A Quick Guide to POWER OVER *PAIN*

By

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Few things are as disturbing in life as experiencing a serious medical condition and being in pain. But there is good news to share. Almost all pain can be significantly reduced, sometimes even eliminated. The purpose of this brochure is to give you a quick overview of the information you need to ensure that you or a loved one obtain the best pain control available.

Pain is caused by nerve fibers reacting to damage caused by illness or injury. Occasionally, these nerve fibers do not function properly, and send pain signals even in the absence of disease in the affected area. The pain nerve fibers send an electrical signal racing toward the spinal cord. In turn, the spinal cord relays the signal to the brain. The brain receives these signals, and interprets them as pain. Pain control interferes in some manner with this biological mechanism.

Types of Pain Control

Different medical conditions require different approaches to controlling pain. Here is a short list of some of the types of potential treatments you should discuss with your doctor:

NSAIDs: A chemical known as "prostaglandin," is often found at the site of tissue damage. Prostaglandin makes pain nerves more sensitive to tissue damage. In that setting, the pain nerves send more and stronger signals to the spinal cord. NSAIDs—which stands for "nonsteroidal anti-inflammatory drugs"—might be called medicine's first line of defense against pain. They include familiar products such as aspirin, ibuprofen, or other over-the-counter and prescription pain remedies. These drugs reduce the amount of prostaglandin at the injury site. The result is less pain. Possible side effects—every medical treatment has a possible side effect—include upset stomach and kidney damage.

Morphine and Other Opioids: The prime drugs used for severe pain are opioids, such as morphine. These drugs mimic the effect of a natural human "pain relief chemical" by blocking the pain signal at several sites along its path: at the site of inflammation, in the spinal cord, and in the brain. Even the worst forms of pain can usually be treated effectively with these wonder drugs.

Despite their wondrous properties, morphine and other opioids may be medicine's most underutilized pain treatment. Part of the problem has to do with government regulation and inadequate medical training, both beyond our scope here. But there are also myths and fears about morphine and other opioids that deter people from taking advantage of the relief that is available. The time has come to set the record straight with some important facts:

- ***Opioid Use is Safe***: It is true that opioids can suppress respiration. That is why they should be taken only in the dose prescribed by the physician, and not mixed with alcohol or other sedating drugs. When opioids are taken as prescribed, deaths due to the drugs are strikingly rare. In fact, properly prescribed morphine is more likely to extend life than shorten it by relieving the body of the terrible toll that severe pain inflicts.
- ***Opioids Used to Treat Pain Rarely Cause Drug Addiction*:** Addiction is a psychological as well as a biological disorder. Addicts seek drugs for their mood altering effect, the "high" as it were. When used chronically under a physician's direction, opioids rarely create such a high. On the contrary, opioids reduce pain, thereby allowing people to go about their lives with reduced pain-related disability. A patient may become dependent on opioids, but dependence is quite different from addiction. Dependence occurs when *abruptly* stopping the drug causes withdrawal symptoms. This is why patients who no longer need opioids are instructed by their doctors to taper the dose slowly rather than to simply stop taking the medicine.
- ***Increasing Dosage Does Not Harm the Patient:*** A concept related to the addiction issue is that of drug tolerance. When a patient begins a course of an opioid, the drug may work well for a week or two, but then the body "gets used" to the drug and increased dosage may be required to achieve the same benefit. A few weeks later, the same process may recur, and so on. This process is called tolerance. The good news is that tolerance is not an endless process. Most patients become tolerant to the opioid during the first few months of therapy, but there is little increase in tolerance after that point and then, unless the cause of the pain increases, the dose of the opioid stabilizes.
- ***Morphine Dosage Can Be Safely Increased as Pain Worsens:*** Many drugs have a "ceiling effect," meaning that after reaching a certain dose, there is no benefit from taking more. Thankfully, this is usually not true of opioids. For the terminal cancer patient, morphine dosage may need to increase because of increased pain due to disease progression. This isn't the same thing as tolerance. The good news is that the dose of morphine can be increased to keep up with the worsening pain, allowing the patient proper relief. The limit of the dose in opioids, unlike that of most other drugs, is not a ceiling of lost efficacy, but a variable limit of side effects. *This is why management of opioid side effects is a key part of successful opioid therapy*. Proper management increases the amount of opioid the patient can tolerate, thus permitting greater levels of palliation.
- ***Morphine Does Not Cause Stupor:*** Many people are reluctant to take morphine because they worry about living their lives in a drug-induced haze or stupor—sometimes called the "zombie myth." This fear, like so many others, is misguided. While it is true that patients taking morphine may

feel drowsy during the first few days of therapy, for the vast majority of them, that adverse effect diminishes dramatically within a short time. Drowsiness aside, properly prescribed opioids do not cause stupor. Indeed, the opposite is true. People who have for years—sometimes decades—been in unremitting and merciless pain, can regain control of their lives. Unfortunately, the English language does not have a word for "the opposite of a zombie." If there were such a word, we would use it now to describe what people can become with the proper therapy for pain.

- ***Potential Side Effects*:** Morphine does have potential side effects that should be discussed with your doctor. They include sedation or drowsiness, which we discussed above. If the sedation doesn't abate, the doctor can prescribe a drug to maintain wakefulness concurrently with the morphine. Morphine can also cause nausea, but that side effect usually goes away by itself after a few days. Constipation can be a real problem. It does not get better by itself. Constipation can be prevented or treated with stool softeners and laxatives—under the direction of your doctor—which should be taken regularly throughout the course of treatment. (If you have chronic diarrhea, be sure and discuss this issue with your doctor before taking laxatives.) Morphine can also reduce testosterone levels in men, causing a reduction in sex drive and energy. That side effect can be treated with a prescribed supplement of testosterone. *The key to safe use of opioids is to use them as prescribed in proper dose and with attention to controlling possible side effects.*

Treatments That Do Not Involve Medications:
There are many methods for treating pain that do not involve prescribed drugs and medications. For example, radiation and surgery can treat pain caused by bone cancer. Spinal cord stimulators (SCS)—an electrode placed directly against the spinal cord—can interfere with the pain message being sent to the brain, substantially lessening pain. TENS (transdermal electrical nerve stimulation) uses electrodes to stimulate nerves far from the spinal cord, although unlike SCS therapy, TENS is not generally useful for severe pain.

Hospice: The True Death With Dignity

Hospice is a term that identifies special forms of medical treatment and care for dying people. Hospice is both a treatment and a philosophy. It is care, usually provided at home, intended to maximize the quality and dignity of a person's life as he approaches death.

Generally, a terminally ill patient is qualified for hospice care if his doctor believes that death will come within six months. Pain control is a big part of hospice care, of course, but there is much more to it. Hospice services bring humanity back to the dying process by including social services, nurses who make house calls, chaplaincy care, community involvement by volunteers, home care such as bathing, and other benefits. Hospice is about living, not dying, and making the final time of life filled with as much quality and inclusion as possible. Hospice gives evidence that, in the words of Rabbi Harold Kushner, author of *When Bad Things Happen to Good People*, "There may not be a chance for cure, but there is always a chance for healing."

However, it is extremely important that, when selecting a hospice program, a careful assessment of the particular hospice be made to make certain that it adheres to truly life-affirming principles.

The Pain Patient's Job

There was a time when patients were relatively passive. Thankfully, those days are over. To obtain the best pain control, you should be an active patient. Here are some tips:

- ***Keep Communicating*:** Like any partnership, the physician/patient relationship requires open communication to thrive. Telling your doctor what is going on is especially important when it comes to treating pain. Failure to tell your doctor what hurts, and how badly, can lead to misdiagnosis of disease, and may prevent your doctor from treating your pain effectively. And please, do not delay in reporting your pain or fail to tell your doctor how you feel.

- ***Be Prepared*:** If communication is the backbone of an effective physician/patient relationship, then you as the patient should be prepared to do your part to make the interaction with your doctor fruitful. This requires forethought and care. So, before you visit your doctor, write down "talking points" listing what you want him or her to know as well as the questions that you want your doctor to answer, and bring both lists with you to your doctor's appointment. In addition, be sure to give your doctor a list of the medications you are taking, since some can interfere with the effectiveness of pain control. It is also important that your pain doctor has a list of your past and present doctors and relevant insurance records. Oh, and if you have difficulty with English, you may want to bring a translator to prevent miscommunication.

- ***Ask Questions*:** Your doctor is highly trained and educated. That's the good news. But there can be a downside to all that information crammed into your doctor's lovable cranium. He or she may speak in "medicaleeze" that is hard for a layman to understand. For example, she might tell you that your pain has "an idiopathic etiology," rather than simply saying "I don't know the cause." In such cases, don't just think, "Huh?" Ask the doctor to explain in everyday language.

- ***Follow Your Doctor's Advice*:** Once a course of treatment for your pain has been agreed upon, follow it. If you have been prescribed one pill every six hours, do not take two pills every twelve hours. If the doses that the doctor prescribed are inadequate, *do not simply take more*. Communicate with the doctor and find out why the treatment isn't working.

Conclusion

We hope this brochure has been helpful to you. Of course, we are not offering medical advice here. That can only be obtained from your doctor.

If you would like more details and tips about the issues we have discussed here as well as others not mentioned in this brochure, our book, *Power Over Pain: How to Get the Pain Control You Need,* may be of help. And here's the good news: Unlike death and taxes, pain need not be inevitable. It can be alleviated or even eliminated. Yes, you and your doctor truly can exercise power over pain. ■

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Their book ***Power Over Pain: How to Get the Pain Control You Need*** is available from the Patients Rights Council.

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