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Very strong painkillers

Pain keeps us out of trouble. When it isn't busy preventing injury, it's lessening it or reminding us to let it heal. But sometimes pain becomes a nuisance, like an alarm bell that keeps clanging away long after the fire dies out.One way to mute this din is to cut the signal off at the source. That's ibuprofen's party trick: It stops banged-up cells from ginning up or sending out more prostaglandin. Ibuprofen belongs to a whole category of pain medicines called nonsteroidal anti-inflammatory drugs, or NSAIDs. NSAIDs also relieve the swelling and inflammation that can cause pain. NSAIDs include aspirin and naproxen sodium (aka Aleve) [sources: AHFS; McNICol].Other analgesics ignore the pain signal but muffle the bell. Acetaminophen, aka Tylenol, works in the brain and central nervous system to deaden pain, although researchers do not fully grasp how it works [sources: AHFS; McNICol].Both NSAIDs and acetaminophen belong to a category called non-opioid analgesics. Most non-opioid analgesics work by inhibiting cyclooxygenase (COX) or COX-2 enzymes, which kick off the process of converting arachidonic fatty acid found in cell walls into the prostaglandins that activate pain nerves. No prostaglandin means no nociceptor activation and therefore no pain [sources: AHFS; McNICol; Ricciotti and FitzGerald].For more severe short-term pain, as after an operation, or long-term pain, many doctors turn to opioids. Opioid drugs plug into an existing network of receptors located in your brain, spinal cord and body. Under normal conditions, this system works with your body's naturally produced opioids to control all kinds of processes, including pain. Natural opiates, like morphine and codeine, as well as synthetic opioids, mimic the structure of these naturally occurring neurotransmitters and hijack the system. Like spies who knock out the guards and then man the gates, they keep out other signals, including those associated with pain. They also plug into the body's reward system, producing potentially addictive euphoric effects [sources: Encyclopaedia Britannica; Fine and Portenoy; NAABT].More intense medical procedures, like surgery, involve general, regional or local anesthesia. General anesthesia involves a mixture of drugs that calms patients, keeps them unconscious, lessens or relieves their pain, relaxes their muscles or blocks their memories from forming. Regional anesthesia locks down sensation from a whole section of the body, e.g., from the waist down, while local anesthesia numbs a small portion, like a foot or spot of skin. This might seem highly localized but, again, the painkiller doesn't know where you hurt -- the person applying it does [sources: Encyclopaedia Britannica; Mayo Clinic]. We all have a picture in our minds of heroin addicts, usually sad homeless people who live only for their next 'fix'. But most people don't realise that painkillers we can buy from our chemists can cause addiction too.Headache, backache, osteoarthritis, stomach ache - your body is very good at telling you when you're in pain, and it's your nervous system that's responsible. Your brain is connected to every bit of your body via a complex network of nerves: below the neck, all these messages travel through your spinal cord. 'Motor' nerves carry messages from your brain telling each muscle to move; while sensory nerves carry messages back from your skin, limbs and body organs, telling your brain about touch, heat and pain.Most parts of our body have pain sensors at one end of these 'sensory nerves'. Without them, you wouldn't move your hand away (quickly!) from a burning flame, or seek help if you had tummy ache.The aim of most painkillers is to damp down the sensation your brain gets from these nerve signals, or to reduce inflammation. Complicated chemical pathways in your body result in chemicals being released if there's inflammation or damage in any one part of your body.Pain signals from muscles and joints, as well as cancer pain, usually respond well to painkillers like stronger opioid painkillers such as codeine or tramadol, or to medicines which work on the nervous system, like pregabalin and gabapentin.But some painkillers can be highly addictive. We all know about heroin addiction - in fact, diamorphine (the medical term for heroin) has been the standard treatment for the pain of heart attack for decades. And heroin is part of the opioid family.The medical definition of an addictive medication is that you need more and more as time goes on to have the same effect, and you crave it if you don't have it. Withdrawal symptoms include sweating and dizziness, anxiety and breathlessness, but also severe pain.Even more worrying, some painkillers may make your body more sensitive to pain. If you're taking painkillers and you get pain, your instinct is to take more painkillers, which can end up feeding the addiction.It's thought as many as one in three people with chronic headaches are actually suffering from 'medication overuse headaches' (also called medication-induced headaches). Your body adjusts to the painkillers, and you get withdrawal symptoms when levels in your blood drop. This causes a 'rebound' headache, and the obvious response is to reach for more painkillers. It's a particular issue for those who have migraine, who seem to be more prone to medication-overuse headaches.Even 'simple' painkillers like paracetamol, or anti-inflammatory tablets like ibuprofen or naproxen, can become addictive if you take them at least three times a week for three months at a time. However, codeine-containing tablets are much worse. They can cause these headaches if taken just twice a week for three months or more, and it takes much longer to get over the headaches and aching that come with stopping them.Anti-inflammatory medicines can cause severe stomach inflammation and damage your heart or kidneys if you take them for too long. So more and more people are being switched away from anti-inflammatories to opioids or nerve-damping tablets like gabapentin and pregabalin. At the same time, your risk of these conditions increases with age and obesity, and the UK population is living longer (and fatter) than ever.So it's hardly surprising that the number of prescriptions issued in the UK for opioids has doubled in a decade, from 12 million to 24 million a year. And it's thought that up to 192,000 people could be addicted to them.Don't stop painkillers immediately if you're taking them for a long-term condition. But do ask yourself some serious questions if you're on regular doses of strong painkillers. Firstly, have you been taking regular medication for over three months (it is possible to get addicted sooner but less likely)? If so, do you know exactly how many painkillers you take a day? Have you ever been tempted to take more than the prescribed dose? Do you find yourself running out of medicine before your prescription is due for renewal? Do you 'borrow' tablets from other people, including your partner, because you always seem to be running short? Do you pace the floor, waiting until you can take your next dose?Dealing with pain isn't easy, and neither is helping painkiller addiction, but it is possible. If you've answered 'yes' to any of these questions, speak with your doctor. They will absolutely understand you're not a 'bad person' and will want to help. Your GP will be able to talk about services available. Options include pain management clinics, pain group work, physiotherapy specialist assessment and possibly counselling They may be able to offer a different short-term medicine to help you with withdrawal effects. Take along a family member for support if possible - you'll need their support along the way.Thanks to My Weekly where this piece was originally published. From the headlines, prescription painkillers sound pretty scary. Some of the people who take them switch to heroin, and some die of overdoses. The problem is so bad that the FDA has mandated black-box warning labels about the risk of abuse. But at the same time, these drugs are common and useful tools to manage pain.The medications in question are opioids, drugs that work in the same parts of your brain as opium. Heroin and morphine are opioids, but so are the main ingredients of prescription drugs like Vicodin and Oxycontin. These drugs obviously relieve pain, and in some circumstances, they can induce a euphoric feeling. For many, they're essential tools to manage pain, either from surgery, injury, or for people with chronic pain, their everyday life.Yes, Prescription Drug Addiction Is a Real ProblemAlmost 2 million people abused or were dependent on prescription opioids in 2014 (the most recent year with data). And prescription drugs were directly responsible for half of deaths from opioid overdoses. According to the Centers for Disease Control and Prevention, we are in the middle of an "opioid overdose epidemic" that includes both prescription and street drugs.The popularity of those street drugs is partly driven by prescription opioids: for someone addicted to pain pills, heroin is a more accessible and cheaper high. According to data from the Substance Abuse and Mental Health Services Administration, 79% of heroin users had previously taken painkillers for fun.But if you ask the question the other way, it doesn't sound so scary: Only 3.4% of people who abused painkillers ended up switching to heroin. And of course, not everybody who gets a prescription ends up addicted. Prescribers wrote 259 million scripts for opioids in 2012, and most of those were probably taken responsibly.To Avoid Addiction, Don't Try to Conserve Pain MedicationThis may sound backwards, but it's true: if you tough it out and only take the pills when you're in serious pain, you're more likely to become addicted.That's for two reasons. First, you're teaching your brain that taking the pill feels really good: you're in a lot of pain, you take the pill, you feel better. The other problem is that when you're already hurting, it takes more of the drug to fight that pain than if you had been taking it all along.The best and safest way to take opioids, according to Jeannie DiClementi, a clinical psychologist who works with pain patients, is to take them exactly as prescribed—if it says every four hours, you watch the clock (or set up an app to ping you) and take the pills at four hours on the dot. That lets you "stay ahead of your pain," and never get to that place where you feel desperate for the drug.Patients are unlikely to get addicted to painkillers while they're using them to manage short-term, serious pain, like the pain you get from an injury or surgery, Dr. DiClementi says. The trouble here isn't the way you use the drugs when you're in pain; it's what you do with the drugs when your recovery is over.Throw Those Old, Expired Pills Out AlreadyRaise your hand if you have half a bottle of Vicodin in your medicine cabinet. You're not alone—I have two. (One was my prescription, one was my dog's.)But you shouldn't save them. Taking opioids when you need them for pain is pretty safe. Taking them when you don't have a serious problem is where trouble starts. Here's Dr. DiClementi again, describing at The Conversation how people end up getting addicted by accident:Here's a typical example: a patient who had been prescribed Vicodin after back surgery might need fewer pills after a while to manage their pain, but was afraid to tell the doctor ("What if the pain comes back?"), so the prescriptions continued. By the time recovery was complete, the patient had a stockpile of pills. One day after work, this patient came home with a headache from a stressful day. In the medicine cabinet were the leftover Vicodin. A couple of pills, and the patient experienced relief not only from the headache but from the stress of the day. The next time, taking the pills was easier, until before long, the patient was addicted and seeking more. This patient, like many who become addicted, did not intend to start abusing the drug.When you're not in serious pain, you're better able to notice the euphoric effect (rather than just appreciate the pain relief). For this reason, Dr. DiClementi urges people to get rid of the stockpile of pills. Mix them with garbage, the less appetizing the better—she suggests kitty litter—to hide them and to discourage dumpster divers. You can also ask about returning unused drugs to a pharmacy, or watch for drug take-back events in your community.Some medications can be taken after their expiration date, or even held on to after the...Read moreI know, I know, it feels like a waste. But you're better off dumping the pills than taking them when you don't need them.Trust Your DoctorYou're not alone in trying to use opioids safely: the provider who prescribes your meds should be watching out for you too.The CDC just issued new guidelines for prescribing opioids that put more responsibility on providers. Instead of a vague idea that the doctor should talk with you about your options, the new rules get specific about when, why, and how to prescribe opioids to avoid setting you up for addiction.With the new guidelines, for example, you're less likely to be able to build a stockpile. Prescribers are now told to give the lowest dosage and the shortest course of painkillers that you'll expect to need: three days' worth in many cases. If you believe you'll need more, discuss that with your doc—but be aware that after the first few days you may be just fine with something like ibuprofen.On long courses of medication, your doctor is now supposed to check in with you from time to time to evaluate whether the benefits still outweigh the risks for you and your situation. In other words, don't expect her to rubber-stamp refills.Prescribing decisions get trickier if you have chronic pain. Opioids may not work very well for chronic pain, but if they seem to be working for you, you might not be interested in switching to something else.It's worth trying other treatments, though, says Dr. DiClementi—and not just medications. She mentions massage and jacuzzi baths as a few strategies that work for some people (while noting that they are not always effective for everybody). An implanted electrical device can interfere with pain signals. Hypnosis can shift your focus away from pain. Psychological approaches work: mindfulness-based stress reduction and cognitive behavioral therapy were effective in a recent trial.We've seen before that meditation can build up our brains and guard against information overload...Read moreThis doesn't mean that pain is all in your head. "Psychological does not mean imagined or faking," DiClementi says. Our experience of pain is defined by what goes on in our brains. Chronic pain is not just a mind thing or a body thing, but both.The many options for pain treatment vary wildly in their costs and effectiveness. For help navigating them, talk with your provider or ask for a referral to a pain specialist. An honest conversation is the way to go whether you're trying to avoid opioids, or whether you feel like you need them and want to take them safely.

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