

INFORMATION FOR PATIENTS

Opoid (Narcotic) Analgesics for Chronic Non-Cancer Pain

Our goal is to provide safe, effective care of our clients while following College of Physician and College of Nurses guidelines. We work with our clients to identify and manage the underlying pain problem(s), implement alternative treatments and minimize or discontinue controlled substance use. It is not our practice to prescribe controlled substances long term.

What Is Chronic Pain?

Chronic pain is pain that lasts for more than 6 months, or pain that lasts longer than expected after an injury or an illness. Chronic pain may also be caused by ongoing inflammation from arthritic conditions.

What Causes Chronic Pain?

Chronic pain can be caused by many different conditions, including the following:

- Back pain
- Neuropathic pain
- Fibromyalgia
- Rheumatoid arthritis
- Osteoarthritis
- Cancer

Why Should Chronic Pain Be Treated?

31% of Canadians suffer from chronic pain, but only 1/3 of sufferers are treated. Since early treatment is most effective, it is important to tell your doctor or nurse about your pain, so that treatment can begin sooner, rather than later. Reducing your pain can improve the quality of your life, and increase your ability to function and take care of yourself.

How Can Chronic Pain Be Treated?

The treatment of chronic pain usually involves several approaches, including medication, education, and physical and occupational therapy, and will depend on your pain problem. Treatment may start with medication, such as an anti-inflammatory drug. However, treatment with an opoid may be considered when simple pain medications are not enough to relieve pain.

What Is Opoid Medication?

An opoid analgesic is a narcotic medication. It blocks the sensation or perception of pain, but does not eliminate the source of pain.

The main reason for using an opoid (narcotic) analgesic for chronic non-cancer pain is to make the pain tolerable, in order to increase your ability to function.

There are long-acting and short-acting opioids. When simple pain medication and weak or short-acting opioids no longer relieve pain, and pain interferes with your daily activities, the next step is to use strong, or long-acting opioids. Around the clock long-acting pain medication may be prescribed to provide constant pain relief.

What Are the Side Effects?

Although opoid analgesics can produce side effects (drowsiness, confusion, nausea, and constipation) these can be reduced by slowly increasing the dose of the drug, and by using anti-nausea drugs and bowel stimulants. When taken as prescribed, pain medications will not depress your respiration or prevent you from breathing normally.

Misconceptions About Pain Medications

Studies show that drug addiction is rare (although physical dependence usually occurs), when opoid are given carefully and patients are monitored closely.

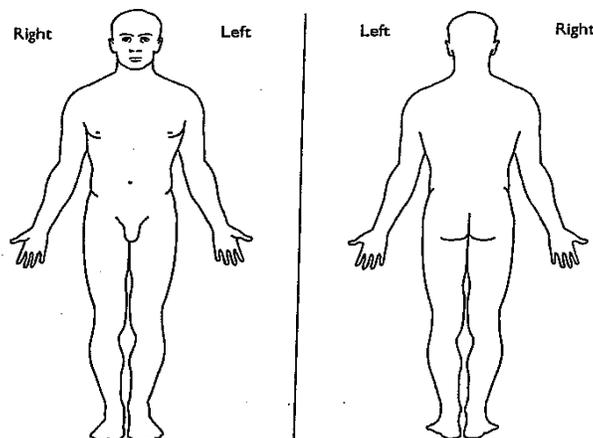
Follow-Up

It is important that you follow all directions given for your medication as prescribed, and keep your appointments with your doctor. However, don't be afraid to tell you doctor if your medication is not effectively controlling your pain, or if the number of daily doses is interfering with your life. It may take time to reach the correct dose and the right combination for you.

BRIEF PAIN INVENTORY

Patient Name: _____ Date: _____

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain during the last week?
 Yes No



2. On the diagram, please shade the area(s) where you feel pain. Put an X on the area that hurts the most.

3. Please rate your pain by circling the one number that best describes your pain at its **worst** in the past week.

0 1 2 3 4 5 6 7 8 9 10
 No Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its **least** in the past week.

0 1 2 3 4 5 6 7 8 9 10
 No Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the **average**.

0 1 2 3 4 5 6 7 8 9 10
 No Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have **right now**.

0 1 2 3 4 5 6 7 8 9 10
 No Pain as bad as you can imagine

7. Circle the number that best describes how, during the past week, pain has interfered with your:

A. General activity
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

B. Mood
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

C. Walking ability
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

D. Normal work (includes both work outside the home & housework)
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

E. Relations with other people
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

F. Sleep
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

G. Enjoyment of life
 0 1 2 3 4 5 6 7 8 9 10
 Does not interfere Completely interferes

8. Circle the word(s) that best describe(s) your pain:

- | | | |
|-------------|-----------|--------------|
| Tingling | Cramping | Exhausting |
| Radiating | Boring | Continuous |
| Shooting | Heavy | Penetrating |
| Stabbing | Tender | Nagging |
| Burning | Splitting | Excruciating |
| Deep | Piercing | Unbearable |
| Numb | Aching | Cutting |
| Lancinating | Throbbing | Gnawing |
| Tearing | Sharp | |

9. What pain medications are you currently taking?

10. What pain medications have you taken in the past?

11. Other methods used to relieve my pain include (please check all that apply):

- Warm Compresses
- Cold Compresses
- Relaxation techniques
- Distraction
- Biofeedback
- Hypnosis
- Other (please specify)

12. In the past week, how much relief have pain treatments or medications provided? Please circle the one percentage that best shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
No relief Complete relief

13. If you take pain medications, how many hours does it take before the pain returns?

- Pain medication doesn't help at all
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 to 12 hours
- More than 12 hours
- I do not take pain medications

14. I prefer to take my pain medications:

- On a regular basis
- Only when necessary
- I do not take pain medications

15. I take my pain medications (in a 24-hour period):

- Not every day
- 1-2 times a day
- 3-4 times a day
- 5-6 times a day
- More than 6 times a day

16. Do you feel you need a stronger type of pain medication?

- Yes
- No
- Uncertain

17. Do you feel you need to take more of the pain medication than your doctor has prescribed?

- Yes
- No
- Uncertain

18. Are you concerned that you use too much pain medication?

- Yes
- No
- Uncertain

If yes, why?

19. Are you having problems with side effects caused by your pain medication?

- Yes
- No

If yes, what side effects?

20. Do you feel you need to receive further information about your pain medication?

- Yes
- No

21. Medications not prescribed by my doctor that I take for pain are:

About your pain condition:

1. Please describe your chronicle pain condition, when did this start, how has it changed?
2. What investigations have you had for this condition (x-rays, CT, MRI, when, where)?
3. What specialists have you seen, when? What was the result?
4. What therapies have you tried in the past? Physiotherapy? Occupational therapy? Massage therapy? Did they help?
5. Do you have difficulties with mental health conditions such as anxiety or depression which may affect your pain control? If so, is this something you're also being treated for? Please explain.
6. Are you willing to consider decreasing the dose of your pain medications if your physician recommends this?
7. Are you willing to consider other kinds of treatment?
8. Are you willing to see a pain specialist if your physician recommends it?

About your medication use:

1. What pain medications are you taking now? What doses? How many tablets per month?
2. What pain medications have you tried in the past?
3. Do you ever run out of your medications early? Please explain.
4. Do you ever increase doses of your pain medications yourself? Please explain.
5. Do you ever borrow or buy more pain medications from other people?
6. Do you ever mix pain medications with alcohol or recreational drugs?