Healthcare Improvement Scotland

Scottish Intercollegiate Guidelines Network

Managing chronic pain

A booklet for patients, carers, family members and friends



We would like to thank everyone who contributed to this booklet.

Parts of this booklet were generated using an artificial intelligence (AI) program to summarise the clinical guideline. The draft was then reviewed and amended as necessary by guideline group members.



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Who is this booklet for?

This booklet is for adults who are living with chronic pain. Family members, friends and carers may also find the information helpful.

This booklet explains:

- what chronic pain is and how it is managed
- what you can do to help manage your pain
- how pain management programmes can help
- what medical treatments are used for chronic pain
- what other approaches can help with chronic pain
- how you can make decisions that matter to you
- how taking part in important everyday activities can help
- how psychological activities can help
- how eating well can help
- how physical therapies can help
- whether transcutaneous electrical nerve stimulation (TENS) could help
- whether complementary approaches can help
- what medicines are used for chronic pain.



What is this booklet about?

This booklet explains the recommendations in a guideline produced by the Scottish Intercollegiate Guidelines Network (SIGN), about managing chronic pain.

Recommendations in the guideline are based on different types of evidence. Some of it comes from current research, some from the clinical experience and opinions of healthcare professionals and some from people with lived experience.

Clinical experience is knowledge and skills gained through direct patient care and hands-on practice in healthcare settings.

There are two different types of recommendations in the booklet



Recommendation based on the research evidence



Recommendation based on clinical experience

What are the limitations of the research?

Research helps us understand what works for most people, but it can't tell us exactly what will work for you.

All treatments are tested by scientists, but some medical issues are easier to study than others. Things like blood pressure are easy to measure, but there isn't a test that can accurately measure pain. Only you know how much it hurts and how it affects your life. This makes pain harder to study and means that research will not always capture everyone's experience of pain.

For this guideline, we looked at many ways to treat pain. Some treatments, like medicines, are simple and easy to study. Others, like pain management programmes, have lots of different parts, so it's hard to tell which part helps the most. We can't always compare simple treatments with complicated ones to say which is better.

Scientists are always learning new things. Sometimes, it looks like a treatment works, but there isn't enough evidence yet to say for sure. Other times, new research shows that a treatment doesn't work as well as we thought. The advice in this guideline is based on the most up-to-date research, but new discoveries in the future might change these recommendations. Where there isn't enough information, we say in the guideline what we think scientists should study next.



What is chronic pain and how is it managed?

Living with chronic pain can be exhausting – not just physically, but emotionally and mentally too.

Pain can affect your sleep, work, friendships and family life. Other people may not be able to see your pain, so you might feel misunderstood.

Chronic pain is pain that lasts longer than 12 weeks (3 months). It can start after an injury or illness. Sometimes it starts for no clear reason.

Long-lasting pain can affect your body, your feelings and your daily life. It can make it harder to move, sleep, or feel well.

Pain is different for everyone. Other people may not be able to see your pain. It can help to tell people how you feel, so they understand.

Managing chronic pain often means using a mix of treatments and support. This is called a holistic approach, which means looking at your whole life, including your body, feelings, daily activities, relationships and what matters to you. This looks at you as a whole person, not just the pain. What works is different for everyone. You and your healthcare team can talk about what matters to you and choose options that fit your needs.



What can I do to help manage my pain?

Self-management (sometimes called self-help) is a big part of living with long-lasting (chronic) pain. It means the things you do day to day to make pain have less impact on your life.

Self-management can include learning about pain, planning for flare-ups and slowly building up what you do. It can also include looking after your sleep and mood and making small changes to your daily routine. Some people learn these skills with support from a healthcare professional, or through a pain management programme.

Not everyone can get to specialist pain services easily. Getting there can be hard and waiting lists can be long. So, self-led support (things you can do yourself, sometimes with a little help) can be really important.

Peer support

Peer support is when people with similar pain issues support each other. This might be in a group, a course, or online. Peer supporters may have had some training.



Recommendation based on the research evidence

If you have pain affecting your bones, muscles, joints, or other soft tissues, peer support can be considered as part of a holistic management plan.

Digital self-management

Digital self-management means using apps or websites to help you manage your pain day to day. You might use a phone, tablet, computer or a smart watch.

Some tools help you keep notes about your pain, sleep, mood and activity. Some teach simple skills, like gentle exercises, breathing, relaxation or ways to cope with worries.



Recommendation based on clinical experience

Your healthcare professional should talk to you about self-management tools as early as possible, in a way that fits with your lifestyle.



Recommendation based on the research evidence

Digital self-management tools can be part of your care if you have long-lasting pain affecting your bones, muscles, joints, or other soft tissues.



Recommendation based on the research evidence

If digital tools are hard for you to access or use, there should also be support from a digital facilitator or healthcare professional to help you use them as part of your self-care.

How can pain management programmes help?

A pain management programme (or a community education programme) is a course that helps you learn how to live well with long-lasting pain. The course may include learning about pain, exercise, skills to help with thoughts and feelings and ways to help yourself day to day. Many people say these programmes help them feel more confident, do more and enjoy a better quality of life.

These programmes are called 'multidisciplinary' because a team works with you. The team may include doctors, physiotherapists, pharmacists and psychologists. Some programmes are run by charities.



Recommendation based on the research evidence

After an assessment by a healthcare professional, you may be offered access to a multidisciplinary pain management programme or community-based self-management programme in your health board, where these are available. Talk to your healthcare professional about whether a pain management programme is suitable for you.

> "Attending the course has taught me some new ways to look at things, which has been very useful. I enjoyed the non-medical approach to dealing with pain as I prefer to avoid medication unless desperate.

How can pain management programmes help? Continued

Health board pain management programmes are NHS services run locally. They support people with long-lasting pain to learn skills, build confidence and manage day-to-day life. You usually need a GP or healthcare professional referral to take part.

Many of the programmes offered within the community or by charities can accept self-referrals and do not always need a medical referral.

You can prepare by identifying personal goals (for example, walk your dog, return to hobbies) and be ready to practice skills between sessions.

> I have found the course very helpful in understanding why I get flare ups, how to try different things to cope with it, learning to step back and not beat myself up about not being able to do things I used to and accepting my illness and thinking about the person I am now not the person I used to be. It has helped with my mental health and depression because I now understand this is not the end; it's the start of what I can do. Great hearing other people's stories too, I am not alone.

What medical treatments are used for chronic pain?

Medicines that work well for short-term pain, like strong painkillers or anti-inflammatory medicines, often do not work as well when pain lasts for months. Your body can get used to strong painkillers, so they may stop helping as much. Anti-inflammatory medicines can also cause side effects, so they are not always safe to take for a long time.

Some medicines for pain are more suitable for long-term use. These include some medicines that are also used for epilepsy or depression. But they do not help everyone with ongoing pain. Even when they do help, they can often cause unwanted side effects. There is more information about medicines that may help you manage your pain on pages 25–33.

Specialist treatments not covered in the guideline

Some people may be offered injections or specialist treatments that use gentle electrical signals to help with certain types of long-term pain. A specialist will decide whether these treatments could help you. They may not work for long and they can sometimes cause problems. These treatments are not covered in this guideline. However, the Scottish Health Technologies Group has looked at some specialist treatments for adults whose long-term pain has not improved with care from their GP or other primary care services.

What other approaches can help with chronic pain?

Chronic pain can change how you feel and what you do. These changes can make the pain feel worse. Pain can make you feel sad, tired, or not want to do things or see friends and family. These things can all affect each other, making it harder to manage long-term pain.

When you are tired, stressed, lonely, or not sleeping well, your body and brain can become more sensitive to pain. Pain can feel easier to manage when you have support from others around you. Having this kind of support helps you to feel less alone when you're struggling.

Small changes like eating well, moving your body and spending time with other people will not cure long-lasting pain, but they can help you feel better, do more and cope each day. You can ask for support from your healthcare professionals and the organisations listed on pages 34-36 to help you make changes that reduce how much pain affects your life.

How can I make decisions that matter to me?

Healthcare professionals will work with you to choose treatment based on what matters most to you, after discussing benefits and risks.

It's OK to ask

When you go to your healthcare appointments, we encourage you to ask four key questions that will help you and your healthcare professionals make decisions together. This will make sure that the care is right for you.

1 – What are the benefits of my treatment?

2 – What are the risks of my treatment?

3 – What alternative treatments can I try?

4 – What if I do nothing?

Learn more about "It's OK to ask"

Learn more about realistic medicine

It can be helpful if you do the following.

- Ask "What matters to me?"
- Write down what helps your pain, or when you feel better. For example, you might notice better sleep, easier movement, doing more at work, or improved mood. This can help you see which treatments work best for you. You should review this regularly.

How can taking part in important everyday activities help?

Occupation-based interventions can help with taking part in meaningful activities in everyday life.

Important activities are the things that matter most to you. These activities might be getting dressed, making meals, caring for pets, going to work, doing hobbies or spending time with friends. What matters most is different for each person.

Doing things in everyday life that matter can help with your mood, confidence and daily routine. They can also help you feel more independent and give you a sense of purpose.

The goal is not to get rid of pain to take part in important activities. Activity management, which includes pacing, involves learning ways to take part in activities alongside your pain.

If you have been off work, it can help to go back when you feel more confident. This means feeling more able to manage your pain at work. It also means finding a balance with family life and seeing friends. It might mean changing your working hours or your role for a while.

Recommendation based on clinical experience

People often think pacing means slowing down or taking lots of breaks. Breaks can help, but pacing is not about doing less and less. If we only slow down, we might start to avoid doing things we enjoy.

Slowing down and taking breaks can be helpful at times when used together with learning what your body can do, noticing what makes pain worse (called triggers) and knowing what is important to you. It helps you choose when to start, stop, rest and carry on. Over time, it is possible to slowly do a bit more, manage daily life better and feel happier with everyday activities.

Information

You can find self-management tips on managing your activities from NHS inform.

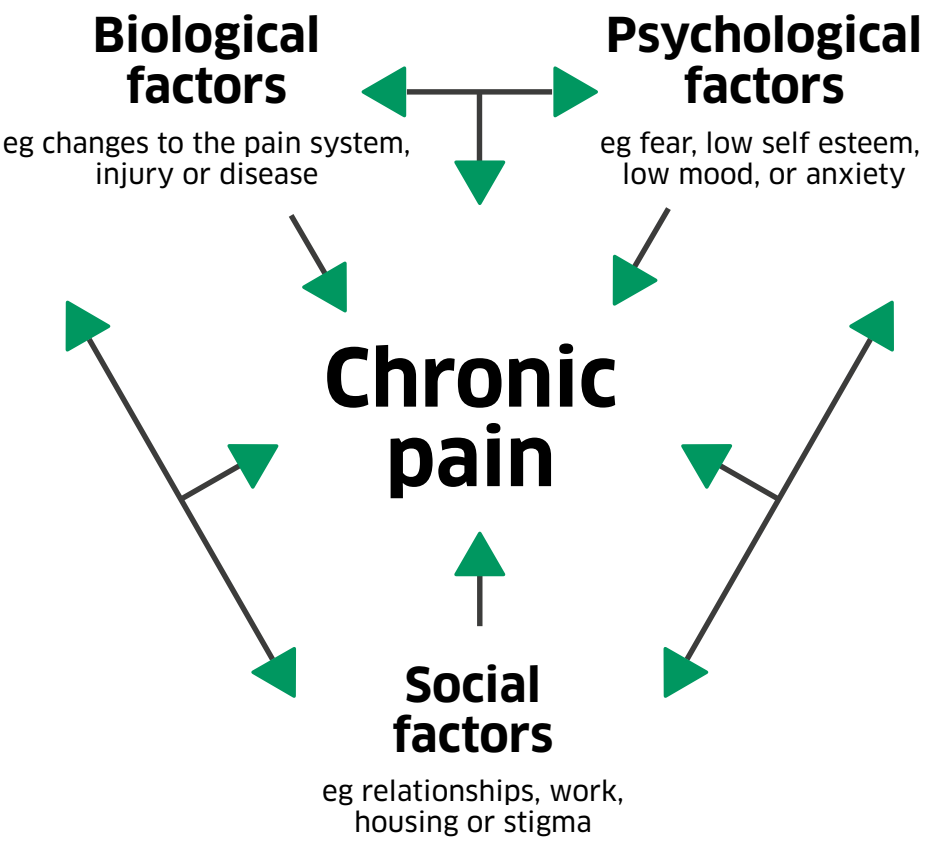
Recommendation based on clinical experience

Healthcare professionals who support people with long-term pain should look at the whole person. They should use a realistic medicine approach that focuses on what matters most to you. This includes helping you self-manage flare ups, supporting your overall wellbeing and balance in everyday life to help you to live well with your pain. If work is affected, it includes talking about your needs related to work and supporting you to make changes that feel manageable and achievable, to help you stay at work.

How can psychological activities help?

Pain can affect your body, your thoughts, your feelings and your relationships. Sometimes pain is shaped by your body, your mind and what is happening in your life. This way of looking at pain is called the biopsychosocial approach.

The biopsychosocial model of chronic pain



Psychological therapies can help you live better with long-lasting pain. This does not mean the pain is 'all in your head'. It means you can learn how pain works and learn skills to cope. These skills can help you feel less upset and do more of the things that matter to you.

Examples include:

- cognitive behavioural therapy (CBT) – a talking therapy that helps you spot unhelpful thoughts and build more helpful ways to cope.
- mindfulness – practicing noticing what is happening right now in a calm way, which can lower stress and help you manage pain each day.
- acceptance and commitment therapy (ACT) – a talking therapy that helps you accept your thoughts and feelings about living with pain. It focuses on helping you do more of what matters to you.

These therapies can help you feel more in control. They can help you do more day to day and build up activity in a safe way, even if the pain does not fully go away.



Recommendation based on the research evidence

CBT (either face-to-face or online) may be offered to you to help you manage your pain. It can help you cope day-to-day and improve your quality of life.



Recommendation based on the research evidence

Mindfulness may be offered to you if you prefer a mindfulness approach to managing your pain. Mindfulness helps people notice their thoughts, feelings and body sensations in a calm way. This can help people to cope better with stress and long lasting pain.



Recommendation based on the research evidence

ACT may be offered if you and your healthcare professional think it could help. ACT can help you notice difficult thoughts and feelings about living with pain, without letting them take over. It can also help you focus on what matters to you and take small, positive steps towards the life you want to live.

How can eating well help?

What you eat is one part of managing pain. Other parts include movement, sleeping well, handling stress, looking after your mental health and having support from other people. Eating healthy food helps your whole body and may help with pain for some people.

Researchers have studied special diets and supplements for long-lasting pain. The results are not clear. Many diets and supplements do not seem to help much, or at all. Some supplements may help a few people, but the change is usually small.

So, it is best to focus on eating healthy, balanced meals, instead of trying special diets or lots of supplements.

Your healthcare professionals will talk to you about healthy eating using the Eatwell Guide to help you:

- keep a healthy weight
- eat more fruit, vegetables and wholegrains
- include foods with omega-3 fats (such as oily fish or plant sources)
- drink enough fluids to avoid constipation.

Information

You can learn more about food and nutrition from NHS Inform and the International Association for the study of pain.

Recommendation based on clinical experience

Your healthcare professional can give you advice about food and eating if this is part of their role. If your needs are more complicated, or you have other health conditions, they may refer you to a dietitian.

Recommendation based on clinical experience

Turmeric may help with pain for some people. It is unlikely to cause harm. Different research studies used different amounts, so we do not know the best amount to take.

How can physical therapies help?

Physical activity and exercise therapies

Staying physically active is an important part of managing chronic pain. This includes everyday movement, exercise and exercise-based therapies. Any type of movement can be helpful, no matter how small. What matters most is finding something you can do and keep doing.

If you have chronic low back pain, advice to stay active works best when it is combined with exercise therapy. Exercise therapy is a type of planned, guided exercise designed to help with a specific problem, like improving strength, movement, or balance. It's usually created for you by a physiotherapist and can also help you manage pain by gradually improving how your body moves and functions. Advice on its own is usually not enough to improve long term movement and daily function.

You are more likely to keep exercising when you feel supported. This might include:

- having some supervised exercise sessions
- doing individual exercises in a group
- having written or online information to support you
- combining group sessions with exercises you do at home.



Recommendation based on the research evidence

Physical activity, including exercise and exercise therapies, is recommended for managing chronic pain.



Recommendation based on the research evidence

If you have chronic low back pain, you should be given advice to stay active alongside exercise therapy to improve long term disability. Advice alone is not enough.



Recommendation based on the research evidence

To help you stay active over time, you can get support in different ways. This can include group activities, planned exercise (when it is right for you), clear information and activities to do at home.



Recommendation based on clinical experience

You and your healthcare professional can decide together what kind of activity is right for you. Exercise should be based on your needs, abilities and personal situation. This can help to make it positive, meaningful and easier to stick with.

Hands-on physical therapies

Hands-on physical therapies use the therapist's hands to help treat pain, injury, or movement problems.

The main types are manual therapy and massage.

Manual therapy means the therapist gently moves your joints for you. These treatments may be given by a physiotherapist, osteopath, or chiropractor. Treatments include:

- mobilisation – uses slow, gentle movements within the joint's normal range.
- manipulation – uses a quick, controlled movement at the end of the joint's normal range.

Massage therapy is another hands-on treatment. It includes different techniques such as:

- deep tissue massage
- myofascial release – uses pressure on the tough connective tissue network surrounding and supporting muscles
- reflexology – uses pressure to specific points on the feet, hands, or ears
- sports massage
- trigger point therapy – uses pressure on a 'muscle knot'.

These treatments are called passive treatments because the therapist does most of the work, not the person receiving care.



Recommendation based on the research evidence

Manual therapy may help you move a bit better for a short time if you have long-lasting low back pain or hip osteoarthritis.

Can transcutaneous electrical nerve stimulation (TENS) help?

A TENS machine is a small device worn on your body. Sticky pads send gentle electrical pulses through your skin. These can reduce pain signals reaching your brain, so you may feel less pain. A healthcare professional can help place the pads correctly.

Research has found inconsistent evidence to support the use of TENS to manage pain. However, TENS is generally low risk, widely available and easy to use at home.

If you want to use TENS to help manage your pain, your healthcare professional can support you and talk with you about how you can access it.

Can complementary approaches help?

Complementary therapies are treatments that sit outside standard medical care. People sometimes try them to help manage long-term pain.

Examples include:

- acupuncture
- herbal remedies
- homeopathy.

Some people say these treatments help them feel better. However, there is not much good-quality evidence, benefits are often short-term and benefits and harms vary from person to person.

If you are thinking about using a complementary therapy:

- talk to your healthcare professional first
- check that it is safe and does not affect your medicines
- think about risks and benefits.

You should feel supported to make choices that work for you. Many complementary treatments are not routinely available on the National Health Service (NHS) so it is likely that you will need to pay for them yourself, which can become expensive in the long term. Access can also vary depending on where you live. NHS services tend to focus on treatments that have clearer evidence of longer-term benefit and make best use of available resources.



Recommendation based on clinical experience

Acupuncture may help short-term pain for some people. If you wish to manage your pain with acupuncture, your healthcare professional will talk to you about how you can access this.

There is not enough evidence to recommend herbal remedies and hypnotherapy. No evidence was identified on the effectiveness of aromatherapy, homeopathy, music therapy or reiki.

What medicines are used for chronic pain?

Medicines are only one part of managing long-lasting pain. Many medicines that help for a short time do not work as well when pain lasts for months.

Do simple painkillers help with chronic pain?

Simple painkillers include non-steroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen or naproxen, and paracetamol.



Recommendation based on the research evidence

NSAIDs may be considered for short-term use of less than 6 months, or for use now and again, if you have osteoarthritis or inflammatory arthritis.



Recommendation based on clinical experience

NSAIDs should be used at the lowest dose that works for you. This helps to lower the risk of side effects or harm.



Recommendation based on clinical experience

NSAIDs can increase the risk of stomach or bowel bleeding. Some may also increase the risk of heart or circulation problems.

Risks are higher for some people, including older adults and those with kidney, heart, or stomach problems, or who take certain other medicines.

If you take NSAIDs, your healthcare professional may give you medicine to protect your stomach, check your kidneys and explain when you should stop taking NSAIDs, such as when you are unwell.

Recommendation based on clinical experience

Sometimes people can't take other pain medicines such as ibuprofen and naproxen. In these cases, paracetamol may be worth trying.

You may be asked to take paracetamol regularly, three or four times a day, for 2 to 4 weeks. This helps you and your healthcare professional see if it is helping your pain.

Do antiseizure (antiepileptic) medicines help?

These medicines are often used to treat epilepsy. They can also help some people with nerve pain (neuropathic pain). Medicines like gabapentin and pregabalin are sometimes used for nerve pain, fibromyalgia (long-term widespread pain and tiredness), or some types of pelvic pain. They do not work for everyone and they can cause side effects, such as:

- feeling sleepy
- feeling dizzy
- putting on weight
- breathing problems (more likely if you also take opioid painkillers). Your breathing can become slow or shallow, so your body does not get enough oxygen.

Recommendation based on the research evidence

Gabapentin or pregabalin should be considered if you have nerve pain, fibromyalgia or certain types of pelvic pain for up to six months. Treatment should only be continued if there is clear evidence that they are helping.

Recommendation based on clinical experience

When taking gabapentin or pregabalin, you should be reviewed regularly and the medicine should be gradually stopped if it is not helping.

Recommendation based on clinical experience

Your healthcare professional should talk to you about the possible side effects of antiepileptic medicines. Some side effects are more likely if the dose is higher. Side effects may get better or stop when the medicine is stopped.

If you are planning a pregnancy, healthcare professionals should talk to you about possible risks before you start these medicines.

Should you use opioids for chronic pain?

Opioids include medicines such as codeine, morphine, oxycodone, or tramadol that act on receptors in your brain and spinal cord to reduce the feeling and intensity of pain. Often called 'strong painkillers', these medicines can reduce short-term severe pain but using them for a long time to treat chronic pain can lead to side effects.

Your body may get used to opioids. This can mean you need to keep taking the medicine to avoid feeling unwell or having withdrawal symptoms. This is called dependence. Over time, you may also need a higher dose to get the same effect. This is called tolerance. In some cases, opioids can make your body more sensitive to pain.

Because of these risks, opioids are not recommended for most people with chronic pain, except in rare situations where they may be considered very carefully.



Recommendation based on the research evidence

Your healthcare professional won't consider opioids as a first choice for long-term (chronic) non cancer pain because benefits are small and harms can be significant.



Recommendation based on the research evidence

Opioid pain medicines may be considered only after other pain treatments have been tried and have not helped.

If they are used, it should be for a short time (up to 3 months).

Doctors should only suggest them if they think the possible benefits are greater than the risks.



Recommendation based on the research evidence

Review of your medicines (at least once a year) is important, especially if you are taking a daily dose of more than 50 mg a day of morphine (or equivalent dose of another opioid).



Recommendation based on clinical experience

If you already take opioids, work with your healthcare professional to review whether they are helping and any risks or side effects. If they are not helping your daily life or are causing side effects, you may be supported to slowly reduce the dose, with the aim of stopping.

What is naloxone and when should you carry it?

Opioids can increase the risk of serious side effects, including overdose. When you take opioids regularly, it's possible that your brain and body will change because it is expecting the drug and how it affects you. This is called dependence. Opioid dependence is more likely in people who:

- are younger and male
- misuse drugs or alcohol
- had trauma during childhood
- have had mental health issues, or
- also use other medicines that can affect their ability to breathe normally.

Ideally, people should use the lowest effective dose of opioids. However, this is not always possible. Naloxone is a medicine that can reverse dangerous effects of opioids, such as slow breathing. Naloxone may be suitable for you and having it available (and knowing how to use it) can be lifesaving.



Recommendation based on the research evidence

If you're at risk of opioid overdose (for example, if you are taking higher doses, or other sedating medicines, or have breathing problems), you should be offered take home naloxone and training in its use.

If your health team prescribe you naloxone, your family or carers should also be shown how to use naloxone and what to do in an emergency (call 999, place you in the recovery position, give naloxone, repeat if advised).



Information

You can find more information about opioid safety, overdose risk and naloxone at Opioids Aware.

Does medicinal cannabis help chronic pain?

Medicinal cannabis (also called cannabinoids) includes products that may contain tetrahydrocannabinol (THC), which can cause a 'high', cannabidiol (CBD), which does not cause a 'high', or both THC and CBD together.

Studies do not agree on how much medicinal cannabis helps long-lasting pain. Some people feel a small benefit, but others do not. Side effects are common and there are important safety risks to think about.



Recommendation based on the research evidence

Medicinal cannabis for chronic non-cancer pain is not recommended because evidence that it helps is not clear and side effects are common.

Should you take antidepressants for chronic pain?

Some antidepressants, medicines originally used to treat depression, can also help some types of long-lasting pain, even if you are not depressed. Nerve pain can feel like burning, shooting, or electric-shock pain. Antidepressants can change the way your nerves send pain signals. These medicines do not help everyone and side effects need to be monitored.



Recommendation based on the research evidence

If you have long-lasting pain with nerve pain symptoms, your healthcare professional may suggest duloxetine. Duloxetine is a medicine originally used for depression.



Recommendation based on clinical experience

If you are offered duloxetine your healthcare professional will talk to you about the likely benefits (a small amount of pain relief), possible side effects (such as nausea or changes to sleep) and agree a trial period with a planned review to decide whether to continue or stop.

Do pain treatments applied to the skin (topical treatments) help?

Topical painkillers can be creams, gels, patches or plasters. Because they are used on the skin, they may cause fewer side effects in the rest of the body than tablets.

Some people with long-term pain use topical painkillers but there is not always strong evidence that they work well. They may need to be used often. They can also be messy or awkward to apply. Some people may get skin irritation where the medicine is used.

Some topical painkillers can be bought from a pharmacy without a prescription. Others, need a prescription. You can discuss which one is right for you with your GP or pharmacist.

Anti-inflammatory gels (such as diclofenac)

Anti-inflammatory gels are rubbed onto the painful area.

- They may help muscle or joint pain, such as arthritis.
- They have lower risks than oral anti-inflammatory tablets.



Recommendation based on the research evidence

Anti-inflammatory gels can be tried for muscle or joint pain.

Capsaicin cream (made from chilli peppers)

Capsaicin cream works by calming pain signals from nerves over time. It is available as a cream or a patch. Lower-strength capsaicin cream can be bought over the counter, while higher-strength cream is available on prescription. Capsaicin patches are much stronger and must be applied by a healthcare professional. The recommendations below are about capsaicin medicines that are prescribed by a healthcare professional, not lower-strength capsaicin creams you can buy yourself.



Recommendation based on the research evidence

Capsaicin cream may help if you have nerve pain.



Recommendation based on the research evidence

Capsaicin patches may help if you have with nerve pain.

Lidocaine plasters

Lidocaine plasters contain a medicine that numbs a small area of skin.

They are worn for a set number of hours each day.



Recommendation based on clinical experience

Lidocaine plasters may help if you have very specific nerve pain, for example, pain that lasts after shingles.

Talk to your healthcare professional about whether lidocaine plasters are suitable for the type of pain you have.

Do I need a combination of medicines?

Some people are prescribed more than one pain medicine at the same time. This is quite common, but there is limited evidence that combining pain medicines helps more than using one medicine on its own. Some combinations can also be unsafe.

Information

Important safety risks

Using opioids (such as codeine, morphine, or tramadol) together with gabapentin or pregabalin increases the risk of:

- serious breathing problems
- overdose
- death.

Recommendation based on the research evidence

If you take more than one pain medicine, your healthcare professional should carefully consider the possible benefits and risks. This is especially important if opioids are used with gabapentin or pregabalin. Your healthcare professional should review these medicines regularly and work with you to decide on the safest option.

Where can I find out more?

The organisations we have listed below may be able to answer any questions you have and offer support.

SIGN is not responsible for the information provided by these organisations.



NHS inform

www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain

Phone: 0800 22 44 88

NHS inform provides information about chronic pain, including symptoms, causes, treatments and self management advice.

Flippin' Pain®

www.flippinpain.co.uk

Email: info@flippinpain.co.uk

Flippin' Pain is a public health campaign that aims to change the way people think about, talk about and treat persistent pain. It includes information on chronic pain, real-life stories and resources to help people understand pain and move towards recovery.

Live Well with Pain

livewellwithpain.co.uk

Live Well with Pain provides knowledge and support for self-managing persistent pain. The website offers materials, videos, tips, tools and links to trusted resources, including a step-by-step online guide to living well with pain.

Pain Association Scotland

painassociation.co.uk

Freephone: 0800 783 6059
Email: info@painassociation.com

Pain Association Scotland is a national charity that aims to improve the quality of life for people living with chronic pain by supporting and empowering them to live independently in the community. It promotes a reduced reliance on clinical services through collaborative working with health and social care professionals and encourages access to self-management at an early stage of the clinical journey. The charity has developed videos on topics such as stress management, pacing, relaxation and flare-ups.

Pain Concern

painconcern.org.uk

Helpline: 0300 123 0789
Email: help@painconcern.org.uk

Pain Concern provides information and support about pain, helping people understand what they can do to help themselves. It collaborates with the NHS to provide education sessions. Its website includes resources, a helpline, podcasts, publications, an online support community and a Navigator Tool to help improve health and care conversations.

Arthritis UK

www.arthritis-uk.org

Helpline: 0800 5200 520
Email: helpline@arthritis-uk.org

Arthritis UK is a charity that provides information, supports research and healthcare and influences decision makers to understand and take account of arthritis and musculoskeletal conditions. It offers information and advice on managing musculoskeletal chronic pain in the workplace and making decisions about work, education, careers and benefits.

The British Pain Society

www.britishpainsociety.org/people-with-pain

Email: info@britishpainsociety.org

The British Pain Society works to improve understanding and treatment of pain. It brings together professionals and people with lived experience to support better care, raise awareness, encourage research and provide information for people living with pain.

How are guidelines produced?

Clinical guidelines are produced by looking at the latest scientific research to find the best ways to diagnose, treat and care for people. If the research doesn't provide clear answers, healthcare professionals use their experience and judgement to suggest treatments. This ensures the guidelines are both evidence-based and practical.



1
Gather lived experience



2
Identify the questions



3
Search for the evidence



4
Look at the evidence



5
Make judgements and recommendations



6
Ask people for feedback



7
Publish



8
Let everybody know about our guidelines

You can read more about us by visiting www.sign.ac.uk or you can phone 0131 623 4720 and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public.

We are happy to consider requests for other languages or formats.
Please phone 0131 623 4720 or email sign@sign.ac.uk

Notes

Managing chronic pain



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