

## Spotlight on...

# painkillers

Chances are every one of us has reached for the paracetamol when a headache kicks in. One or two can be harmless enough, but what if you take these drugs every day to control your arthritis pain? **Minal Chande** investigates

**P**ainkillers are drugs that ease pain and can be a lifeline for many people with arthritis. 'Painkillers are very useful for relieving pain and the knock-on effect of doing that is to improve a person's mobility and help them to do exercises to keep their joints and muscles strong,' says Rob Hicks, a GP. 'They are not used to medically treat depression, but a knock-on effect means that people feel less depressed as a result of the pain relief.'

Painkillers – also known as analgesics – do not reduce the inflammation in the joints that most people with arthritis experience. 'Painkillers will not cure the disease,' warns Dr Hicks.

Paracetamol is the most readily available and commonly used painkiller by people with arthritis, and is available over the counter without a prescription. It is thought to work by blocking the passage of

chemical messengers (prostaglandins), produced when your joints become inflamed or damaged, to the brain.

A prescription is required to take stronger painkillers as these are made up of powerful chemicals known as opiates. Opiates are derived from the opium poppy and chemically processed into drugs such

as (in increasing strength) codeine, morphine and heroin.

Opioid painkillers work by imitating the body's own morphine-like endorphins (natural painkillers produced by the body) and are generally only used during periods of intense pain as these chemicals can have harmful effects on the body if they are not carefully prescribed.

As well as taking painkillers, another way people with arthritis medically control their pain is by using non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen. Whilst painkillers are a class of drugs designed purely for pain relief, the main role of NSAIDs is to reduce inflammation, which in turn relieves pain.



### Some of the most common painkillers used for arthritis pain

Brand name	Drug name	Availability
Alvedon, Panadol,	Paracetamol	Over the counter
Panaleve, Paramol, Remedeine	Paracetamol with dihydrocodeine tartrate (co-dydramol)	Depends on the dose of codeine. All listed are available over the counter except Remedeine and Solpadol which contain a high dose of codeine.
Paracodal, Panadol Ultra, Solpadol	Paracetamol with codeine (co-codamol)	
Cosalgesic, Distalgesic	Paracetamol with dextropropoxyphene (co-proxamol)	Prescription only
Dromadol, Tramake, Zamadol, Zydol	Tramadol	Prescription only – very strong painkillers
Meptid	Meptazinol	
Diconal	Dipipanone	
Fortral	Pentazocine	

Like paracetamol, NSAIDs work by blocking the body's production of prostaglandins, but they work near the site of the pain to reduce swelling rather than on the brain. Some people might not be able to take NSAIDs because of allergies or stomach problems. Although NSAIDs are sometimes grouped with painkillers, they are not part of this drug class.

The effectiveness of a painkiller depends very much on the individual according to Dr Hicks. 'Paracetamol does work for some people whereas in others NSAIDs or a combination of both are more effective.'

It also depends on how severe the arthritis is,' he says.

Chris Jones takes painkillers alongside his NSAIDs. He has osteoarthritis and was prescribed co-dydramol, a combination of paracetamol and an opioid, by his GP. 'Once the painkillers kick in, which takes about 20 minutes, I have reasonable relief for about 30 minutes to an hour,' he says.

When Kathleen Pemberton was diagnosed with breast cancer she was no longer able to take her usual medication for rheumatoid arthritis. 'I had to rely solely on ibuprofen and paracetamol for pain relief. I took the maximum doses, but they didn't really control the pain,'

she says. 'I also found I was constipated a lot.'

People do not always take the right dose of paracetamol, claims Dr Hicks. 'Some people take one or two paracetamol tablets once or twice a day. For real benefit you need to take the full dose – two tablets four times a day,' he states. 'Many people are frightened that if they use the full dose their body will become used to it and they won't be able to use it again. In fact, with paracetamol and anti-inflammatories, there is a therapeutic dose that works, and anything less is unlikely to have as much or any benefit.'

'People who take paracetamol rarely get side effects. But one of the risks is accidental overdose,' says Dr Hicks. There is a risk of liver damage or failure if paracetamol is taken in large quantities – this risk is increased in people who drink three or more alcoholic drinks a day.

Many people do not realise that paracetamol is found in combination with other active ingredients in many cold, sinus, and cough medications, such as Lemsip and Beechams. You should always check the label and also keep a list of all the drugs you are taking, including herbal or nutritional supplements.

It is very important to follow the instructions. 'Always read the information leaflets and keep an eye out for side effects,' says Dr Hicks. 'You should seek advice from the pharmacist, GP or hospital specialist on the most appropriate medication, particularly if you are taking other medicines or have other health conditions,' he cautions.

Your doctor can also advise if your painkiller doesn't seem to be working. With a lot of drugs you need to avoid

alcohol and/or take them with food to minimise the chance of side effects. Some of the stronger opioid painkillers may be associated with undesirable side effects, such as constipation and nausea. There is also a risk of addiction so opioid painkillers are usually only prescribed for short-term use.

### Safe use of painkillers

- Keep a list of all drugs and supplements you are taking
- Consult your doctor if the pain does not go away after a few days. You should also visit a doctor if over-the-counter medications are not working or in case of any side effects
- Follow the instructions for taking your medication, keeping to the correct dose and times, and noting whether your tablets are best taken with or without food, and whether you need to avoid alcohol
- If you miss a dose, don't try to catch up by taking more next time
- Be careful not to accidentally overdose – for example by taking too many other preparations containing paracetamol such as Night Nurse


Finding a painkiller that works for you might not be the end of the story, as many people recently discovered. In January 2005, the Medicines and Healthcare products Regulatory Agency (MHRA) announced the phased withdrawal of co-proxamol due to concerns about overdosing. Co-proxamol is a mixture of

paracetamol and an opioid and can prove to be fatal if the prescribed dose is exceeded even slightly.

The withdrawal was crushing news to some of the 1.7 million people per year who were relying on co-proxamol for pain relief – vast numbers were taken off the medication as a result. Following a period of confusion, the MHRA clarified prescribing guidelines in January of this year, as explained on page 2. Whether doctors and health authorities reassess who can benefit from co-proxamol as a result remains to be seen.

Another factor to consider when using painkillers is the way in which they mask pain. It may be possible to overuse a joint without noticing, and this can cause damage to the joint. In addition, painkillers might also become less effective if they are used long-term. Dr Hicks advises that paracetamol should be taken 'as and when' pain hits. 'The quicker you get rid of the pain, the more mobile you become and that in itself is a good way of keeping pain under control,' he says. 'Once you are mobile enough you may not need as many painkillers anyway.'

If you have been self-medicating for a while (controlling your own pain relief by buying drugs over-the-counter), you should visit your GP to check whether your medicines are appropriate and safe.

'It is important that people on long-term medication are reviewed at least once a year to make sure treatments are doing the job for them and to review whether there is something better available, as well as to make sure the medicine is not causing problems,' says Dr Hicks. 

### Co-proxamol

John Symons spoke to us before the MHRA's clarification of guidelines for doctors was announced. He was deeply affected by the original MHRA ruling. 'I have taken co-proxamol for 20 years – initially for spondylosis in the neck and then when I developed arthritis of the ankles and knees after I was involved in a car crash,' says John.

He has tried lots of different drugs to manage his condition, including anti-inflammatories, which he stopped taking after he developed bowel problems. 'Anti-inflammatory creams are a waste of time. I live on my own, like many people with arthritis,' he explains. 'How are you supposed to rub cream on your own back?'

When he first found out that co-proxamol was to be withdrawn, he was devastated. 'I never took the full dose. The fact that I've taken it for 20 years proves I am stable,' he states.

Although some health authorities allowed GPs to continue supplying co-proxamol in certain circumstances, John's did not. After trying a whole host of different painkillers, none of which were effective, John's doctor eventually gave him tramadol, an opioid painkiller. 'Tramadol works better for me than the others, but not as good as co-proxamol, with which the pain was manageable,' says John. He has yet to find out whether the clearer prescribing guidelines since provided by the MHRA will change his situation.