



# Managing chronic pain

Over 125 million people live with chronic pain. It is the most common reason people see their healthcare professional.

This brochure will help you learn more about treatment goals and options and how to avoid relying on opioid pain medications that can be addictive.



Balanced information for better care



## What else can I do?

Participation in many activities may help with your pain. These include:

- exercise
- meditation
- weight training
- acupuncture
- yoga
- self-management programs
- tai chi
- massage

Discuss these activities with your healthcare professional before starting.

The most sensible aim of treating chronic pain is enabling you to function at your best—**not** totally eliminating all discomfort. So include these kinds of goals in your management plan:

1. If you could be more able to do one thing for yourself, what would it be?
2. What activities do you need help to perform that you'd rather be able to do for yourself?
3. What are your concerns about functioning your best at work, home, or in leisure activities?
4. What could help you be more independent?

## What are opioids?

Opioids are powerful prescription painkillers derived from or related to morphine.

Commonly prescribed opioids include:

- hydrocodone (Vicodin and others)
- oxycodone (Percocet, Oxycontin, and others)
- methadone
- codeine and many others

These drugs can sometimes help reduce pain, but also carry important risks.

## Side effects of opioids

Taking opioids may cause:

- constipation
- unsteadiness on your feet
- tiredness
- itching
- nausea or vomiting

## Other serious risks of opioids

The risks of opioid drugs increase with longer use and higher doses, but can occur at any point:

- addiction
- overdose, which may be fatal
- falling and breaking a bone
- reduced male hormones

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**Visit [AlosaHealth.org/Pain](https://www.AlosaHealth.org/Pain)**

for links to your local Area Agency on Aging and other resources.

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## Reducing or stopping opioids

Opioids can reduce pain in the short term, but are usually not recommended for long-term use unless a person has cancer. For everyone else, it is healthier to stop using opioid medications as soon as possible.

Your healthcare professional may recommend that you taper (gradually lower) your daily dose. Most patients do not have increased pain and report feeling more active after stopping their opioid.



**Talk to your healthcare professional if you have side effects or no longer feel better on opioids.**

## Other medication options to treat pain

There are many options for managing pain. Your healthcare professional may recommend a different medication, either prescription or over-the-counter. The specific choice will depend on the kind of pain you have. Depending on the nature of your pain, there may be non-addicting ways to manage it.

## Naloxone can prevent overdose

Naloxone (e.g., Narcan) can reverse the effects of taking too much opioid, and can prevent overdose death from opioids. Talk to your healthcare professional or pharmacist to learn more.

## Opioid prescriptions: Protect yourself

### 1. Combinations can be dangerous.

Talk to your healthcare professional if you are also using:

- alcohol
- sleeping pills
- antianxiety medications
- opioids prescribed by someone else

### 2. Do not exceed the prescribed dose.

### 3. Keep track of when you take a dose.

### 4. Report side effects to your healthcare professional.

### 5. Do not drive after taking an opioid.

### 6. Do not share your medication with others.

What works for you may be too much for someone else.

## Protect your family

### 1. Secure your pain prescriptions.

Store all opioids in a locked place.

### 2. Throw 'em out!

No longer taking opioids?

- Flush them down the toilet, or
- Mix with an unappealing substance like used coffee grounds or kitty litter and put in the trash, or
- Discard in medication return bins at local pharmacies or police stations, or
- Watch for a drug “take back” event in your area.

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**These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.**

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