

PAINKILLER TALK

PAINKILLER USE ON THE DECLINE

NHS SUNDERLAND CCG AND NHS COUNTY DURHAM CCG HAVE REDUCED THEIR HIGH DOSE OPIOID PAIN MEDICATION PRESCRIPTIONS BY 34% AND 17%.



The CCGs recognised that the high levels of opioid use were a serious concern and developed the PainkillersDontExist.com campaign to raise awareness of the problems linked with long-term opioid pain medication.

The campaign originally launched in October 2019 and continues to raise awareness of the dangers associated with long-term use of opioid pain medication.

Ewan Maule, head of medicines optimisation in Sunderland, said: "Side effects like dependence and addiction, personality change, drowsiness and mood swings are all indicators that individuals need to be aware of and we would urge people to discuss their approach to long term pain management with their GP surgery.

"We understand that pain management is not a one-size-fits all approach. "Simply prescribing opioid painkillers to mask the symptom of

pain is no longer the sole method used to treat long term, persistent pain."

Dr Rory MacKinnon of GP Partner at Bridge View Medical Group, Southwick added: "We now know that our bodies change the way they react to pain over time. Three months is a good rule of thumb, when it comes to recognising acute over persistent pain. At this point, and often earlier, opioid medication, simply does not achieve sufficient pain relief."



THE ANSWER IS RARELY TO SIMPLY INCREASE THE DOSE. WE WANT TO WORK TOGETHER WITH OUR PATIENTS TO EFFECTIVELY MANAGE PAIN.

FAMOUS PEOPLE REPORTED TO HAVE HAD ISSUES WITH PAINKILLER ADDICTION

Geordie TV presenter **Ant McPartland** suffered a knee injury that lead him to become addicted to prescription pain medication, according to a report in the Independent.

Yorkshire Peach a TikTokker with 750k followers, became addicted to opioids after being prescribed painkillers for an ingrown toenail.

Iconic pop and R&B artist **Prince** died of accidental fentanyl overdose at age 57.

BBC hit drama, Line of Duty addressed the issue of painkiller addiction through character **DS Steve Arnott**, who was dependent on prescription medication after suffering a back injury.

It was only after he retired that Bob Hunter from Chester-le-Street had time to acknowledge his painful back. Rather than the retirement he and his wife, Joyce, had planned, he spent nine years virtually asleep.

A slipped disc, a road traffic accident and spinal fusion surgery meant that the self-employed retail worker was in pain daily, while still working 70-80 hours a week.

Bob said: "I was taking dihydrocodeine and used a crutch to help me get around. I was too busy to concentrate on the pain. I had to earn a living and that was the priority.

"I finally retired in 2011 after I'd had a heart attack and triple by-pass. That, along with my back and within just six months my wife told me I was getting addicted to the painkillers."

Bob recalls he'd become bad-tempered and shaking and edgy if he didn't take the medication. He also slept – a lot. But he put

all the sleeping down to having worked so hard. "I needed the rest," he joked.

Over the period of 10 years he also took Naproxen, Oxycodone, Zomorph, Gabapentin, paracetamol and Fentanyl. To 'keep Joyce happy', he attended a pain management clinic. He slept through it!



DEEP DOWN I KNEW I WAS ADDICTED, BUT I DENIED IT TO MYSELF AND EVERYONE AROUND ME.

I had wanted to enjoy retirement and so did Joyce."

Bob recounts: "I would pop to my in-laws and fall asleep. We'd go out with friends and Joyce would be mortified that I would just fall asleep

in the pub or restaurant. It must have been really hard on her at that time. I know she was embarrassed by me.

"I could hardly stay awake while driving. It was dangerous and my wife knew it."

Crunch time came while the couple were supposed to be enjoying a six-week extended break in Cyprus. It lasted just 10 days before flying home.

Describing the event, Bob adds: "I looked like I was drunk. She was propping me up, got me on the airport bus and then carried the cases on the bus too. I look back on that and feel awful. But it was the wake-up I needed to make changes."

It's taken 2½ years, with a lot of help and support from their GP. Bob is back in control of the medication and only taking painkillers when absolutely needed.



I DON'T THINK I'LL EVER BE COMPLETELY WITHOUT PAIN MEDICATION. IT'S NOW ABOUT GETTING THE BALANCE RIGHT SO THEY DON'T AFFECT OUR QUALITY OF LIFE ANYMORE.

The retirement Bob and Joyce had originally planned is back on track with things like gardening, walking, enjoying time with their children and grandchildren and socialising – all without snapping or falling asleep!

SLEEPING THROUGH RETIREMENT



If this sounds frighteningly familiar, get help from your GP or visit painkillersdontexist.com



BISHOP AUCKLAND MUM 'BACK IN CONTROL' AFTER PAINKILLER NIGHTMARE

A woman who started taking painkillers for a bad back lost her job and saw friendships wane after becoming 'flat out on a cocktail of drugs'.

Mother-of-two Janet Honour, from Bishop Auckland, worked as a headteacher's PA when her GP prescribed ibuprofen and paracetamol for back pain.

The pain became so excruciating she could not walk and she later discovered the fluid had disappeared between some of the discs in her back.

The dosage and strength of her medication increased and over time she took Tramadol, Gabapentin, Pregabalin, Amitriptyline and Morphine.

She said: "I would hallucinate and have such vivid nightmares that I would wake up screaming. It was so severe my husband thought there must have been a burglar in our room.

"I would sleep for 14 hours, and not get up until midday. I couldn't 'get going', I just felt

exhausted and couldn't keep my eyes open. I was utterly sluggish.

"I was completely devastated, but not surprised when I eventually lost my job. I had simply taken too much sick leave and when I was there, I wasn't even functioning to 50 percent of my capability.

"I was in a mental fog, wading through treacle. In a PA role it's essential you're completely on the ball and capable of spinning lots of plates simultaneously. I simply couldn't cope.

"The amount of pain medication I was taking meant drinking alcohol was a no-no. I found in social situations lots of people pressuring me to have a drink, and again it just got too much. So, I stopped going out. It was easier to stay in.

"At this point many of my friends fell by the wayside. I found myself spiralling into depression and would become

increasingly anxious at the thought of leaving the house."



I DIDN'T RECOGNISE THIS PERSON ANYMORE. I WAS SAD AND I WAS LONELY.

Mrs Honour underwent lots of treatment including facet joint injections, radio frequency lesioning and a hysterectomy but the pain continued.

In 2016, when her husband had lifesaving heart surgery, Mrs Honour realised things needed to change and the couple went on a meditation course.

Working with her GP, she gradually reduced her medication.

She said: "I knew it was a long road, but bit by bit I could feel myself getting back to 'normal'.

"Drug free and managing my own pain, it feels great to be back in control.

"I meditate, do yoga and use a pacing technique I learnt on a pain management course, I feel like a different person. I'm back."

PAIN AND SLEEP

If you're living with pain and struggling with sleep then you're not alone. It's very common for people with persistent pain to have difficulties getting to sleep or staying asleep.

Recent research shows that by adjusting what you do during the day, as well as at night, it is possible to achieve a healthier sleep pattern...

6 TRIGGERS WHY SLEEP ELUDES YOU:

- Your sleep pattern is disrupted because the pain medication makes you drowsy in the day
- You worry about a lack of sleep
- You don't actually have a regular routine
- Your bed is uncomfortable
- Mood changes create tension in your body
- You notice your pain more at night because there are fewer distractions

6 SLEEP TRICKS

- 1** Get into a routine, waking, eating and activities at the same time each day.
- 2** Try to avoid napping during the daytime.
- 3** Increase physical activity - you can start by just walking down the garden.
- 4** Create a wind down routine around 1 hour before bed - turn your phone off!
- 5** Use relaxation techniques to quieten your mind.
- 6** If you can't sleep, don't worry, read or do a crossword and then try again.

HOW YOUR BRAIN IS WIRED TO JUST SAY 'YES' TO OPIOIDS

For a long time, we were lead to believe that simply increasing the dose of pain medication would mean no more pain. We just had to: "get the right level."

What actually happens is, opioids bind to receptors in the brain that stimulate the reward centre and releases that lovely chemical called dopamine. But over time, your brain gets greedy and wants more and more to get the same feeling it had the first time you had opioids.

It means as people decide to stop taking opioids, they can experience a real physical withdrawal - often completely inadvertently, and often it comes as a surprise. Many people believe that it's symptoms of their condition, and do not recognise that many of the issues they experience is actually your body craving opioids. It's a battle your brain will try and win every time!

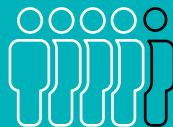
PAIN FACTS



Acute or short-term pain is usually in response to an injury - like a broken leg



Painkillers stop being as effective after 3-6 months of use and pain can get worse when your body builds a tolerance



4 out of 5 people experience negative side-effects from pain medication



The number of prescriptions has risen from 14 million in 2008 to 23 million in 2018



7.1 million adults in England take prescribed opioid or gabapentinoid medication

WORD SEARCH

Finding ways to distract your mind from thinking about pain can be one way to help improve quality of life.

Tramadol
Dependency
Anxiety
Painkillers
Persistent
Pacing
Codeine

Chronic
Alternatives
Activity
Reduction
Opioid
Gabapentin

Z Q Z X H T R A M A D O L S D
J Z J A Q Z P W F O A A J Z E
H E T A W F E B E P P F G D P
C I X Y P S R B B I A T A A E
H Z Q S A O S K A O I E B N N
R E D U C T I O N I N C A X D
H S M F I F S T W D K U P I E
C Q C W N Z T C N Z I Y E E N
H B O S G T E I G G L X N T C
R S D P B N N L V C L P T Y Y
O Y E W X O T C Q L E H I X Q
N F I I C P M B T V R N N M I
I D N P Z K E E F S S V J X H
C H E A L T E R N A T I V E S
I A A C T I V I T Y U K L I L

TAKE OUR PAIN QUIZ

Q1. How often do you take painkillers?

- A Only now and again when I have a flare up in pain
- B Every day, but not the maximum dose
- C The dose it says on the box, every day
- D The dose it says on the box and possibly a bit more

Q2. Where do you get your painkillers?

- A Over the counter at the local pharmacy
- B Just get them on repeat prescription from my GP
- C The GP and sometimes get medication from a friend or family member, who has stronger medication
- D I go to different doctors or chemists to get what I need

Q3. How active are you?

- A Reasonably active most days
- B Not as active as I'd like to be, the pain stops me
- C Not very active, I have to be persuaded to leave the house
- D Not at all active, I barely leave the house

Q4. How social are you?

- A I love catching up with friends and family
- B Social enough, happy to see friends and family
- C Not social, my partner has to drag me out of the house
- D I can't remember the last time I did anything sociable

Q5. How do you sleep?

- A Fine, not a problem
- B Okay, occasionally wake up
- C Not great, I'm very tired in the day and often nod off
- D I have no routine, struggle to sleep and I can sleep in a chair rather than bed and can spend hours awake at night

Mostly As

Sounds like you're managing pain well. Try and include a new activity, to help distract from any pain flare ups. Keep up the good work.

Mostly Bs

Have you tried occasional days without medication? Speak to your GP about the best way to manage this to prevent building a tolerance. Try to introduce more activity where you can like swimming or gentle walking.

Mostly Cs

Sounds like you may have built quite a tolerance to pain medication. Your body may be dependent. Speak to your GP to discuss how pain is affecting your daily life.

Mostly Ds

Speak to your GP. It sounds like you may be struggling to cope and are highly dependent on pain medication.

IT'S YOUR LETTERS



Dr Rory MacKinnon, GP at Bridge View Medical Group, Southwick answers your letters

LOOKING FOR MORE INFORMATION?

PAINKILLERSDONTEXIST.COM

WEBSITE

Helping to empower people living with pain to make informed decisions about their health.



FLIPPINPAIN.CO.UK

WEBSITE

A campaign focussed on changing the way we think about, talk about and treat persistent pain.



LIVWELLWITHPAIN.CO.UK

WEBSITE

Developed by clinicians, for clinicians. A professional resource for GPs and pain specialists.



HEALTH UNLOCKED

APP

Find and connect with people with similar health conditions in over 700 online communities.



THRIVE

APP

Use games to track your mood and teach yourself methods to take control of stress and anxiety.



Dear Dr MacKinnon

It's all well and good telling me to reduce my painkillers but the reality is that there is no alternative.

Sarah, Peterlee

Dear Dr MacKinnon

Painkillers don't exist - of course they do! What do you think I've been taking!

John, Stanley

It's important to work with your GP to identify what self-help you can implement to build the best quality of life possible for you. Increasing exercise, meditation, yoga, distraction techniques, physical manipulation can all help. Pain is a complex issue, that is unique to each individual, so it's important to use a mix of techniques to help diminish its effects on your daily life.

Pain medication can mask pain for a short amount of time, but long term, they stop working because our bodies get used to them. The solution is not to keep increasing dosage, but to use pain medication as sparingly as possible, while looking at alternative techniques to manage pain more effectively.

To get in touch with your stories and experiences please visit painkillersdontexist.com/campaign and fill in the online form.

NICE INTRODUCES NEW GUIDELINES FOR PEOPLE WITH CHRONIC PRIMARY PAIN

New guidelines issued by NICE (National Institute for Health and Care Excellence) confirm that for most people it's unlikely that drug treatments for chronic primary pain will provide enough of a benefit when measured against the risks. Primary chronic pain is where the cause of the pain is unclear. GPs will not stop prescribing

medicines, without providing, safer and more effective options.

Dr Paul Chrisp, director of the Centre for Guidelines at NICE, said: When making shared decisions with GPs about whether to stop taking painkillers it's important that any problems associated with withdrawal are discussed and properly addressed."