal Cannabis

## Faculty of Pain Medicine

- \* In the absence of strong evidence for dosing and specific preparations of cannabis or cannabinoids in the treatment of CNCP, it is recommended that any treating physician who elects to initiate cannabinoid therapy **should assess response to treatment, effectiveness and adverse effects after 1 month.**



# Update on Medicinal Cannabis

## Faculty of Pain Medicine

- \* Numbers **Needed to Treat to Benefit = 24**
- \* Numbers **Needed to Harm = 6**
- \* Drug interactions is not well known at present



# Side Effects of Medicinal Cannabis

- \* fatigue and sedation
- \* vertigo
- \* nausea and vomiting
- \* fever
- \* appetite increase or decrease
- \* dry mouth
- \* diarrhoea
- \* convulsions
- \* feelings of euphoria (intense happiness) or depression
- \* confusion
- \* hallucinations or paranoid delusions
- \* psychosis or cognitive distortion (having untrue thoughts)

# Patient resource

## Cannabis Fact Sheet

<https://www.tga.gov.au/sites/default/files/medicinal-cannabis-consumers-factsheet.pdf>



Australian Government  
Department of Health  
Therapeutic Goods Administration

## Medicinal cannabis products Patient information

Over the past few years there has been increased interest from Australians in the use of cannabis for medicinal purposes. Commonwealth, state and territory governments have used existing laws or passed specific laws to allow the prescribing and dispensing of medicinal cannabis products, as well as cannabis cultivation and manufacture for medicinal purposes.

### The evidence

There have been very few well-designed clinical trials using medicinal cannabis, so there is limited evidence on its success in treating different medical conditions, or on effective forms and dosages.

The studies that have been undertaken have focused mainly on the following five areas.

### Epilepsy in children and adult patients

Evidence supporting the use of medicinal cannabis in the treatment of certain childhood epilepsies is strongest. Where the use of several anti-epileptic drugs has not helped their condition, the cannabis compound cannabidiol has been used (as an add-on to current treatments) in drug-resistant epilepsy in children and young adults up to 25 years. Several studies have reported improved quality of life in paediatric and adult groups, but overall there are few studies of how effective cannabidiol is in treating adult epilepsy.

### Multiple sclerosis (MS)

Nabiximols, a cannabis plant extract, is registered with the TGA for use in muscle spasticity associated with MS, but is not listed on the PBS. Five studies out of ten carried out on other cannabinoids concluded that cannabinoids may be effective for symptoms of pain and/or spasticity and may have a positive effect on sleep and bladder symptoms. The other five studies were inconclusive or did not show that treatment with cannabinoids had any positive effect in MS.

### Chronic non-cancer pain

Most of the studies on chronic non-cancer pain involved using medicinal cannabis in addition to other pain medications, and focused on chronic (long-term) rather than acute (short-term) pain.

There is some evidence that cannabinoids can reduce pain in neuropathic pain, but for many people the reduction in pain may be small.

There is not enough information to tell whether medicinal cannabis is effective in treating pain associated with arthritis and fibromyalgia.

### Chemotherapy-induced nausea and vomiting in cancer (CINV)

Only a small number of studies showed relief from symptoms of CINV in patients using medicinal cannabis and the quality of published evidence is low to moderate. These studies were also compared against now-outdated treatment options, rather than against current standards of care.

Medicinal cannabis should only be prescribed for CINV if other options have failed.

### Palliative care

There are very few studies on medicinal cannabis treatment in palliative care, so it should be used only after standard treatments have failed. Medicinal cannabis may interact with chemotherapy and other medications used in palliative care. More studies are needed to better understand this.

# Patient resource

## **NPS Consumer Card:**

<https://www.nps.org.au/consumers/medicines-for-pain-relief-what-are-the-options>



**Call 1300 MEDICINE**  
**1300 633 424** from  
**anywhere in Australia**



# Today's Key Messages



**Medicines do not CURE persistent pain. They work better when used together with other pain treatment strategies**



**Regular long acting medication is preferred to short acting medication**



**Combination of a few treatments via a few pathways of pain may be required for your pain**



**Pain may change, regular review of your medicines is important to ensure that the medication is still the right one for you**