

# MYTHS ABOUT CONTROLLING PAIN



Information on pain and the treatment of pain found on the Internet, in the media, and sometimes even that from the medical community can be confusing, frightening and sometimes inaccurate. The Mayday Fund has asked key experts in the field of pain management to clear up the confusion, and provide answers to some myths about the treatment of pain.

## **1. Addiction to opioids is very common and occurs easily.**

Many people think that addiction is common because they mistakenly believe that persons who go through withdrawal if their drug is stopped are addicted. In fact, a person who experiences withdrawal is physically dependent; physical dependence is a normal response to chronic opioid therapy and is not important to a patient as long as the drug is not stopped suddenly. Addiction is a disease, which is defined by craving, loss of control over the drug, compulsive use of the drug, and continued use of the drug despite harm to the user or others. Opioids are among the drugs that can become problems for people with the disease of addiction; others include nicotine, alcohol, cocaine, and stimulants. Fortunately, the capacity to develop addiction does not appear to be very common; for example, most people drink alcohol but only a small minority develop problems. Most patients with pain severe enough to need an opioid have no history of addiction to any drug; their risk of developing addiction to the opioid is very, very small. If a person has a history of drug abuse, however, the risk is probably higher. These persons should still receive an opioid if it is clinically indicated, but treatment must be watched carefully. All patients should understand that the risk of addiction can never be said to be zero, but in most cases, the risk is small and careful monitoring of drug treatment by a doctor makes it very unlikely.

## **2. Pain medication can and should only be prescribed to a patient when pain occurs.**

A patient with continuous or frequently recurring pain should be given pain medication around the clock, preferably a long-acting drug. It is far easier to prevent pain than to deal with it after it occurs. "As needed" dosing should only be considered in some patients. For example, patients with repeated episodes of acute pain may be given a drug to take just when the pain occurs and some patients who are given a pain medication around the clock are also given a short acting drug that can be taken when an acute pain (a so-called "breakthrough pain") occurs.

## **3. Uncontrolled pain is an unavoidable part of many serious illnesses like cancer.**

Pain does not need to be an inevitable part of most serious illnesses. Cancer pain and pain associated with other serious illnesses usually can be controlled with medications and other therapies.

**4. The side effects of opioids prevent a person from functioning and can cause more suffering than the pain.**

The truth is that if the dose of the medication is carefully adjusted, and the side effects are treated, most patients have a much better quality of life. The overall effect of treatment with these drugs is very favorable in most cases.

**5. As a patient's pain increases, the illness must be getting worse and death must be near.**

Although it is true that pain can be a signal of disease, and the doctor should assess new pains or pains that are worsening, it is also true that pain comes and goes for different reasons. Worsening pain doesn't necessarily mean advancing disease.

**6. If end of life is near, morphine or other opioids can't be increased without causing death.**

Many people make an unfortunate connection between the use of morphine and imminent death. Remember, physicians use morphine and other opioids to relieve pain. These drugs can be used safely when a patient has a serious medical illness, and even at the very end of life. It is a myth that the only way to stop the pain associated with cancer or other serious illness is to give the patient a lethal dose of these medicines. Almost always, doses can be increased with little risk of serious harm. The reason to increase the dose is to relieve worsening pain; pain relief is often the most important concern at the end of life.

**7. Enduring pain builds strength and character.**

Many patients think that if they "tough it out" this time it won't be as bad next time. That doesn't work. The opposite is true. Pain weakens a person. It weakens the immune system. It does not build character. Pain should be treated immediately and effectively.

**8. Doctors face a choice between treating a disease and treating the pain.**

Some people believe there is a choice between treating a disease and treating the pain caused by the disease. This is not true. Pain should be treated at all times, whether or not the disease can be treated. Some people mistakenly believe that if they're given a lot of pain medication, their doctors have "given up on them." The better way of thinking about it is this: If you treat the pain, the body doesn't have to concentrate on battling it. There is some evidence that treating pain relieves stress on the body, so the body heals faster.

**9. Patients need ever increasing doses of opioids because tolerance develops rapidly to these drugs.**

Tolerance means the loss of drug effect over time. Tolerance to opioid medications is a complex phenomenon. It usually does occur to side effects, such as nausea and sleepiness, and is a favorable occurrence. Tolerance to pain relief might become a problem, but does not appear to be an inevitable consequence of chronic opioid therapy. In fact, most patients stabilize on a dose for a long time. If more pain medication is needed, it usually is because the painful problem has worsened. In this case, pain control usually can be regained, the dose of drug can be increased or a patient can be switched to another opioid.

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