



CENTER FOR PAIN MANAGEMENT

BOARD CERTIFIED SPECIALISTS IN PAIN MEDICINE

TAKING PAIN MEDICATION FOR CHRONIC PAIN

Over 86 million people in the United States suffer with chronic pain. When options like surgery, physical therapy, or injections aren't available – or don't work – one option for treatment may be chronic pain medication (opioid) therapy.

When a physician suggests chronic opioid therapy as a way to “manage” chronic pain a patient should understand that there are “pros and cons” to taking this form of medication over extended periods of time.

“Opioids” refers to the class of medications related to morphine. These days, there are many “cousins” in this class of medications; some are naturally occurring and others are entirely man-made. Each of them reacts in the nervous system on the “mu receptor” (pronounced “mew”) to relieve pain. When an opioid binds to the receptor, a patient will usually have a decrease in their pain. The length of pain relief varies based on many factors, and can be adjusted by changing which types of medications are used.

Opioid medications are highly regulated, so a number of “rules” set forth by the DEA and State Medical Board must be followed. Patients shouldn't be surprised if they have to agree to urine drug screens, random pill counts, and the need to get all medications from one provider. An “opioid contract” is usually signed, and patients must agree to take their medications only as prescribed, and not irresponsibly. If a patient “loses” their medications or if they are stolen, they cannot be replaced. It would be similar to asking a bank to replace the \$100 bill that a bank customer had misplaced!

During the course of opioid therapy, providers should see patients on a regular basis to determine whether the medications are contributing to an improved quality of life. They should also screen for side effects like nausea, constipation, sedation, or breathing problems. Providers will also screen for signs of “addiction” (when a patient is taking a substance irresponsibly and it is actually harming them rather than helping them); “physical dependence” (simply means that if the patient stops taking the drug or substance they will have a withdrawal syndrome); or “tolerance” (the patient needs more and more of the same drug to achieve the desired effect).

A patient might think they are “addicted” to medications simply because they have been taking them for a prolonged period of time. This is not actually the case in most instances! If a patient feels as though they no longer need the medication in order to function, or if they simply want to stop taking them, a “weaning” process is usually recommended. If this is unsuccessful, there are new medications available that will help a patient stop the opioids over time.