

All Wales Pharmacological Management of Pain Guidance

Appendix 4: Management of pain – key messages

This document has been prepared by a multiprofessional collaborative group led by Emma Davies and Dr Sue Jeffs, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC) and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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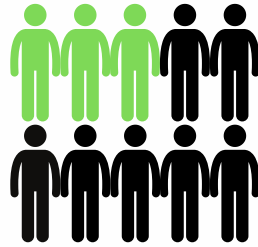
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Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
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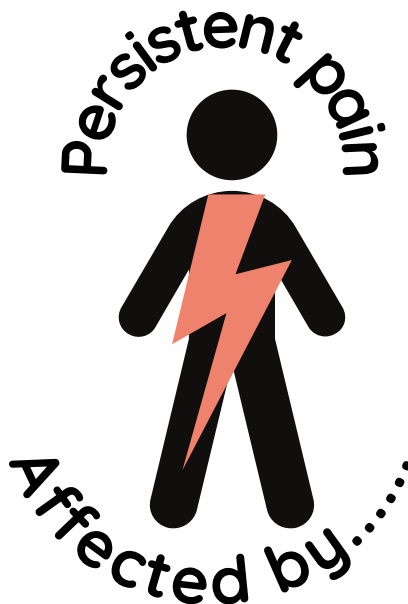


Managing Chronic Pain



30% of people experience pain at any time.

Acute pain is short-lived and protects us from harm. Persistent (chronic) pain is rarely associated with ongoing harm.



Past experiences



Emotions



What we think



Sleep

Analgesics can be effective for short periods of time but are much less effective for persistent (chronic) pain.

Pain relievers (analgesics) should be started on a trial basis and reviewed frequently.



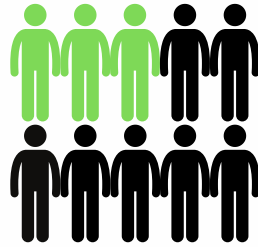
Before initiation there should always be a plan for the end of treatment.



Analgesics that do not decrease pain or increase function are not 'working' and it is safer to reduce and stop them, even if there is no suitable alternative medicine.



Rheoli Poen Cronig



Mae 30% o bobl yn profi poen ar ryw adeg.

Nid yw poen aciwt yn para'n hir ac mae'n ein hamddiffyn rhag niwed. Anaml y cysylltir poen parhaus (cronig) â niwed parhaus.



Profiadau yn y gorffennol



Emosiynau



Yr hyn rydym yn ei feddwl



Cwsg

Gall poenliniarwyr fod yn effeithiol am gyfnodau byr ond maent yn llawer llai effeithiol ar gyfer poen parhaus (cronig).

Dylid dechrau cyffuriau lliniaru poen (poenliniarwyr) ar sail treial a'u hadolygu'n aml.



Cyn cychwyn, dylai fod cynllun bob amser ar gyfer diwedd y driniaeth.



Nid yw poenliniarwyr nad ydynt yn lleihau poen neu'n cynyddu gweithrediad yn 'gweithio' ac mae'n fwy diogel eu lleihau a'u hatal, hyd yn oed os nad oes meddyginiaeth amgen addas.





Non-pharmacological Management

Living with pain can have a big impact on someone's life.

What makes pain harder to manage.....



medicines side effects



poor sleep



relationship problems



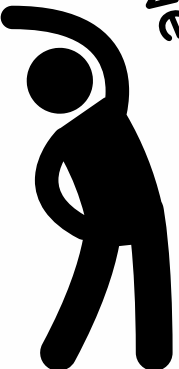
anxiety and low mood



employment and money worries

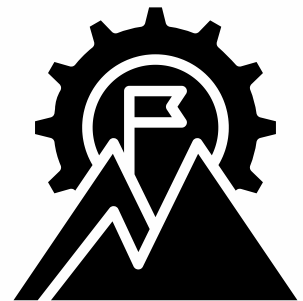
Important messages for patients:

Keep active



Find enjoyable activities

Set small personal goals



Move focus away from 'reducing pain' and towards 'doing'.



Regular reminders that pain does not equal harm are important to keep motivated.



Rheolaeth Anffarmacolegol

Gall byw gyda phoen gael
effaith fawr ar fywyd rhywun.

Beth sy'n gwneud poen yn anoddach i'w reoli.....



sgîl-ffeithiau meddyginiaethau



cwsg gwael



problemau gyda
pherthynas

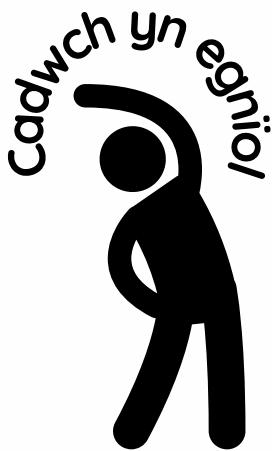


pryder a hwyliau isel



pryderon am gyflogaeth ac arian

Negeseuon pwysig i gleifion:



Symudwch y ffocws oddi wrth 'leihau poen' a thuag at 'wneud'.



Mae atgoffa'ch hun yn rheolaidd nad yw poen yn
gyfystyr â niwed yn bwysig er mwyn cadw cymhelliad.



Opioids



Codeine



Tramadol



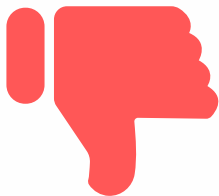
Morphine



Oxycodone



Provide relief from serious short-term (acute) pain and for pain associated with cancer or end of life care.



Very little evidence that opioids are helpful for persistent (chronic) pain. In fact, long-term use at high doses can make pain worse.



Unwanted side effects include constipation, sweating, depression and anxiety, sexual dysfunction and infertility, increase infections and risk of falls and fractures.



Long-term use (> 3 months) in non-cancer pain carries an increased risk of dependence and addiction



Opioids should only be started when there are agreed functional outcomes, and a plan to stop them if those outcomes are not achieved.



If an opioid has not reduced pain AND allowed an increase in function within 4 weeks of initiation, it is not helping and should be carefully reduced and stopped, even if there is nothing else to offer.

Opioidau



Codin



Tramadol



Morffin



Ocsicodon



Darparu rhyddhad o boen difrifol tymor byr (aciwt) ac ar gyfer poen sy'n gysylltiedig â chanser neu ofal diwedd oes.



Ychydig iawn o dystiolaeth sydd bod opioidau yn ddefnyddiol ar gyfer poen parhaus (cronig). Mewn gwirionedd, gall defnydd hirdymor ar ddosau uchel wneud poen yn waeth.



Mae sgîl-ffeithiau digroeso yn cynnwys rhwymedd, chwysu, iselder a phryder, camweithrediad rhywiol ac anffrwythlondeb, cynnydd mewn heintiau a risg o gwmpo a thorri esgyrn.



Mae defnydd hirdymor (> 3 mis) ar gyfer poen nad yw'n ganser yn cynyddu'r risg o ddibyniaeth a chaethiwed.



EWCH

Dim ond pan fydd canlyniadau gweithredol y cytunwyd arnynt, a chynllun i'w hatal os na chyflawnir y canlyniadau hynny, y dylid dechrau opioidau.

STOPIO

Os nad yw opioid wedi lleihau poen AC wedi caniatáu cynnydd mewn gweithrediad o fewn 4 wythnos o gychwyn, nid yw'n helpu a dylid ei leihau a'i stopio yn ofalus, hyd yn oed os nad oes unrhyw beth arall i'w gynnig.

Lower Back Pain



Very common.



Normally resolves within a few weeks or months.



Reassurance is essential. The spine is a strong and stable structure.



Moving may be painful but it is unlikely to 'damage' the spine.



Self-care, maintaining activity and improving function are key outcomes and should be highlighted at every opportunity.



Medicines are not suitable for everyone and should only be continued where their use enables improvements in function.

Poen yng Ngwaelod y Cefn



Cyffredin iawn



Fel arfer yn datrys o fewn ychydig wythnosau neu fisoedd.



Mae rhoi sicrwydd yn hanfodol. Mae'r asgwrn cefn yn strwythur cryf a sefydlog.



Gall symud fod yn boenus ond mae'n annhebygol o 'niweidio' yr asgwrn cefn.

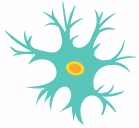
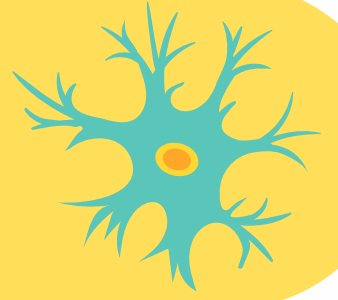


Mae hunanofal, cynnal gweithgaredd a gwella gweithrediad yn ganlyniadau allweddol a dylid eu hamlygu ar bob cyfle.

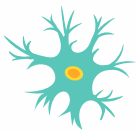


Nid yw meddyginiaethau'n addas i bawb a dim ond pan fydd eu defnydd yn galluogi gwelliannau mewn gweithrediad y dylid eu parhau.

Neuropathic Pain



Caused by a lesion or disease of the nervous system.



Can lead to pain but also changes to sensations that might not be described as 'painful'.

Neuropathic pain can be:

- spontaneous or triggered,
- continuous or intermittent.



Medicines are effective in less than **30%** of people.

They should only be continued where they are demonstrated to improve pain experience and function.

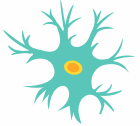
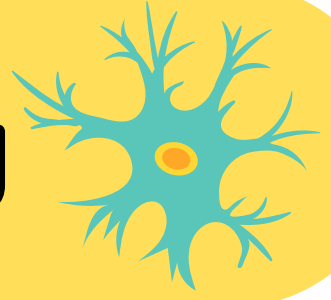


Neuropathic pain can be highly distressing



Managing emotional stress should be prioritised and is rarely improved by opioids

Poen Niwropathig



Wedi'i achosi gan friw neu afiechyd y system nerfol.



Gall arwain at boen ond hefyd newidiadau i'r synnwyr o deimlad na fydd rhywun o bosibl yn eu disgrifio fel 'poenus'.

Gall poen niwropathig fod:

- yn ddigymell neu wedi'i sbarduno,
- yn barhaus neu'n ysbeidiol.



Mae meddyginiaethau'n effeithiol mewn llai na **30%** o bobl.

Dim ond lle dangosir eu bod yn gwella profiad o boen a gweithrediad y dylid eu parhau.



Gall poen niwropathig fod yn drallodus iawn



Dylid rhoi blaenoriaeth i reoli straen emosiynol ac anaml y caiff hynny ei wella gan opioidau