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Working Together With Your Doctor to Manage Your Pain

PURPOSE

Although managing pain can be challenging, there are ways to more safely treat and reduce pain. By working together, you and your doctor can find the best way to manage your pain.

Different types of pain

Pain affects more than just your body. It can make you feel sad or hopeless and can make you miss out on the things that matter most to you. Over 50 million U.S. adults reported chronic pain in 2021. [\[1\]](#)

- **Acute pain:** lasts less than 1 month and often caused by injury, trauma, or surgery [\[2\]](#)
- **Subacute pain:** is present for 1 to 3 months
- **Chronic pain:** typically lasts more than 3 months

Evidence suggests that nonopioid treatments can be safer for subacute and chronic pain. Nonopioid treatments are at least as effective as opioids for many common types of acute pain. Clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient.

Working with your doctor to manage pain

It is important to work with your doctor to make safer and more effective pain management decisions. You can discuss your specific circumstances and situation to find treatments that are effective for your body. Share your concerns about the benefits and risks of prescription opioids and other pain treatment strategies. Anyone who uses opioids can experience an overdose, but certain factors may increase risk. [\[1\]](#) Nonopioid treatment options, which are treatments that do not use opioids, may provide greater benefits relative to risks. Be sure to ask questions, communicate openly, and share your feelings. Having open, honest conversations with your doctor can help build a relationship with shared understanding. By deciding treatment recommendations specific to your situation, you can reduce the risks associated with pain treatment.

Nonopioid therapies can be more effective and safer than opioids

Take time to learn about nonopioid options which may work better with fewer risks and side effects. Psychological and social factors can also influence pain which may be better addressed by nonopioid treatment options.

- **Nonopioid medications** include drugs such as acetaminophen (Tylenol®), nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil®), gabapentin, and certain anti-depressants. These medications have shown to relieve certain types of pain better than opioids, including surgical dental pain, headache, back pain, and others. [\[2\]](#) You can find out from your doctor which conditions are best treated by each nonopioid medication.
- **Nonopioid nonpharmacologic therapies** include options such as physical therapy, exercise and weight loss, acupuncture, and massage. These therapies have the potential to improve pain and function without risk for serious harms.
- **Behavioral treatments** such as cognitive behavioral therapy use a psychological approach to change your physical, behavioral, and emotional responses to pain and stress. These treatments can improve pain and function without risk for serious harms.

Opioids come with increased risks for serious harms. Some risks include developing opioid use disorder (OUD), sometimes referred to as opioid addiction, fractures, falls, and overdose. In the U.S. in 2022, among persons 12 years and older, 8.5 million people reported misuse of prescription pain relievers in the past year. [\[3\]](#) 5.6 million people had a prescription pain reliever use disorder in the same period. Ask questions to clarify the risks and realistic benefits for opioid therapy. By having conversations with your doctor, you can together consider the risks and benefits and help prevent potential harms from opioid use.

Things to Discuss with Your Doctor to Help Make Shared Decisions



- Your health history, including mental health conditions (e.g., depression, anxiety, history of substance use disorders, post-traumatic stress disorder)
- Any medications you are taking
- Your physical and psychological well-being, support needs, and home and work environment
- Your goals for function, activity, and quality of life and how pain has impacted them
- Nonopioid medication, therapy, and treatment options you prefer

If you are prescribed opioids for pain

Your doctor may prescribe opioids such as hydrocodone, oxycodone, and morphine, to treat your pain. These medications carry serious risks for opioid use disorder and overdose, especially with long-term therapy. If you are prescribed opioids for pain therapy, it may help to have a clear line of communication with your doctor. You can work closely with your doctor to create a pain management plan. Meeting regularly to reevaluate how well your pain is controlled may help you feel better physically and mentally. Here are some things to remember.

- If you are prescribed opioids for acute pain, it should be for the lowest effective dose. The prescription should not last longer than the expected duration of pain severe enough to require opioids. The choice to continue opioid therapy should be an intentional one which you and your doctor decide together.
- Let your doctor know about any other medications you take. It can be very dangerous to combine opioids with other drugs, especially those that cause drowsiness.
- Follow up regularly with your doctor about your pain and whether your pain management plan is working or not.
- Be [informed](#) and [open](#) to options for managing pain without opioids.

Risk of Overdose



Anyone who is prescribed opioids is at risk of an overdose, especially those experiencing OUD. [Naloxone](#) is a safe, life-saving medication that can quickly reverse the effects of an opioid overdose if given in time. If you are prescribed opioids, consider carrying naloxone. Discuss with your doctor about precautions to reduce overdose risks and about a naloxone prescription or the availability of naloxone over the counter.

SAMHSA's National Helpline is a great resource to share with someone who may have a substance use disorder.

Call **1-800-662-HELP (4537)**.

Resources

[About The Rx Awareness Campaign](#)

[Rx Awareness: Real Stories](#)

[About Prescription Opioids](#)

[Patients' Frequently Asked Questions](#)

[Nonopioid Therapies](#)

[Preventing Opioid Overdose](#)

[Lifesaving Naloxone](#)

[Questions Are the Answer](#)

[Know Your Options](#)




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SOURCES

CONTENT SOURCE:

[National Center for Injury Prevention and Control](#)

REFERENCES

1. Rikard SM, Strahan AE, Schmit KM, Guy GP Jr.. Chronic Pain Among Adults — United States, 2019–2021. MMWR Morb Mortal Wkly Rep 2023;72:379–385. DOI: <http://dx.doi.org/10.15585/mmwr.mm7215a1> 
2. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1> 
3. Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report> 

Source

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