

Other pain relieving medications

Other drugs can be helpful e.g. bone pain often responds well to anti-inflammatory drugs and nerve pain can be managed using antidepressant or anti-convulsant drugs which are more commonly used to treat other conditions.

In some cases, your doctor may prescribe another strong analgesic such as oxycodone, fentanyl or methadone.

Other influences on pain

Pain is often influenced by other factors including emotional and spiritual issues such as anxiety, uncertainty and fear. While family/whānau can be a great support it can also be helpful to talk with someone who is not family/whānau. You can talk to your nurse, spiritual carer, social worker, GP or you can be referred to the Nurse Maude counsellor.

Further information

For further information please speak to a member of the Nurse Maude team.

24 hour contact

Please contact your GP or district nurse. Advice is also available 24 hours a day, seven days a week from the hospice.

Nurse Maude

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Nurse Maude

**HOSPICE PALLIATIVE
CARE SERVICE**

Managing Pain

Te whakahaere mamae



Pain in palliative care

Many families coping with a life-limiting illness worry about pain, but pain is not inevitable. For example, at least one third of people with cancer will not get pain.

Most pain can be managed. The Palliative Care team and your GP have expertise in the management of pain. Pain that is not well managed can affect your work, enjoyment of daily activities and relationships with your family/whānau and friends.

Managing your pain

Some people experience more than one type of pain, therefore it is important to keep your doctor or nurse informed and tell them if you experience any new pain.

Only you can describe your pain. To help your doctor or nurse understand each pain try to note:

- Where the pain is
- Describe the pain e.g. is it stabbing, gnawing, aching, throbbing, burning, tender?
- Is it intermittent or constant?
- Does activity affect your pain?
- Does your pain vary in severity?
- Is your pain medication effective?
- Does it ease when you take extra pain medication?
- Does the pain wake you, or keep you awake at night?

As well as medication, there are other treatments available to help you manage pain such as heat, massage and relaxation. In some situations, more specialised treatments such as radiotherapy can be effective.

Medication

It is helpful to know about some of the pain-relieving drugs (analgesics) that are available.

Simple analgesics such as paracetamol can be very effective, especially if taken regularly. However, if paracetamol does not manage your pain a stronger analgesic is normally prescribed. Generally morphine is the stronger analgesic of choice. This is because morphine is a very effective pain reliever and the dose can be easily adjusted to match the pain you experience.

Morphine and paracetamol are commonly used together.

Morphine

Morphine works by interrupting pain signals to your brain. This takes away the sensation of pain that you would otherwise experience.

Morphine is usually started as an **immediate-release** tablet or liquid (elixir) which is taken every four hours. Once your pain is being managed your doctor will usually change to an equivalent dose of **slow-release** tablets which only need to be taken every 12 hours. It is a good idea to keep the immediate-release morphine in case you get any additional pain.

If you are unable to swallow morphine it can be injected into the skin through a tiny needle attached to a syringe. The syringe is fitted into a battery operated device called a syringe driver which delivers a prescribed amount of morphine and/or other drugs you may need constantly throughout the day. The syringe is renewed every day.

Common myths about morphine

Will I become addicted?

No. Research has established that when morphine is used to manage genuine pain, people do not become addicted.

Will I get used to morphine and require higher doses to manage my pain?

No. Many people remain on the same dose of morphine for long periods while others will have their dose adjusted upward or downward as needed.

Will I become sleepy and muddled?

Drowsiness usually only occurs for the first few days after starting morphine or after a dose increase.

Does being on morphine mean I am going to die soon?

No. Starting morphine says nothing about how long a person has to live and does not lengthen or shorten life expectancy. Many people take morphine for pain for years and it is the drug of choice for pain relief after surgery or trauma.

Common side effects of morphine

Constipation will affect most people, so it is common for your doctor to prescribe a laxative at the same time as morphine is started.

Nausea will affect some people for a few days after starting morphine so your doctor may also prescribe an anti-sickness tablet. Usually this is only needed for a week or so.