

The Opiate Pain Treatment Journey Patient Notice

“Dealing with pain is a life skill that we must all learn if we are to live happily.” Keith White, MD

Tolerance: The same dose of opiate no longer relieves pain as well as previously.

Dependence: Decreasing the dose causes withdrawal symptoms.

Opiate Withdrawal: Tearing, yawning, runny nose, abdominal cramps, diarrhea, nausea, vomiting, sweating, insomnia, headache, feeling “bad”, goose bumps, and/or muscle, bone and joint pain.

- . For chronic constant pain, long-acting opiates on a regular schedule work best.
- . For breakthrough pain, short-acting, non-opiate pain meds lead to less tolerance and dependence and less opiate dose escalation.
- . Using short-acting opiates for chronic pain, taken frequently, leads to a cycle of rapid development of tolerance and opiate dependence followed by withdrawal symptoms as short-acting opiate wears off followed by ever-increasing opiate doses to catch up to the withdrawal symptoms.
- . Opiates at any dose taken chronically will decrease pain by only 30%.
- . The more you take an opiate, the less well it works (see Dependence and Tolerance).
- . Stopping a chronic opiate suddenly makes everything hurt and makes the more painful areas even more painful than before opiate use (See Opiate Withdrawal).
- . If chronic opiates do not improve the patient’s function then their use is ineffective and should be discontinued.

Depression, anxiety, addictive personality traits, and stress often lead to overuse of opiates by patients to treat psychological distress rather than dysfunction caused by pain.

Use as little opiate as possible, as seldom as possible. The goal is to improve function while avoiding any more tolerance and dependency than necessary.

Use non-opiate therapies as much as possible to improve patient function: physical and occupational therapy, exercise, psychological counseling, non-opiate meds, nerve transmission modifiers, tricyclics, muscle relaxers, topical (surface) agents, counter-irritants, Tens units, trigger point injections, joint injection of steroids, radio frequency ablation of nerves supplying painful areas, and vocational rehabilitation.

Pain Specialist consultation is often helpful. In difficult cases, pain specialist referral and management is optimal.

Patient Signature _____

Date: _____

Printed Name _____

