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Understanding Opioid Medicines for Pain Management

Opioids are medicines that can help reduce pain. They are stronger than most over-the-counter pain relievers and must be prescribed by a healthcare provider. They can be used to treat both acute and chronic pain that ranges from moderate to severe. While opioids can be safe and effective when used correctly, they do come with serious risks and side effects. For this reason, they should only be considered as an option if other medicines or treatments have not done enough to relieve or manage pain.

What is pain?

Pain is your body's way of telling you something is wrong. It makes you pull your hand away from a flame or avoid walking on an injured leg. Pain starts in receptor cells found beneath the skin and in organs throughout the body. When you are sick or injured, these receptor cells send signals along nerve pathways to the spinal cord, which then send the signals to the brain. The brain interprets the signals as pain. In response, it sends back signals to protect the body. The brain also releases its own natural painkillers called endorphins to help reduce pain. Once the source of the pain heals, the pain usually goes away.

Types of pain

Pain can be one of two types: acute or chronic. Both types respond to treatment.

- Acute pain typically lasts fewer than 3 months. It goes away when the cause is treated. Common causes of acute pain include injury or illness. Surgery can lead to short-term pain during healing. And women experience acute pain during and after childbirth. In some cases, acute pain can lead to chronic pain over time.
- Chronic pain typically lasts longer than 3 months. This includes pain that comes and goes or that is continuous. Chronic pain may be due to an ongoing health problem, such as arthritis. Or it may linger after an injury that has healed, such as a broken bone. Problems with the body's pain-control system may also lead to chronic pain. Sometimes, chronic pain can occur with no clear cause.

The pain cycle

Pain can affect all aspects of your life—for example, sleep, mood, activity, and energy level are all affected by pain. Being tired, depressed, and inactive make the pain worse and harder to cope with. This leads to a cycle of pain.

How opioids work

Opioids work by attaching to special receptors found in the brain, spinal cord, and other organs. When opioids attach to these receptors, they can block or suppress how you feel pain. Opioids can also make you feel good or relaxed by affecting areas of the brain that produce feelings of pleasure.

Types of opioids

There are two types of opioids: short-acting/immediate-release (SA/IR) and long-acting/extended-release (LA/ER). Short-acting opioids work faster than long-acting opioids but give pain relief for only short periods. Long-acting opioids work slower than short-acting opioids but give pain-relief for longer periods. Many current opioids come in both short- and long-acting formulas. Some examples of opioids include:

- Codeine with acetaminophen
- Fentanyl
- Hydrocodone (with or without acetaminophen)
- Hydromorphone
- Meperidine
- Methadone

- Morphine
- Oxycodone (with or without acetaminophen)
- Oxycodone with naloxone
- Tramadol

If you are prescribed opioids, you will usually be started on a short-acting type at the lowest dosage. The dosage may then be adjusted as needed based on your response to the medicine and further follow-up with your healthcare provider. If appropriate, you may transition to using a long-acting type opioid. In some cases, you may be prescribed both types of opioids to help manage different types of pain. Any changes or adjustments will also depend on your level of pain tolerance and tolerance of side effects.

Studies show that opioids provide short-term benefits for moderate to severe pain. But the benefits of long-term use of opioids for treating pain remain unclear. In general, you should only remain on opioids if they continue to improve pain and function without increasing the risks to your health.

How opioids are given

Most opioids are taken by mouth. They often come in pill form, but some may come in the form of liquids and even sweetened lozenges. Certain opioids also may be injected under the skin, into a muscle, or into a vein. Or they may be absorbed through the skin via a patch.

Know your options

Keep in mind that opioids are not the only option for treating pain. Non-opioid options may work just as well and have fewer risks and side effects. Non-opioid options can include:

- Other pain relievers, such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen
- Other classes of medicines such as anticonvulsants, antidepressants, and muscle relaxers
- Exercise and physical therapy
- Cognitive behavioral therapy, which can help you learn different ways to respond and cope with pain
- Mind/body therapies such as deep breathing, distraction, visualization, meditation, or biofeedback
- Complementary therapies such as massage, acupuncture and acupressure, or chiropractic care
- Various procedures, such as transcutaneous electrical nerve stimulation (TENS), implantation of a spinal pump, and nerve ablation

Don't take opioids in combination with benzodiazepines. Serious risks are associated with combining opioids with benzodiazepines. These risks include extreme sleepiness, slowed breathing, and death. Let your healthcare provider know if you are taking benzodiazepines.

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