



Safe treatment of acute pain

Most kinds of acute pain get better quickly on their own, or with safe medicines and non-drug treatments. But too many Americans receive prescriptions for opioid medications that have a high risk for addiction. This brochure will help you understand your treatment options for managing acute pain from an injury such as a broken bone, a sprain, or after surgery.



Balanced information for better care

Protect your family

Leftover pills from an opioid prescription can increase the risk of addiction and accidental overdose in patients and family members. Extra pills are also an opportunity for misuse. Many people who misuse opioids first got them from a family member or friend.

1. Secure your pain prescriptions.

Store all opioids in a locked place.

2. Never share an opioid prescription with anyone else.

It could cause them harm.

3. 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.

Resources in Pennsylvania

For links to find medication return bins ('drop boxes') and addiction resources visit:
apps.ddap.pa.gov/GetHelpNow/Index.aspx

Most forms of acute pain improve, *often with out any prescription medication*

Often, the goal is not to be totally free of all pain, but to be able to perform your usual activities as fully as possible as the discomfort improves.

Your healthcare professional can evaluate your acute pain and help you manage your symptoms while you improve. Sometimes, additional testing or more aggressive treatment may be needed, for unusual or especially severe pain symptoms.

When does acute pain become chronic pain?

Although most acute pain gets better, when pain lasts longer than 3 months or longer than the expected time of healing, then it's considered chronic pain.

If you are being treated for acute pain, follow up regularly with your healthcare professional to be sure that your pain and function are improving normally, so your treatment can be changed if it isn't.

Treatments for acute pain will vary based on the cause

Combining non-drug and drug options is often the most effective way to reduce pain and speed recovery. Many options for acute pain don't involve taking a medication:

- Rest, Ice, Compression, Elevation ("RICE") for sprains and strains
- heat (warm compresses)
- physical therapy
- exercise

Several choices can relieve acute pain without resorting to drugs with a high risk of addiction, like opioids

When medication is needed, there are several non-opioid options that work well.

Many don't require a prescription:

- NSAIDs like naproxen (Aleve, Naprosyn, and generics), or ibuprofen (Advil, Motrin, and generics)
- acetaminophen (Tylenol)
- topical treatments (e.g., diclofenac, lidocaine patches)

Ask your healthcare professional which of these options is best for your type of pain.

Despite this, some patients with acute pain are prescribed opioids. While these medications can relieve pain, opioids also cause side effects and have a high risk for addiction.

Opioid side effects

- possible addiction
- constipation (can be severe)
- tolerance (the drugs work less well over time, requiring higher doses)
- confusion
- dizziness
- nausea
- unsteadiness
- itchiness
- problems with erections
- withdrawal symptoms after stopping

Opioids are often no more effective than other treatments like acetaminophen (Tylenol) and anti-inflammatory medications like ibuprofen (Advil) or naproxen (Aleve) for many types of acute pain.

If your doctor prescribed an opioid, **take only the smallest amount necessary** to relieve the pain, and stop it as soon as you can, while continuing other pain management treatments.



DO NOT take opioids with alcohol, sedatives, or sleeping pills.

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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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