

## **BTP Patient Communication Guides**

UNDERSTANDING PAIN

INFORMED CONSENT

PATIENT PAIN DIARY

OPIOID TREATMENT AGREEMENTS

SAFE MEDICATION USE, STORAGE AND DISPOSAL

## Understanding Pain

Pain is an important part of your body's defense system.<sup>1</sup> It tells your brain that you have been injured or are in danger of being injured so you can take corrective action. This type of pain is good.

*There is hope that pain can be controlled so you can go back to enjoying life.*

For example, it keeps you from getting burned when you touch a hot stove, or causes you to seek help if the pain is coming from inside your body and requires the opinion of a healthcare professional. However, not all pain is good pain.



Pain is not good if it continues or keeps coming back even though the injury or illness that caused it is long over, or no cause for the pain can be found.<sup>1</sup> In fact, it can have quite a negative impact on your physical and emotional health and well-being. It is usually the suffering, and not the pain itself, that causes people to see a healthcare professional and seek pain relief.<sup>2</sup> People with this kind of pain need to know there is hope that their pain can be controlled so they can go back to enjoying life and doing the things they need and want to do.



### There are two types of pain

The first step in understanding pain is knowing about the different types of pain. Pain is classified in one of two categories, either acute or chronic pain.

- **Acute pain**—pain that comes on suddenly, usually has a specific cause (such as a response to injury, surgery, a medical procedure, a brief illness, or childbirth), and goes away within minutes, hours, or days as the injury heals.<sup>1,3</sup>
- **Chronic pain**—pain that continues long after it should have stopped, and serves no useful purpose—lasting beyond the course of an illness or injury, or for more than 3 to 6 months.<sup>1</sup>

Chronic pain consists of two different types of pain, either persistent or breakthrough pain.

- **Persistent pain**—continuous pain that is present for most of the day, persists for more than three months, and is usually treated with medication taken all day long.<sup>4</sup>
- **Breakthrough pain**—a flare of pain that rises above otherwise well-managed persistent pain and is characterized by its rapid onset, moderate-to-severe intensity, and relatively short duration, with a peak in as little as three minutes and lasting 30 to 60 minutes.<sup>4</sup> This pain comes and goes.

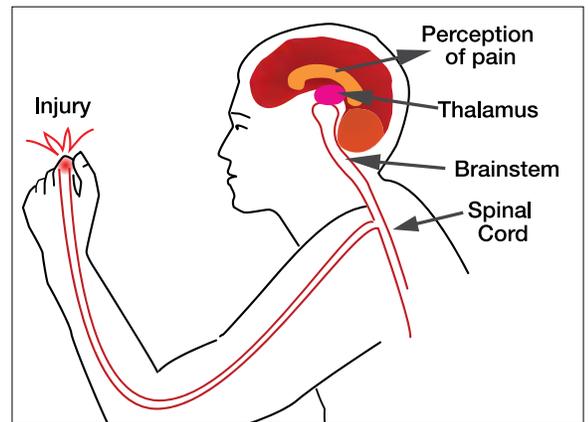
## Pain can affect you in many ways

The second step in understanding pain is realizing that pain is more than just physical.<sup>2</sup> Pain can also affect you psychologically and emotionally. It is natural for people with chronic uncontrolled pain to be depressed or anxious.<sup>5</sup> When you are in constant pain, it can be difficult to feel like yourself. It can also make it hard for you to do the things you need to do, like work, study, and perform normal daily activities like shopping and household chores. Constant pain can also take the pleasure out of doing things you usually enjoy doing, such as going out and being with friends and family. It is important to realize that all these symptoms are connected so you can focus on restoring your physical, social, and psychological well-being.<sup>5</sup>

## Pain is a series of electrical signals

The next step in understanding pain is learning how it occurs. Imagine sticking your finger with a pin.

As the pin enters your skin, it stimulates the nerve endings under your skin.<sup>6</sup> That stimulation triggers an electrical signal that is sent along the nerve ending to your spinal cord, which carries the signal into your brain. Inside your brain, the signal is routed by the thalamus, which is a specialized area at the center of your brain.<sup>7</sup> The thalamus acts like a telephone switchboard, sending the signal to other parts of your brain where it is interpreted as pain. Then, your brain sends a corresponding signal back to the muscles in your arm, hand, and finger, instructing them to pull away from the source of the pain—the pin—to protect you from further harm.<sup>5</sup>



*In people with chronic pain, the way pain is processed works differently.*

*With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced.*

In people with chronic pain, the way pain is processed is different, causing a reduced tolerance for pain and, therefore, feeling the pain more strongly.<sup>8</sup> Nerve inflammation causes nerves to become hypersensitive. Damaged nerves send constant, non-stop pain signals which, in time, make the feeling of pain more intense. After awhile, even harmless stimulation of the affected nerves becomes painful. This causes the brain to overload with pain signals, and the suffering increases the sense of pain even more.

## The good news is, there is hope

With the proper treatment, the severity of pain, the frequency with which it occurs, and the duration of pain can be reduced so you can return to daily activities<sup>5</sup> and improve your quality of life. In fact, because pain has a psychological component, just getting back to a more normal routine can actually help to reduce your pain level.



Chronic pain can be effectively managed by using an approach that addresses all the aspects of what you are experiencing: physical symptoms such as trouble sleeping, emotional symptoms such as frustration over losing control, and psychological symptoms such as depression.<sup>5</sup> Difficulty sleeping (insomnia) is a common problem for people who have chronic pain. It occurs almost three times more frequently than in people who do not have chronic pain, and can make it even harder to function normally and enjoy life.<sup>9</sup>



Effective management of chronic pain may include the use of education, medication, and a combination of physical, occupational, and behavioral therapies to help you cope with, and overcome your pain.

Your healthcare professional will play an important role in helping you overcome your pain. Your healthcare professional may be a physician, a physician's assistant, or a nurse practitioner. He or she may work in a small practice or as part of a large group. Your healthcare professional may also be part of a larger pain management team working to help you better manage your pain. This team of healthcare professionals may include physicians, specialists, nurses, therapists, and pharmacists. You can learn more about how to effectively communicate with your pain management team in Fact Sheet 13 of the Emerging Solutions in Pain Patient Education Series.

*The process of healing begins by setting realistic goals for yourself.*

The process of healing begins by setting realistic goals for yourself, and making sure your family and friends know about them too.<sup>5</sup> For example, you may want to be able to run a marathon, but if it is currently too painful to walk, being able to walk around the block may be a more realistic goal. Once goals are reached, you can always set new ones. When setting goals, be careful not to put too many restrictions or demands on yourself or allow others to do so. Additional information about setting goals can be found in Fact Sheet 5 of the Emerging Solutions in Pain Patient Education Series.

*To be successful, you will want to, and need to, take an active role in your treatment plan.*

To be successful, you will want to, and need to, take an active role in your treatment plan. You can do this by giving clear and honest feedback to your pain management team about what you are feeling and how you are responding to the various treatments you are using. To help you get started, answer the questions below and share this information with your pain management team during your next visit.

**What does your pain feel like?** (example: sharp, stabbing, burning, throbbing, tearing)

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**How often does your pain occur?** (example: constantly, how many times a day)

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**When it occurs, how long does your pain last?** (example: how many minutes, hours, or days)

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**What activities (if any) seem to trigger your pain?** (example: coughing, sneezing, rising from a chair, rolling over in bed; doing chores)

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**What activities does your pain prevent or limit you from doing?** (example, work, hobbies, sports, chores, social activities, driving)

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**How does having pain make you feel?** (example: angry, frustrated, sad, alone, tired)

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**Do you want to tell your healthcare professional anything else related to your pain?**

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*Take these answers with you to your next scheduled appointment*

Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other **fact sheets** available in this educational series. Please discuss which may be suitable for you with your healthcare professional.

For additional information about understanding pain, visit these resources:

- The American Chronic Pain Association  
<http://www.theacpa.org>
- The American Pain Foundation  
<http://www.painfoundation.org>
- KidsHealth®  
<http://www.kidshealth.org/kid/talk/qa/pain.html>
- The National Cancer Institute  
<http://www.cancer.gov/cancertopics/understanding-cancer-pain>
- The National Pain Foundation  
<http://www.nationalpainfoundation.org>

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## Informed Consent

Opioids are the most widely prescribed treatments for many people with moderate-to-severe chronic pain.<sup>1</sup> For many people, opioids are effective in relieving pain so that you can have better functioning and a better quality of life. Flexible dosing options help opioids fit into your schedule to maximize compliance, which means that when you take the drug exactly as prescribed by your healthcare professional, you will be more likely to experience pain relief.<sup>1</sup> Your healthcare professional may be a physician, a physician's assistant, or a nurse practitioner. He or she may work in a small practice or as part of a large group. Your healthcare professional may also be part of a larger pain management team working to help you manage your pain. This team of healthcare professionals may include physicians, specialists, nurses, therapists, and pharmacists.



*There are benefits and risks associated with opioids, and it is important for you to understand these before you start treatment. This is known as informed consent.*

As with all medications, there are benefits and risks associated with opioids, and it is important for you to understand these before you start treatment. This is known as informed consent.

Side effects of opioids typically include those that may be unpleasant and bothersome, such as constipation, nausea, tiredness, confusion and difficulty thinking clearly, and a skin rash.<sup>2</sup> Some of these side effects may go away over time, some can be prevented, and most can be managed by your healthcare professional if they occur. Other side effects of opioids, such as difficulty breathing or slow, shallow breathing, occur rarely but can be serious and even life-threatening.<sup>1,3</sup> If you experience any of these potentially serious side effects, call 911 immediately and

then call your healthcare professional. For information on managing side effects, see Fact Sheet 3 of the Emerging Solutions in Pain Patient Education Series.

### **You have a right to the best possible pain relief**

The goal of your treatment is to reduce, and if possible eliminate, the chronic pain you are feeling so that you may return to some or all of your normal activities and have a better quality of life.<sup>4</sup> Everyone has a right to be treated appropriately for their pain,<sup>5</sup> and your healthcare professional is committed to doing everything he or she can to help.<sup>6</sup>

## **Informed consent is giving you the right information you need before you start treatment**

If you and your healthcare professional believe that treatment with opioids is right for you, one of the first things he or she will do is discuss all of the benefits and risks of the treatment with you.<sup>6</sup> This information will help you to understand how the treatment will work for you and help you make an *informed* decision. If you agree with the treatment your healthcare professional has recommended, you can then agree to have that care. That is what informed consent is all about—being able to make an educated choice about how you are treated for your pain.



### **Ask questions for clarity**

While you and your healthcare professional are discussing the benefits and risks of opioid treatment, do not be afraid to ask him or her to repeat something that has been said. It is also okay to ask for something to be repeated using different words so you can better understand what you are being told about your treatment. It may help to take notes yourself, or you may want to bring a friend or family member to just listen and take notes for

you. Anytime you think of a question you may have for your healthcare professional, jot the question down. Bring the questions with you to your next scheduled appointment.

*Informed consent is...  
being able to make an  
educated choice about  
how you are treated for  
your pain.*

### **Teamwork is the key**

The more you know about the treatment that your healthcare professional is recommending and how it will affect you, the easier it will be for you to play an active role in your care. This teamwork between you and your healthcare professional will help ensure that your pain is appropriately treated. There should always be an open line of communication and it works both ways—when you talk to your healthcare professional, and when he or she talks to you. More information about talking with your

pain management team is available in Fact Sheet 13 of the Emerging Solutions in Pain Patient Education Series.

Open and honest conversation and mutual respect will help you and your healthcare professional avoid misunderstanding.<sup>1</sup> This is especially important when you are being treated with opioids because they are controlled substances.<sup>6</sup> This means that they are regulated by legal authorities whose job it is to make sure opioids are not used for people or purposes for which they are not intended.<sup>7</sup>

To make sure that everyone—you and your healthcare professional—are in complete understanding about the responsibilities and expectations of your treatment with opioids, you may both sign a special document called an opioid treatment agreement.<sup>8</sup> This agreement explains all of the details of your treatment. This document will allow your healthcare professional to be confident about providing the care that you need, and you to be confident about getting the care that you deserve. For more information about opioid treatment agreements, see Fact Sheet 9 of the Emerging Solutions in Pain Patient Education Series.

### **Use these questions to get started**

Below are some questions you can ask your healthcare professional to make sure you get the information you need to make an informed decision about your treatment with opioids:

- What are the potential benefits I may get from opioid therapy?
- What side effects might I experience with opioid therapy?
- Will opioid therapy interact with other medications I am taking? (Be sure to tell your healthcare professional about all over-the-counter and prescription medications, herbal remedies, nutritional supplements, and vitamins that you are currently taking, even if you do not think of them as “medicines.”)
- Are there any other choices of medications or treatments to relieve my pain that may be a better choice?
- What else should I know about taking opioids?

The more you know, the better prepared you will be to make medication choices that will be right for you. The best medication choices are the ones you make as a team with your healthcare professional based on a clear understanding of the risks and benefits of your treatment. These are the choices that will help you reduce or eliminate your pain and get you back to doing things that you enjoy.



Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other **fact sheets** available in this educational series. Please discuss which may be suitable for you with your healthcare professional.

For additional information about informed consent, visit this resource:

- The American Pain Foundation  
<http://www.painfoundation.org/Publications/BORenglish.pdf>

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## Patient Pain Diary

Chronic pain can be difficult to live with. Fortunately, there are treatments that can help you manage your pain and can either reduce it, or in some cases possibly even eliminate it.<sup>1</sup> Communicating with your healthcare professional about your chronic pain is the key to developing an effective pain management plan.<sup>2,3</sup> Your healthcare professional may be a physician, a physician's assistant, or a nurse practitioner. He or she may work in a small practice or as part of a large group. Your healthcare professional may also be part of a larger pain management team working to help you manage your pain. This team of healthcare professionals may include physicians, specialists, nurses, therapists, and pharmacists.

*Every person experiences pain differently, just as every person responds differently to different pain treatments.*

The need for open, honest and respectful communication between you and your healthcare professional starts with your first office visit, and will continue for the life of your relationship. For more information on communicating with your pain management team, see Fact Sheet 13 of the Emerging Solutions in Pain Patient Education Series.

### **Diagnosis is your first step toward pain relief**

Before your pain can be treated, it must be diagnosed. Your healthcare professional will perform a thorough physical assessment to help determine exactly what is causing your pain, and to understand the characteristics that make your pain unique. Every person experiences pain differently,<sup>4</sup> just as every person responds differently to different pain treatments.<sup>5</sup> Knowing about your personal pain experience will enable your healthcare professional to work with you to design a treatment plan that best fits your needs.

During the physical assessment, your healthcare professional will take a detailed medical history.<sup>2</sup> He or she will also perform a physical examination and assess your pain according to several criteria. These criteria include finding out when your pain occurs, how bad it is, how long it lasts, where you feel it, what it feels like, and what makes it feel better and worse.<sup>2</sup>

When you have chronic pain, it can be difficult to remember the day-to-day details of what you are feeling. This information is exactly what your healthcare professional needs to know. For this reason, to get a better understanding of your daily pain experience, he or she may ask you to keep a pain diary.<sup>2,4</sup> More information about understanding pain is available in Fact Sheet 1 of the Emerging Solutions in Pain Patient Education Series.



*The pain diary helps you create a picture of your pain so your healthcare professional can learn more about your specific pain.*

### The pain diary helps you remember

The pain diary is a valuable tool for telling your healthcare professional how you are feeling throughout the day and night. It lets you describe what is happening while it is actually happening instead of trying to remember it later.<sup>4</sup> The pain diary helps you create a picture of your pain so your healthcare professional can learn more about your specific pain.<sup>3</sup> This will be helpful when he or she is choosing your therapies. The pain tracking information will help your healthcare professional determine what non-drug therapies to recommend and which pain medication to

prescribe and when and how often you should take it. Information about the types of pain medications is available in Fact Sheet 2 of the Emerging Solutions in Pain Patient Education Series.

Name \_\_\_\_\_  
 Day \_\_\_\_\_  
 Date \_\_\_\_\_

**1 DAILY PAIN CHART** Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.

PAIN LEVEL	10	Worst Pain																							
	9																								
	8																								
	7																								
	6																								
	5	X																							
	4																								
	3																								
	2																								
	1																								
	0	No Pain																							

**2 DAILY PAIN LOG**

MEDICINES: NAME/DOSE

#1	6am	7	8	9	10	11	12 pm	1	2	3	4	5	6pm	7	8	9	10	11	12 am	1	2	3	4	5
#2																								
#3																								
#4																								
#5																								

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain. You may also want to write notes about some of your answers on the previous page.

Your pain diary will help your healthcare professional decide what treatment is best for you and will discuss his or her recommendation with you. You might make entries hourly or just at certain times of the day.<sup>3</sup> As shown in this sample diary on the left, the hours of the day go from left to right. The level of pain you have goes from bottom to top, with “0” or “no pain” at the bottom and “10” or “worst pain imaginable” at the top. A simple way to fill out the diary is to make a mark, such as an “X,” where the line showing the current time meets the line showing the level of pain you are having at that time. In this example, the person was having level 5 pain at 6:00 in the morning.

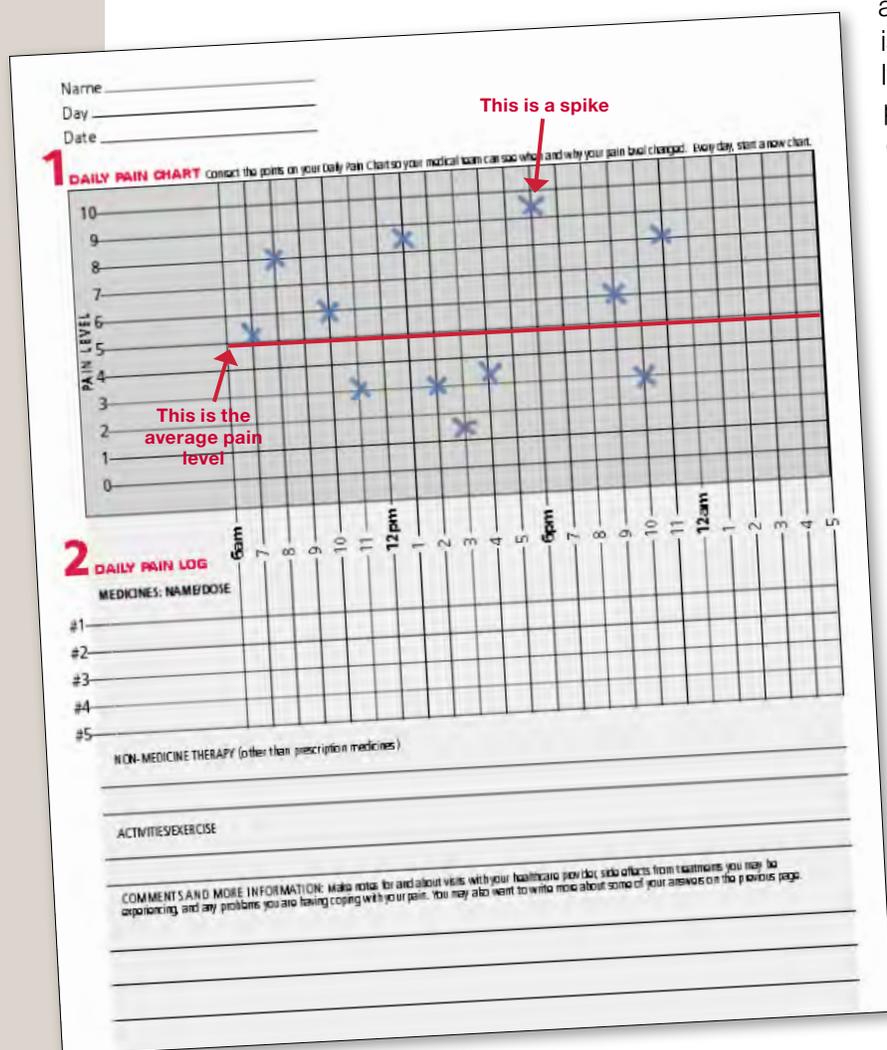
As each day progresses, you can see how keeping track of your pain when it is happening creates a picture of how you are feeling. In the sample diary below, you can see that the person's pain mostly goes up and down, creating an average of about 5. However, you can also see that the person did something at 3:00 in the afternoon that made the pain feel much better. The person also had a number of pain "spikes" throughout the day. These spikes are called breakthrough pain because they break through the medication being taken to relieve the persistent pain and cause a drastic increase in pain for a short time.<sup>3</sup>

Breakthrough pain is a flare of pain that rises above otherwise well-managed persistent pain and is characterized by its rapid onset, moderate-to-severe intensity, and relatively short duration, with a peak in as little as three minutes and lasting 30 to 60 minutes.<sup>9</sup> Breakthrough pain can happen on the spur-of-the-moment or it can be related to a certain activity, and it can become severe in as little as 3 to 5 minutes.<sup>6</sup> Each episode of breakthrough pain can last an average of 30 minutes,<sup>7</sup> and people can experience an average of 6 episodes of breakthrough pain a day.<sup>6</sup>

Sometimes at the beginning of pain treatment or sometimes after being on treatment for a long time, spikes of pain will occur right before the pain relief from the medication you

are taking begins to wear off. This is called end-of-dose failure pain. It is different from breakthrough pain. End-of-dose failure pain occurs at approximately the same time everyday and it is a good indication that you may need a stronger, a longer-acting, or a more frequent dose of analgesic medication. It usually indicates that your pain medication is no longer doing its full job.<sup>6-8</sup>

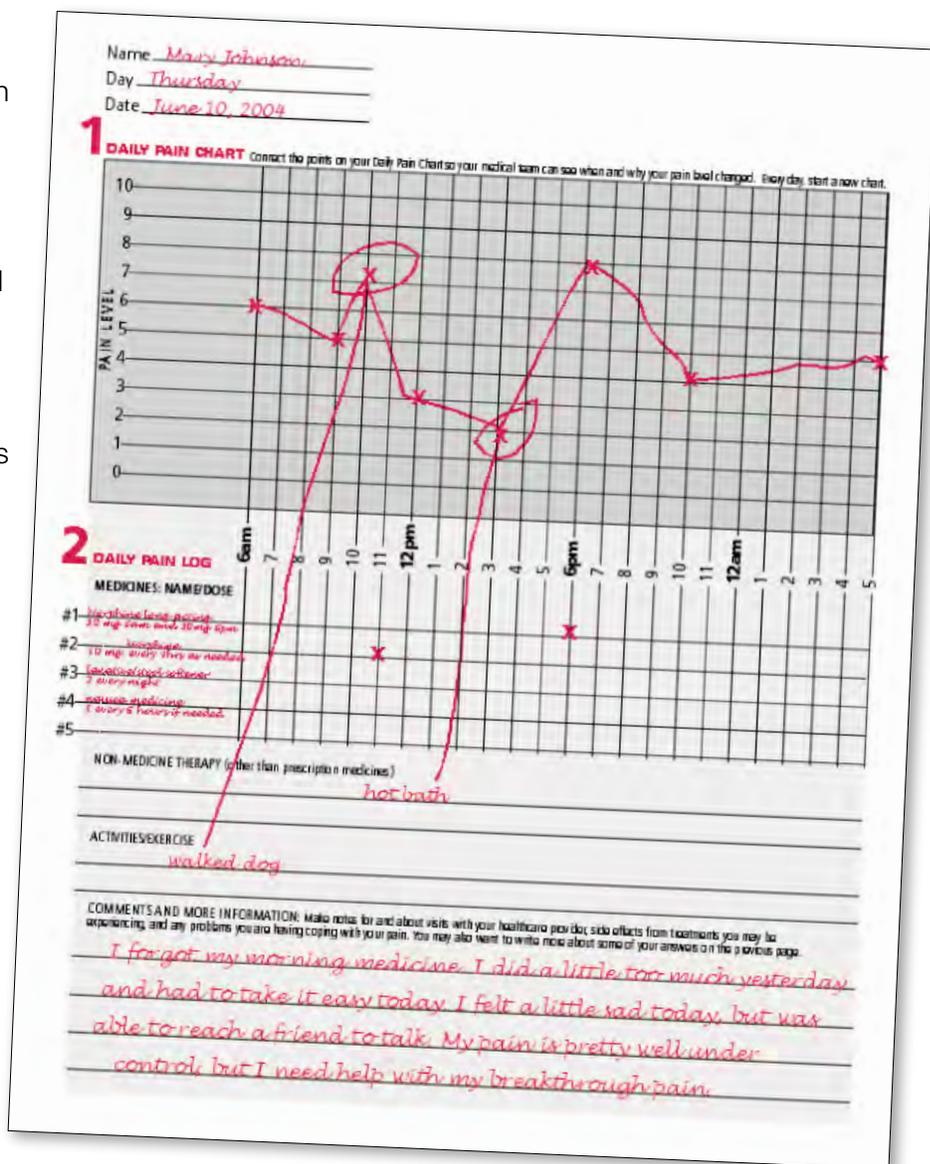
If this was your pain diary, your healthcare professional would look at the current dose of the all-day pain medication you are taking to see whether it may be wearing off at the times the breakthrough pain is occurring and is not lasting long enough to keep the pain under control. He or she might also ask you whether there is something you were doing at those times that may have caused your pain to get worse.<sup>6</sup> This is called incident breakthrough pain.<sup>6,7</sup> Your healthcare professional may also ask



about what you think made your pain get better, as was shown in this example.

Depending upon the characteristics of your chronic pain, your healthcare professional may ask you to keep a pain diary using more than just an "X." He or she may ask you to use different color pens or different marks to represent different kinds of pain or different locations where the pain occurs. In this case, you might have more than one mark at each time when you record pain in your diary.

As you can see, the patient pain diary is an excellent way to keep track of your pain. To help make the information in your diary more valuable, your healthcare professional may also ask you to keep a daily pain log.



*The pain diary is an excellent way to keep track of your pain.*

### The daily pain log makes your pain diary more helpful

The daily pain log is an extension of your pain diary. It helps to answer some of the questions your healthcare professional may have as he or she reads your pain diary.<sup>3</sup> The daily pain log is the place where you can record the medications you are taking and when you took them during the day. You can also write down events that may have caused your pain to get worse, such as moving a certain way, coughing, or going to the bathroom.<sup>6</sup> You can also make a note of times when you felt pain relief.<sup>3</sup> Above is an example of how a completed pain diary with daily pain log for one day might look.

## Start your diary right now!

Anytime is a good time to start your pain diary. Use the blank diary at the end of this document to start your diary right now. Ask your healthcare professional about the best way for you to record information in your diary. There is no right or wrong way to do it.<sup>3</sup> Even if you cannot use the diary every day, use it when you can. Even a little information will go a long way toward helping your healthcare professional help you to relieve your pain so you can feel better and have more ability to function.

Name Jane Doe  
 Day Thursday  
 Date December 9, 2007

**3 DAILY PAIN SUMMARY**

Did you have pain today?  NO  YES

Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?  
 NO  YES: What activities?  
 \_\_\_\_\_

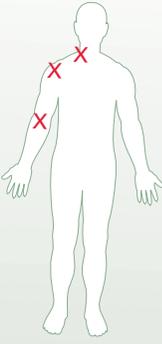
Did you take all your pain medicine today according to instructions?  NO  YES

Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain?  NO  YES

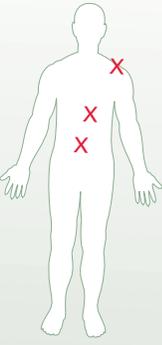
How many times did this happen today?  
 1  2  3  4  5  6  7  8  9  10 more than 10

Did any specific activity start your breakthrough pain?  
 NO  YES: What activities?  
walking my dog

Put an "X" on the body diagram to show each place you've had pain today.



Front



Back

What was your average level of pain today?  
 0 1 2  3 4 5 6 7 8 9 10

Other than prescription medicine, did you do anything else today to relieve the pain?  
 NO  YES (Check any that you used.)  
 Non-prescription drugs (e.g., acetaminophen, ibuprofen)  
 Herbal remedies  
 Hot or cold packs  
 Exercise  
 Changing position (such as lying down or elevating your legs)  
 Physical therapy  
 Massage  
 Acupuncture  
 Rest  
 Psychological counseling  
 Talk to trusted friend, family, clergy  
 Prayer, meditation, guided imagery  
 Relaxation technique (hypnosis, biofeedback)  
 Creative technique (art or music therapy)  
 Other (describe):  
took a hot bath

Check any of these common side effects that you've noticed after taking your pain medicine.  
 Drowsiness, sleepiness  
 Nausea, vomiting, upset stomach  
 Constipation  
 Lack of appetite  
 Other (describe):  
 \_\_\_\_\_

Did you skip any of your scheduled pain medicines today?  NO  YES: Why? I forgot

Did you call your doctor's office or clinic between visits because of pain?  NO  YES

Did you sleep through the night?  NO  YES  
 If not, how many times was your sleep disrupted?  
twice

How many hours did you sleep during the night?  
about 6 hours

Overall, are you satisfied with your pain management?  YES  NO (Explain what makes you satisfied or not satisfied. Use Log section.)

What pain level overall would you find acceptable?  
 0 1  2 3 4 5 6 7 8 9 10

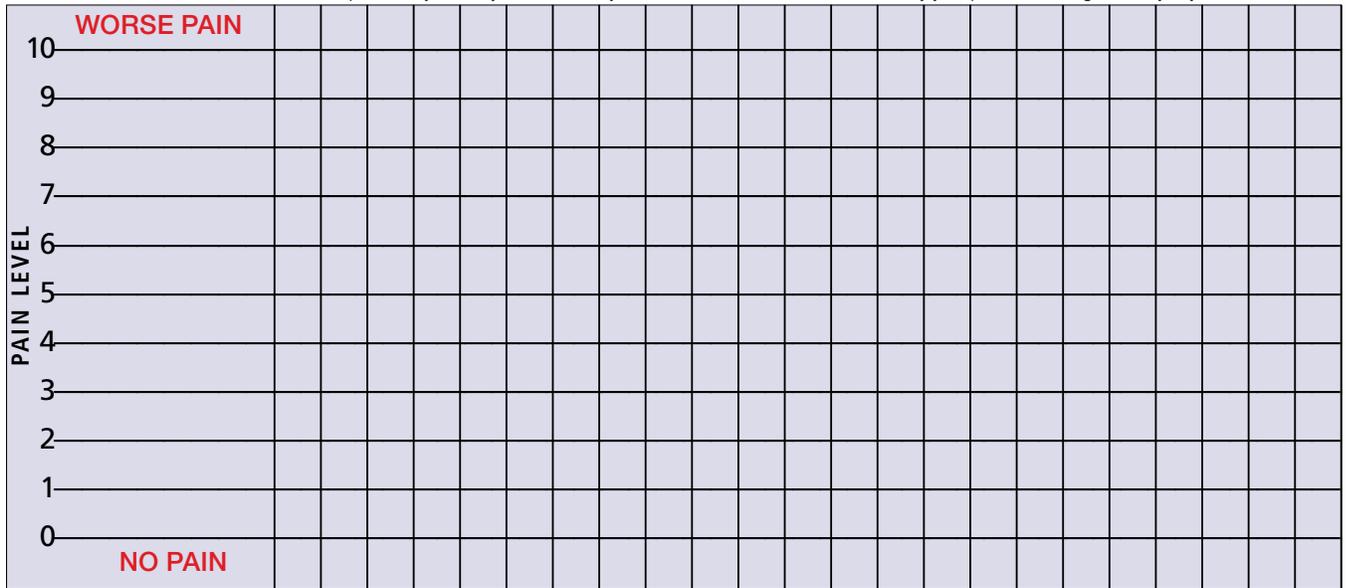
Name \_\_\_\_\_

Day \_\_\_\_\_

Date \_\_\_\_\_

# 1

**DAILY PAIN CHART** Connect the points on your Daily Pain Chart so your medical team can see when and why your pain level changed. Every day, start a new chart.



# 2

## DAILY PAIN LOG

MEDICINES: NAME/DOSE  
(insert # of pills taken)

	6am	7	8	9	10	11	12pm	1	2	3	4	5	6pm	7	8	9	10	11	12am	1	2	3	4	5
#1																								
#2																								
#3																								
#4																								
#5																								

NON-MEDICINE THERAPY (other than prescription medicines)

ACTIVITIES/EXERCISE

COMMENTS AND MORE INFORMATION: Make notes for and about visits with your healthcare provider, side effects from treatments you may be experiencing, and any problems you are having coping with your pain.

Source: American Pain Foundation's *Target Chronic Pain Notebook*.

Name \_\_\_\_\_  
Day \_\_\_\_\_  
Date \_\_\_\_\_

### 3 DAILY PAIN SUMMARY

**Did you have pain today?** \_\_\_NO \_\_\_YES

**Did you avoid or limit any of your activities or cancel plans today because of pain or changes in your pain?**

\_\_\_NO \_\_\_YES: **What activities?**

---

**Did you take all your pain medicine today according to instructions?** \_\_\_NO \_\_\_YES

**Even though you took your pain medicine for persistent pain on schedule, were there times during the day that you experienced unrelieved breakthrough pain?** \_\_\_NO \_\_\_YES

**How many times did this happen today?**

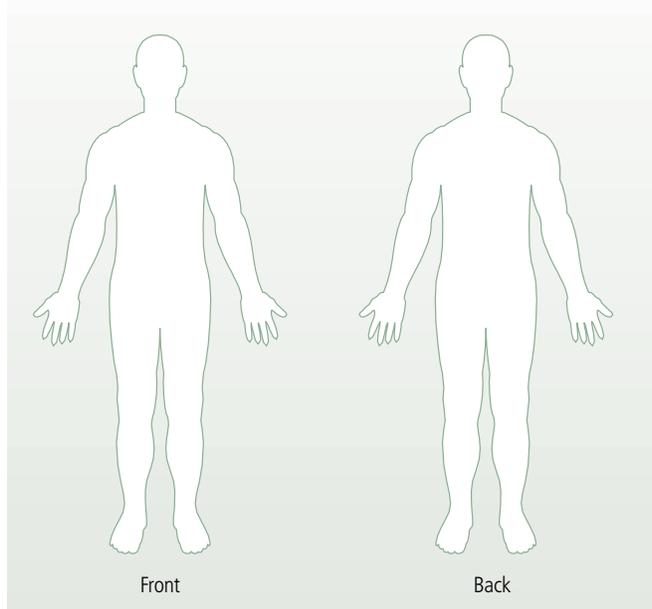
1 2 3 4 5 6 7 8 9 10 more than 10

**Did any specific activity start your breakthrough pain?**

\_\_\_NO \_\_\_YES: **What activities?**

---

**Put an "X" on the body diagram to show each place you've had pain today.**



**What was your average level of pain today?**

0 1 2 3 4 5 6 7 8 9 10

**Other than prescription medicine, did you do anything else today to relieve the pain?**

- \_\_\_ NO \_\_\_YES (**Check any that you used.**)  
\_\_\_ Non-prescription drugs (e.g., acetaminophen, ibuprofen)  
\_\_\_ Herbal remedies  
\_\_\_ Hot or cold packs  
\_\_\_ Exercise  
\_\_\_ Changing position (such as lying down or elevating your legs)  
\_\_\_ Physical therapy  
\_\_\_ Massage  
\_\_\_ Acupuncture  
\_\_\_ Rest  
\_\_\_ Psychological counseling  
\_\_\_ Talk to trusted friend, family, clergy  
\_\_\_ Prayer, meditation, guided imagery  
\_\_\_ Relaxation technique (hypnosis, biofeedback)  
\_\_\_ Creative technique (art or music therapy)  
\_\_\_ Other (describe): \_\_\_\_\_
- 

**Check any of these common side effects that you've noticed after taking your pain medicine.**

- \_\_\_ Drowsiness, sleepiness  
\_\_\_ Nausea, vomiting, upset stomach  
\_\_\_ Constipation  
\_\_\_ Lack of appetite  
\_\_\_ Other (describe): \_\_\_\_\_
- 

**Did you skip any of your scheduled pain medicines today?** \_\_\_NO \_\_\_YES: **Why?** \_\_\_\_\_

**Did you call your doctor's office or clinic between visits because of pain?** \_\_\_NO \_\_\_YES

---

**Did you sleep through the night?** \_\_\_NO \_\_\_YES

**If not, how many times was your sleep disrupted?**

---

**How many hours did you sleep during the night?**

\_\_\_\_\_ hours

---

**Overall, are you satisfied with your pain management?** \_\_\_YES \_\_\_NO (**Explain what makes you satisfied or not satisfied. Use Log section.**)

**What pain level overall would you find acceptable?**

0 1 2 3 4 5 6 7 8 9 10

Source: American Pain Foundation's *Target Chronic Pain Notebook*.

Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other **fact sheets** available in this educational series. Please discuss which may be suitable for you with your healthcare professional.

For additional information about assessing pain, visit these resources:

- American Pain Foundation  
<http://www.painfoundation.org/Publications/TargetNotebook.pdf>
- American Pain Foundation  
<http://www.painfoundation.org/>

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### Opioid Treatment Agreements

Opioids are the most widely prescribed treatment for people with moderate-to-severe chronic pain.<sup>1</sup> It is important to know that in rare cases, serious side effects can occur, especially if you have not been treated with opioids before or if you do not follow the prescribed dosing instructions. For more information about side effects, see Fact Sheet 3 of the Emerging Solutions in Pain Patient Education Series.

*Opioids are controlled substances which are regulated by federal and state laws.*

Like other prescription medications, opioids should only be taken as directed, and only by the person for whom they have been prescribed. This is especially important

because opioids are controlled substances, which means that they are regulated by federal and state laws. Opioids are classified as controlled substances because they have the potential to be misused or abused.<sup>2,3</sup>

Before a healthcare professional prescribes an opioid for your chronic pain, he or she will discuss with you the potential benefits and risks of taking the medication. He or she may also educate you by showing you a video, offering you a booklet or fact sheet, such as this one, or directing you to an educational website.<sup>2</sup> This will enable you to make an informed and educated choice about whether opioids are right for you. This is called “informed consent,” which is explained in detail in Fact Sheet 4 of the Emerging Solutions in Pain Patient Education Series.

Your healthcare professional will first explain the potential benefits and risks of opioid therapy to you. He or she may then ask that you both sign an agreement that outlines both you and your healthcare professional’s responsibilities.<sup>4</sup> This agreement is often called an “opioid treatment agreement,” but it may also be simply called a “treatment agreement.” This document is sometimes referred to as a “contract,”<sup>4-7</sup> even though it is not legally binding.<sup>6</sup>

*An opioid treatment agreement forms the foundation of how you and your healthcare professional will work together.*

Regardless of what it is called, an opioid treatment agreement forms the foundation of how you and your healthcare professional will work together.<sup>4</sup>



## Opioid treatment agreements establish expectations

When you are being treated for chronic pain with opioids, the partnership you develop with your healthcare professional will be the key to the success of your treatment.<sup>4</sup> With this partnership comes certain expectations.



- You should expect that your healthcare professional will take seriously how you say your pain feels, and that you will be treated with dignity and respect.<sup>8</sup>
- Your healthcare professional should expect that you will take your medication as prescribed, and that you will be open and honest about your pain and its treatment at all times.<sup>4</sup>

## Opioid treatment agreements outline responsibilities

The opioid treatment agreement identifies both your responsibility to your healthcare professional and your healthcare professional's responsibility to you. Your responsibilities include using only one physician and only one pharmacy for opioid prescribing and dispensing. Scheduling and attending office visits to review your treatment plan and to obtain prescriptions for medication refills are also your responsibility. You should also give your healthcare professional permission to speak with the appropriate people, including your family, for the benefit of your treatment. It is also your responsibility to bring your medications in their original bottles to each office visit. Your healthcare professional's responsibilities include prescribing opioid medication refills only during regular office hours, and assessing, reassessing, and monitoring your treatment progress.<sup>4</sup> Your healthcare professional is also responsible for referring you for care to another specialist for consultation or treatment, if the medical need should arise. These specialists may include, but are not limited to, physical therapists, psychologists, or psychiatrists.

*Use only one physician and one pharmacy for opioid prescribing and dispensing.*

*It is important to know that your healthcare professional cannot just stop taking care of you.*

Sometimes a pain practice includes a full complement of specialists that other medical practices do not have. If you're seeing a healthcare professional who is not part of such a practice, he or she may refer you to a specialist in your geographic location. If you reside in an extremely rural location, your healthcare professional may only have access to other medical consultation by using the Internet. It is also the responsibility of your healthcare professional to coordinate and communicate with the other members of your pain management team and discuss the results of the communications with you.

Healthcare professionals also need to know when treatment is not working and when to refer you for other treatment options. The opioid treatment agreement should also address the circumstances under which your relationship with your healthcare professional will end. The reason healthcare professionals may end the relationship is generally due to criminal activity associated with inappropriate use of your prescribed opioid. However, there may be other reasons, such as ineffective response to treatment, which means that the drugs are not reducing your pain after several trials of opioids. It is important to know that your healthcare professional cannot just stop taking care of you. He or she must offer you an alternative to their own care and provide you with adequate medication until the new care plan begins.

### **Opioid treatment agreements define key words**

To make sure that there is no misunderstanding, your opioid treatment agreement should also define key words that are often referred to when talking about opioid prescriptions:

- **Addiction**—a chronic disease characterized by compulsive opioid use despite personal harm.<sup>1,4</sup>
- **Tolerance**—a state of adaptation to opioid use over time, resulting in the need for more medication to achieve the same level of pain relief.<sup>1,4</sup>
- **Physical dependence**—a state of adaptation to the drug in which withdrawal symptoms occur when the opioid is stopped suddenly or the opioid dose is rapidly decreased.<sup>1,4</sup>

*Tolerance and physical dependence are NOT the same as addiction.*

The important thing to know is that tolerance and physical dependence are NOT the same as addiction.<sup>1</sup> They occur because of chemical changes in the brain that happen when opioids are taken for long periods of time. Healthcare professionals know how to tell the difference between tolerance, physical dependence, and addiction. Addiction rarely occurs in people taking opioids as prescribed for moderate-to-severe chronic pain.<sup>1</sup>



### **Opioid treatment agreements set boundaries**

Opioids are controlled substances. Therefore, their use by anyone other than the person for whom they are prescribed is off limits.<sup>4</sup> Because this is such an important point, boundaries outlining the appropriate and inappropriate use of opioids are often written into the opioid treatment agreement. The consequences of inappropriate use should also be included. This way, everyone knows the boundaries, regardless of whether they would ever cross them. For this reason,

your opioid treatment agreement may also include a section about having random urine tests and/or pill counts.<sup>4</sup> It is important to understand that you are not being punished by using this document. Instead, by documenting your treatment, your healthcare professional can continually monitor the effectiveness of your treatment so that you receive the best possible care for your chronic pain. Your healthcare professional will be able to provide this care not only in terms of pain relief and safety, but also in adherence to the laws and regulations surrounding the use of all opioid medications.<sup>2,5</sup>

*Everyone who is treated with an opioid should expect to be asked to sign an opioid treatment agreement.*

### **Opioid treatment agreements are for everyone**

Just as every person has a right to effective pain management,<sup>8</sup> everyone who is treated with an opioid should expect to be asked to sign an opioid treatment agreement.<sup>7</sup> It does not mean that your healthcare professional thinks you may abuse or misuse your medication. Actually the opposite is true. Your healthcare professional knows that the likelihood of you abusing your opioids is very small,<sup>1</sup> and that even people who abuse drugs have a right to receive effective pain management.<sup>8</sup> The opioid treatment agreement between you and your healthcare professional is a promise of partnership in which everyone agrees to be open, honest, and respectful to ensure that your treatment program stays on track to help you reach your pain management goal. Patients who are willing to sign an opioid treatment agreement are less likely to abuse or misuse their medication and are more likely to follow the rules of the treatment agreement and to feel better.<sup>7</sup>

Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other **fact sheets** available in this educational series. Please discuss which may be suitable for you with your healthcare professional.

For additional information about opioids, visit this resource:

- The American Pain Foundation  
<http://www.painfoundation.org/Publications/BOREnglish.pdf>

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## Safe Medication Use

Chronic pain can affect you in many ways,<sup>1</sup> making it difficult to enjoy life and do the things you need and love to do. Fortunately, today there are many different medications available that effectively treat pain.<sup>2</sup> Although it may not be possible to completely eliminate your pain, an individualized treatment plan created specifically for you by your health care professional may significantly reduce your pain and enable you to return, sometimes in a modified way, to doing many normal activities.<sup>2,3</sup> Pain medications will likely be the main part of the treatment plan and can help relieve symptoms to make you more comfortable and improve your ability to function.<sup>2</sup> Being able to do things again, even in a limited fashion, will also help improve your physical, emotional, and psychological well-being.<sup>3</sup> More information about the different types of pain medications is available in Fact Sheet 2 of the *Emerging Solutions in Pain Patient Education Series*.

### Safe Use of Your Medication<sup>4</sup>

Pain relief treatments come in many forms and potencies, are available by prescription or over-the-counter (OTC), and treat all sorts of physical pain—including that brought on by chronic conditions, sudden trauma, and cancer.

*You need to make sure that your health care team knows about all medications you are taking.*

Your doctor needs to know about the cause and severity of your pain, your medical and family history, your current medications and known allergies, as well as your treatment goals, before recommending or prescribing a medication or a combination of medications.

To ensure that this treatment plan is specific to your needs, you need to make sure that your health care team knows about all medications you are taking. This includes prescription and over-the-counter medicines, as well as dietary supplements such

as vitamins and herbs.

Keep a written record of all of your medicines and supplements with you to show your doctor. Make sure your doctor also knows about any allergies and adverse reactions you have had to medicines. Your doctor needs all this information to prescribe the right medicines for you to ensure that you get the best possible care.



*Never share your pain medications with anyone else.*

It is also very important that you understand as much as possible about your medications. Ask for information about your medicines in terms that you can understand—both when your medicines are prescribed and when you receive them. Here are some examples of questions you should ask:

- What is the name of the medicine? What is it for?
- How am I supposed to take it, and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink, or activities should I avoid while taking this medicine?
- Where can I find out more about this medicine?

Pain medications are safe and effective when they are used as directed. However, not following directions of these drugs can be extremely harmful and even deadly.

Never change the dose of your pain relief medication without talking to your doctor, nurse, or pharmacist first. Information on communicating with your pain management team is available in Fact Sheet 13 of the *Emerging Solutions in Pain Patient Education Series*.

It is very important to never share your pain medications with anyone else. Only your health care professional can decide if a prescription pain medication is safe for someone.



**Here are some key points to remember:**

- Taking a higher dose than what is recommended for you will not provide more pain relief and can be very dangerous.
- Always take the medication in the way outlined on the label. Do not crush or break open the capsule as this can lead to harmful effects or even overdose.
- For example,
  - Taking too much acetaminophen, such as Tylenol, can lead to liver damage and death.
  - Taking too many non-steroidal anti-inflammatory drugs such as aspirin, ibuprofen or naproxen sodium, can cause bleeding in the stomach or kidney damage.
  - Taking too much opioid can cause drowsiness, overdose, or death.
- Do not suddenly stop your medication unless advised by a health care professional. Always talk to your doctor first. Your health care professional can work out a plan to gradually reduce the medication.



A specific area of concern with any pain medications you may purchase over-the-counter (OTC) is that it may contain the same drug as what you are already taking. A cold and cough remedy may have the same active ingredient as a headache remedy or a prescription pain reliever.

To minimize the risks of an accidental overdose, always read the ingredients listed on the package before you purchase or take any OTC medicines.

If you have any concerns or doubts, please talk with your pharmacist or another health care professional about any questions you may have about using OTC medicines, and especially before using them in combination with dietary supplements or other OTC or prescription medicines.



*Theft of a prescription controlled substance is a serious problem and you can help stop this issue by safely storing your medicines.*

### **Safe Storage of Medications**

It is very important for you to organize and keep track of your pain medications. Do not have them stored in many different locations such as the medicine cabinets, kitchen cabinets, and bedroom drawers. Keep them in a safe and secure location where a pet, child, teenager or even a stranger cannot get easy access to them. It is important to ensure that your pain medications do not cause an accidental injury or are possibly abused or sold as an illicit drug. Theft of a prescription controlled substance is a serious problem and you can help stop this

issue by safely storing your medicines.

### **Here are some key steps to ensure your medications are safe:**

1. Know all the medications you have. Keep regular logs of remaining quantities.
2. Check the expiry dates and condition of your medications. You do not want to take expired medicines or medicines that look different than how they are supposed to look, for example, changing color, shape or texture.
3. Keep the medicine in the container in which it was dispensed to you to ensure you have all the information readily available on how to take them and the expiry date. Sometimes medicines need to be protected from light so they will come in an amber colored container. Never mix different medicines into one container, for example when traveling, as this may cause an interaction between the different drugs which may be harmful to you or you may accidentally take the wrong drug.



4. Store your medicines in a cool, dry area that is safe and secure or as directed by the label, patient information, or your pharmacist. For example, some medications may need to be kept in a refrigerator. Humidity and heat can spoil medicine, so bathroom cabinets may not be the best storage location unless it is well ventilated.

5. It is also advisable to lock your medications away (a cabinet or a drawer that can be locked would be a good spot) so that a pet, child, teenager or stranger cannot get access to them.
6. Remember to also keep your medications separate from your spouse or partner to prevent from accidentally taking the wrong drug.

### **Be Aware of Misuse and Abuse<sup>6</sup>**

Misuse and abuse of pain medications can be extremely dangerous. This is especially true for pain-relieving opioids. These medications should be stored in a place where they cannot be stolen. You have the power to help prevent your medicines getting into the wrong hands.

An opioid analgesic when taken exactly as prescribed by your health care professional is very safe, and can be the best choice to help relieve your pain.

The use of opioids for reasons other than pain relief, that is the abuse of opioids, is a significant public safety concern. People who abuse these medications do so because of a medical condition called addiction. Addiction means that they use the drug despite personal harm to themselves, they have a compulsive use, they have a strong craving for the drug, and they have a loss of control over the drug. They use the drugs in different ways than was intended, for example, they ingest these drugs orally and also crush the pills in order to snort or inject them. Addiction is just one serious danger of opioid abuse. Others choose to sell these drugs illegally on the street to people who may be addicted. A number of medications are abused including pain relievers, tranquilizers, stimulants such as methamphetamine and sedatives. Opioids are the most frequent pain relievers which are misused or abused. A number of overdose deaths have resulted from snorting and injecting opioids which were not designed to be used this way.



*You have the power to help prevent your medicines getting into the wrong hands.*

**Here are some ways that you can help this serious issue of abuse:**

**1. Use your medications in the right way.**

Always take your medications as directed. Opioids can cause significant side effects, including drowsiness, constipation and depressed breathing, depending on the amount taken. Taking too much could cause severe respiratory depression or death. Do not crush or break pills. This can alter the speed at which the medication is absorbed and lead to overdose and death. Don't mix opioids with alcohol, antihistamines, barbiturates, or benzodiazepines. All of these substances slow breathing and their combined effects could lead to life-threatening respiratory depression.

**2. Keep your medications safe.** Always store your medications in a lockable, cool, dry, and safe place to prevent your medications from going bad, or being accessed by a pet, child, teenager or even a stranger. This will also prevent an accidental overdose or misuse of your medications.

**3. Speak with your health care professional.** Always tell your health care professional about any past history of substance abuse. All patients treated with opioids for pain require careful monitoring by their health care professional for signs of abuse and addiction, and to determine how to best individualize their treatment plan to ensure they get the right care.



*All patients treated with opioids for pain require careful monitoring by their health care professional.*

**Disposal of Your Unused Medication<sup>5</sup>**

Unfortunately, not all of the pain medications may be right for you, and your doctor may have to prescribe a few different medications before finding the right one that suits you. If you have medications in your medicine cabinet, home, or purse that you no longer require because you have been changed to a different drug or if you are now pain-free and no longer require medication, then it is important to dispose of them as early as possible in the correct manner.

Do not flush your drugs in the toilet unless you have been advised that this is okay. Drugs are often reviewed by the FDA on how the drug's use would effect the environment. So those drugs that instruct you to flush them down the toilet or wash down the kitchen sink have been reviewed to determine that flushing is the best method of disposal. About a dozen drugs, such as narcotic pain relievers and other controlled substances, carry instructions for flushing to reduce the danger of accidental use or overdose and illegal abuse. For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug.

- Never give pain medications such as opioid drugs to friends or family. Your doctor prescribed that drug based on your specific symptoms and medical history. A drug that works for you could be very dangerous for someone else.
- If you are unsure about how to dispose of your leftover medications, you could always talk to your pharmacist. Information on communicating with your pharmacist is available in Fact Sheet 12 of the *Emerging Solutions in Pain Patient Education Series*.
- Most drugs can be thrown in the household trash, but please take certain precautions before tossing them out.



*If you are unsure about how to dispose of your leftover medications, talk to your pharmacist.*

**Here are some simple directions on how to dispose of your unused medications:**

- Remove all labeling including your name and the drug name – this will help protect your identity and the privacy of your personal health information.
- Review the instructions of the medication label or the accompanying patient information fact sheet on any specific instructions on the best method of disposal.
- Only flush drugs in your toilet if the label or information says it is okay to do so.
- If there are no instructions for disposal, then remove all the drugs from their original containers and place them in a sealable bag (such as a sandwich or freezer bag) to prevent the medication from leaking or breaking out of the garbage. Before sealing the bag, add an undesirable substance such as coffee grounds, kitty litter, used baby diapers, leftover food scraps, or cut open tea bags and mix these together with the drugs before sealing the bag and throwing it in the trash. This will make the medication less tempting to children or pets and unrecognizable to people who may intentionally search through your trash.
- Some county governments or cities offer a drug take-back program where you can take your unused leftover medication to a central location for the appropriate disposal.

Opioid medications are the most effective pain relievers available and are very safe when used as prescribed by your health care professional. You can help the safe use of medicines by following the suggestions and information in this fact sheet.

Although it may not be possible for your pain to resolve completely, with commitment and persistence you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other fact sheets available in this educational series. Please discuss which of them may be suitable for you with your health care professional.

For additional information about safe use of your pain medications, storage and disposal, visit these resources:

- American Pain Foundation  
[www.painfoundation.org/learn/publications/files/PainResourceGuide2009.pdf](http://www.painfoundation.org/learn/publications/files/PainResourceGuide2009.pdf)
- American Chronic Pain Association  
[www.theacpa.org](http://www.theacpa.org)
- The American Society of Anesthesiologists  
[www.asahq.org/patientEducation/managepain.htm](http://www.asahq.org/patientEducation/managepain.htm)
- Familydoctor.org  
<http://familydoctor.org/online/famdocen/home/common/pain/treatment/122.html>
- The National Cancer Institute  
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- The National Institute on Drug Abuse  
[www.nida.nih.gov/Infofacts/Painmed.html](http://www.nida.nih.gov/Infofacts/Painmed.html)
- The National Library of Medicine/The National Institutes of Health  
[www.nlm.nih.gov/medlineplus/painrelievers.html](http://www.nlm.nih.gov/medlineplus/painrelievers.html)
- The National Pain Foundation  
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- The FDA Consumer Updates  
[www.fda.gov/ForConsumers/ConsumerUpdates/ucm095673.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm095673.htm)  
[www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm)

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