

## Types of analgesia and how to prescribe it

### Types of analgesia

- **Paracetamol**
  - Very good for mild to moderate pain. Use iv route in severe acute pain.
  - Contraindicated in severe hepatic impairment, dose reduce in mild impairment. Generally safe (except in overdose) and can be used in pregnancy
  - Prescribe: Paracetamol 1g four times a day orally regularly or PRN
- **NSAIDS**
  - Very good in inflammatory or musculoskeletal pain. Consider alternative routes e.g. topical/PR.
  - Contraindicated in peptic ulcer disease, previous hypersensitivity to NSAIDs or aspirin, severe heart failure, pregnancy. If using long term monitor renal and liver function regularly.
  - *Prescribe: Ibuprofen is a good starting point: 200-400mg orally up to four times a day PRN and monitor for response.*
  - If using regularly cover with a proton pump inhibitor (PPI) such as omeprazole (20mg orally once a day).
- **Weak Opioids**
  - Includes codeine (please see opioid section {link}).
- **Strong Opioids**
  - Remember tramadol now classed as strong opioid (please see opioid section {link}).
- **Neuropathic Agents**
  - Usually antidepressant or antiepileptic drugs and often work well as an adjunct to the analgesia above.
  - First line: amitriptyline, duloxetine, gabapentin or pregabalin (see national/local prescribing guidelines).
  - Tramadol has some neuropathic properties and can be used for acute rescue therapy.
- **Others**
  - Benzodiazepines, steroids, lidocaine, bisphosphonate, baclofen, hyoscine butylbromide, ketamine etc.
  - Advice from local pain or specialist palliative care services should be sought when considering these.

***NB Please always read local and national prescribing guidelines e.g. BNF if unfamiliar with drugs, paying particular attention to contraindications, interactions and side effects.***

### How to prescribe analgesia

- Familiarise yourself with the WHO analgesic ladder and start with simple analgesia **if they have not already tried this.**
- The basic steps are:
- **Step 1:** For mild to moderate pain, start with a nonopioid (e.g. paracetamol, ibuprofen) and increase the dose, if necessary to the maximum recommended.
  - Use an adjuvant such as an anti-depressant or anticonvulsant, if indicated
  - If the patient presents with moderate or severe pain skip Step 1.

- **Step 2:** If or when non-opioids do not adequately relieve pain, add a weak opioid intended for moderate pain such as codeine (combined with paracetamol +/- ibuprofen).
  - Add or continue adjuvants, if appropriate
- **Step 3:** If or when the non-opioid for mild to moderate pain no longer adequately relieves the pain, switch to a strong opioid (e.g. morphine, oxycodone).
  - Continue paracetamol +/- ibuprofen alongside the morphine
  - Add or continue adjuvants, if appropriate
- At all steps continue adjuvants (e.g. amitriptyline/gabapentin), especially if there is a neuropathic component, and consider non-pharmacological treatments (e.g. psychology input, TENS machines etc.)

### Tips on analgesia prescribing

- Remember if someone is already taking large amounts of opiates they probably will not thank you for suggesting paracetamol!
- Try to avoid starting more than one type of analgesia regularly as you will not know which drug has worked.
- Always ensure that the patient has as required (PRN) analgesia prescribed in case they are in pain before they see you again.
  - Tell the nursing staff to contact a doctor if the patient needs more than 2x PRN in a 24 hour period. If this is the case, then this either suggests that the regular dose may need to be titrated up quickly or that the drug is not working at all.
- *If your patient is still in pain consider if they are absorbing the medication properly? Consider this in patients with vomiting, bowel obstruction or faecal loading and switch to a sc/iv route.*
- At every step of the ladder, consider an adjunct: introducing a different type of analgesia in addition e.g. neuropathic agent added to opioid is often very effective
- Always consider exploring non-pharmacological methods, especially in patients who are anxious or very distressed.
  - Examples range from using TENS (transcutaneous electrical nerve stimulation) machines to massage and art therapy.