

Persisting with pain management

It doesn't seem all that long ago that if you saw the word shingles you'd most likely think of thin pieces of wood or slate that overlap to cover a roof. But, as a roofing material, shingles are now seldom used; more often we recognise shingles as the common term to describe a very painful and irritating rash of small blisters, usually occurring on just one side of the body.

Medically, shingles is known as herpes zoster; and it's caused by the same virus that causes chickenpox. In fact it occurs when the chickenpox virus is reactivated after years, maybe decades, following the initial infection.

The first signs are itchy, tender, painful skin. The rash, which quickly follows, may last a few days or a few weeks; but the pain may last, seemingly, forever. It's called post herpetic neuralgia – meaning nerve pain after a herpes infection. Nevertheless, there are strategies to manage shingles pain; and there are also ways to markedly reduce the risk of shingles occurring in the first place – vaccines against chickenpox and shingles are available.

Of course, we all suffer pain from time to time. Pain is an important signal that our body has been damaged in some way; and so attention is required to treat or remedy that damage.

Pain can be *acute*, meaning that it comes on suddenly and lasts for a limited time, or it can be *chronic* (like shingles pain), that is persistent and long lasting. Acute pain may only last a few minutes, but possibly hours, days or weeks; and it could be caused, amongst many other things, by insect bites, burns or broken bones.

At best this pain is unpleasant, however when it becomes not only severe, but also chronic, it can all but destroy our quality of life. The leading cause of chronic pain is reported to be related not to infection such as shingles, but to injury – possibly sports injuries or car, work or home accidents. But sometimes the cause is not so easy to identify.

Coping mechanisms for chronic pain often involve the use of pain relievers; and various pain relievers are available which work in quite different ways from those pain relievers we would normally expect to use for acute pain. Some non-medication treatments might also be helpful.

In the past 10 years or so, more attention has been focussed on the benefits of the so-called opioid type pain relievers such as morphine (morphine was first isolated in the early 1800s, although evidence exists that the raw material, opium, was in use several thousand years ago).

Most doctors and pharmacists have a very good understanding of the benefits of the opioid pain relievers. However, there are still misconceptions in the minds of many patients, their families and carers. The fact is, when used appropriately, they are both safe and effective. Recently we have seen the development of a number of variations on the old morphine mixtures – preparations which are easier to take, more palatable and less likely to cause uncomfortable side effects.

The World Health Organization (WHO) has a so-called *Analgesic Ladder* to help explain how pain relievers are best given. Your pharmacist can guide you through the steps. Ask also for the series of pain reliever fact cards available from pharmacies around Australia providing the *Self Care* health information. Telephone the Pharmaceutical Society on: 1300 369 772 for the nearest location or check out the website: www.psa.org.au and click on 'Self Care' then 'Find a Self Care Pharmacy'.

This year, the patient support group, Chronic Pain Australia, has again organised National Pain Week (22 – 28 July) to raise awareness of both the problems of chronic pain and some of the effective pain control strategies. The Chronic Pain Australia website (www.chronicpinaustralia.org) gives more information.