

Medicines for chronic pain

Chronic pain, also called on-going pain or long-term pain, is pain that lasts longer than 3 months. It is often described as pain that does not go away as expected after an injury or illness. Chronic pain is thought to occur when nerves become over-sensitive and send warning messages to the brain even when there is no injury, or the original injury causing pain has healed. In other words, ‘the fire has been put out, but the fire alarm is still going off’.

About 1 in 6 New Zealanders live with chronic pain. Chronic pain can range from mild to severe, it can be constant, or come and go. Having chronic pain can affect your sleep, mood, focus, energy levels and can generally make life feel hard.

Treating chronic pain is complex. Treatment usually won’t make the pain go away. Instead, the aim of treatment is to find ways to reduce the impact pain has on your life. While medications are a useful option for treating short-term (acute pain), they are not very effective in treating chronic pain and when used long-term, can have more side effects. However, there are some medication that can be used alongside physiotherapy, exercise, diet, relaxation and different ways of thinking and responding to pain.

Also see our brochure on [reducing chronic pain – what you can do to help yourself](#).

Which medicines can be used and when?

Paracetamol

Paracetamol is used to treat mild-to-moderate pain.

For some types of chronic or long-term pain, taking paracetamol at regular set times is likely to be most helpful.

- It can be used on its own or with other pain relief medication.
- When taken at the correct dose, it is generally safe with few side effects.

Antidepressants (*Examples amitriptyline, nortriptyline*)

Tricyclic antidepressants are usually used to treat

Low doses can relieve chronic pain caused by nerve pain. This pain may be due to damage to nerves from conditions like shingles, diabetes, stroke and spinal cord injury.

depression but can be used to treat nerve pain.	Some antidepressants have also been found to improve sleep and aid in relaxation.
<ul style="list-style-type: none"> • For antidepressants to work you must take them every day, even when you do not have pain. If you only take them when you need pain relief they will not work. • When starting antidepressants for pain relief, your doctor will start you on a low dose and increase it slowly to allow your body to get used to the medicine. It can take a few weeks for you to notice the full pain relief effects of antidepressants. • If antidepressants help your pain, you can continue to take them for as long as you need to. • If you do not feel any improvement in your pain after 6–8 weeks, speak to your doctor. • Antidepressants can have side effects such as drowsiness, dry mouth, constipation, difficulty passing urine, sweating and changes in mood. When used at a low dose these side effects are mild and often disappear after taking these medicines for a few weeks. 	

Gabapentinoids (Examples gabapentin, pregabalin)	
Gabapentin or pregabalin may provide pain relief in some people with nerve pain.	<p>Can be used to treat nerve pain. The pain may be due to damage to nerves from conditions like shingles, diabetes, stroke and spinal cord injury.</p> <p>They help to dampen down the activity in the nerves that are irritated or damaged.</p>
<ul style="list-style-type: none"> • Some people find gabapentin works best, others prefer pregabalin, but you shouldn't take them both together. • For gabapentin or pregabalin to work you must take them every day, even when you do not have pain. Taking them only when you need it for pain relief will not work. • When starting gabapentin or pregabalin, your doctor will start you on a low dose and increase it slowly, to allow your body to get used to the medicine. Your doctor may check your kidney function, and will prescribe a lower dose if your kidneys are not working well. • Gabapentin or pregabalin will not relieve pain immediately – it may take a few days or sometimes weeks before you start noticing a reduction in pain. • These medicines do not work for everyone, so let your doctor know if you do not feel any better after 6-8 weeks of taking them. It may be useful to try another medicine instead. • If it is not helping, do not stop taking it suddenly; speak to your doctor or nurse before stopping. It is usually best to stop taking gabapentin or pregabalin slowly to avoid side effects. 	

- Gabapentin and pregabalin can have side effects such as dizziness, problems with balance, drowsiness, dry mouth, gaining weight and changes in mood, including feeling 'high', and some people have suicidal thoughts. Most of these side effects should ease after a few weeks, but if they are troublesome, tell your doctor as your dose or medicine may need to be changed.
- You should take gabapentin and pregabalin only as prescribed. Do not share these medicines with others and return any unused medicines to your pharmacy for safe disposal.

Non-steroidal anti-inflammatories (NSAIDs)

(Examples, ibuprofen, diclofenac, naproxen, celecoxib)

NSAIDs are used to reduce mild-to-moderate pain and inflammation (swelling).

They can be used for a short time when you have a flare-up of symptoms.

If used long-term they can have harmful side effects and they may not help chronic pain. These medicines treat inflammation, and this is not often the cause of chronic pain.

- They are not suitable if you have stomach problems (because they may cause bleeding), if you are older (65 years or more) OR have asthma, heart, liver or kidney problems.
- If long-term NSAIDs are thought to be your best option, you will need to have regular check-ups with your doctor and blood tests.

Opioids *(Examples codeine, tramadol, morphine, oxycodone)*

Opioids are effective in treating moderate-to-severe pain.

Can be used to treat pain that comes on suddenly (acute pain) or for chronic pain caused by cancer.

They are not recommended for other types of chronic pain because they:

- don't work well to improve pain levels or help to be able to do the things you want to do
- are associated with unpleasant side effects in about 20–30% of people, such as constipation, nausea, dizziness and sleepiness.
- can lead to dependency and addiction if used long-term.

Pain management plan

If you are using medicines for chronic pain, it is a good idea to develop a **pain management plan** with your doctor, which can be discussed verbally and written down.

- This plan should provide you with clear guidance on how to use your medicines correctly, including:
 - the dose and how often to take them
 - when or if you can increase the dose
 - common side effects
 - how to reduce the dose and stop medicines as your pain improves.
- It should also include a review schedule, such as seeing the doctor again within two to four weeks of starting a medicine or changing a dose, to see if you have any side effects and assess how well your pain is controlled.

Safe use of medicines

This is a guide only and not a replacement for advice and care of your doctor, pharmacist (chemist) or nurse.

If you need urgent medical advice, ring your doctor or Healthline 0800 611 116 straight away.



References

1. [The principles of managing acute pain in primary care, BPAC 2018](#)
2. [Prescribing gabapentin and pregabalin: upcoming subsidy changes, BPAC 2018](#)
3. [Managing patient with neuropathic pain, BPAC 2018](#)
4. [Helping patients cope with chronic non-malignant pain: it's not about opioids, BPAC 2014](#)