

# **Decision Aid Summary:** Living Better with Chronic Pain

### This program is for people who have pain that:

- Has lasted for 6 months or longer while under the care of a doctor
- May not have a cure
- Makes some daily activities difficult or impossible

#### This program is NOT for people who have pain that:

Is caused by cancer

#### Summary

This program aims to help patients with chronic pain live better despite their pain. Even though there might not yet be a medical cure for their pain, patients can use the diverse and effective strategies outlined in the program to manage their pain.

### **Key messages**

- Individuals with chronic pain can take an active role in managing their pain.
- Which treatment or combination of treatments is the most effective varies between individuals. In collaboration with their healthcare providers, patients may need to try several different treatments to discover which ones benefit them the most.
- Setting SMART (specific, measurable, achievable, realistic, time-based) goals will help individuals with chronic pain participate in activities that matter to them.

## **Treatment Options: Physical and Cognitive Treatments**

Treatment	Benefits	Cautions and Common Side Effects
Support Groups (online or in person)	Social interactions and support from others with chronic pain	Clinical Information may not always be vetted by a health care professional
Electrical Stimulation	Current Evidence does not support their effectiveness	Percutaneous electrical nerve stimulators (PENS) carries risk of infection, minimal bleeding, surgery risks
Acupuncture, chiropractic or spinal manipulation, massage, touch therapy	Short-term studies show some evidence for pain reduction	Little research about safety
Cognitive-behavioral therapy (CBT)	Pain reduction, increased quality of life  Ideal to find a therapist specializing in CBT and who has experience treating chronic pain patients	
Relaxation techniques including deep breathing, relaxation response, progressive muscle relaxation, meditation, distraction and imagery.	Non-invasive; relaxation may decrease pain, anxiety and blood pressure  Not every technique will help every chroni pain patient	
Increasing activity	Activity may keep pain from worsening over time and allow those with chronic pain to participate in activities they enjoy  Patients may need to work with physical occupational therapists to find ways to sactive	
Improving communication	Increased understanding of chronic pain's effects by family and friends	Specific requests for help may be most effective.
Improving your sleep	Adequate sleep may help patients deal better with their pain	Chronic pain patients often sleep poorly; they should avoid substances and activities that interfere with sleep

# **Pain Medications: Potential Benefits and Side Effects**

Medication	Benefits	Notes, Contraindications and Possible Side Effects
Acetaminophen	Safe and effective	Taking more than the recommended dose can damage the liver or worsen
	for most people	existing liver disease.
Non-steroidal anti-	Available over-the-	Long-term use or high doses can result in serious side effects. Common side
inflammatory drugs	counter	effects including bleeding, stomach pain, or ulcers. Less common side effects
(NSAIDs; (includes aspirin,		are kidney or heart problems. NSAIDs interact with high blood pressure
ibuprofen, naproxen)		medications and with the blood anticoagulant, warfarin. Patients should not take two different NSAIDs simultaneously without a doctor's approval.
Narcotics	Available in short-	Narcotics do not provide most people with complete relief from pain, and are
Narcotics	acting or long acting	most effective when used short-term. Long-term narcotic use may result in
	forms	hypersensitivity to pain. Possible side effects are constipation, nausea,
	1011113	dizziness, limited ability to drive or be active, confusion, sleepiness, mood
		changes, tolerance, physical dependence, and addiction.
Muscle Relaxants	May decrease	Confusion, drowsiness, constipation
Widdele Relaxants	muscle-spasm-	Contasion, arowsmess, consulpation
	related pain	
Anticonvulsants	May be especially	Confusion, drowsiness, dizziness, headache, nausea
7.11.11.00.11.01.11.01	beneficial for	
	people with	
	neuropathic pain	
Antidepressants	In addition to pain	Drowsiness, nausea, sexual problems, appetite change, dry mouth, weakness,
	control, some may	shakiness
	improve sleep	
Sleep aids	Can help restore	Some medications help people fall asleep, while others also help people sleep
·	sleep that is	through the night
	interrupted by pain	
Creams, Gels, Patches	Topical application	Burning, tingling (from capsaicin-containing agents), irritation from patches,
(containing capsaicin,	at site of pain	side effects characteristic of the drug applied.
NSAIDs, a local anesthetic,		<u> </u>
or narcotics)		
Injections (of steroids or	Short-term pain	Bleeding, infection, pain
other agents)	relief	

**Reference:** *Living better with Chronic Pain* CMP001B V02 ©Health Dialog Services Corporation 2007 - 2010.