

Painkillers (analgesia)

Information and advice for patients experiencing an acute sickle cell crisis

Sickle Cell & Thalassaemia

Painful episodes (called crises) can occur for people with certain types of sickle cell and thalassaemia. The information in this leaflet is about how you can manage your pain. There are different stages of dealing with your pain (from mild to severe); to begin with mild pain relief should be taken, however if the pain is still present, you should continue to the next stage of dealing with your pain, and take the recommended medication. It is advised you follow through with these stages as recommended by your specialist and read the leaflets that come with the medication carefully before taking it.

I am in pain, what painkiller (analgesia) should I take?

The first choice of painkillers (analgesia) should be paracetamol. This should be taken as soon as you start getting pain. The adult dose is 2 tablets (1g) every 4-6 hours. You should not take more than 8 tablets in a 24 hour period.

What if this does not work?

The next step for many patients is a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs). Before taking NSAIDs, you should check with your specialist or GP that it is appropriate for you to do so. There are two common choices in this group, either Ibuprofen or Diclofenac.

Ibuprofen can be bought over the counter. The dose you take is usually 200-400 mg three times a day. Diclofenac is available only on prescription. The dose is usually 50 mg three times per day. Diclofenac is not recommended if you have heart disease or if you have had a stroke.

Benefits of using NSAIDs

The benefit is that they reduce pain by reducing the swelling. NSAIDs are especially effective for bony pain.

Risks of taking NSAIDs

These tablets should not be taken on a long-term basis as they can cause problems, as below:

- NSAIDs can cause stomach irritation and stomach ulcers and should not be taken on an empty stomach.
- NSAIDs may also cause kidney damage, and fluid retention (build of water in certain parts of the body, leading to swelling).
- You should consult your doctor before taking any of these tablets if you have any stomach, heart, liver or kidney problems, asthma or if you are pregnant or breast-feeding.

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Are there any other options?

If you have been advised not to take the NSAIDs or the pain is still not resolving you may be able to take a codeine-based drug. The common choices are either dihydrocodeine or combinations with codeine and paracetamol (such as Co-codamol). Please refer to the table below for more information:

Pain relief drug name	Dosage & other information
Dihydrocodeine	This is available only on prescription; the dose is 30-60 mg every 4-6 hours.
Co-codamol	This is a pre-prepared drug that mixes codeine and paracetamol; the dose is 1-2 tablets up to 4 times a day. It is important not to use paracetamol when using Co-codamol.

Benefits of taking codein preparations

The benefit of taking codein preparations is that it can help to deal with moderate-severe pain.

Risks of taking codeine preparations

Codeine preparations should be taken only after consultation with your doctor if you have asthma, kidney or liver problems. Constipation, nausea, dizziness are some of the possible side effects of codeine.

But I'm still in pain, what should I do?

Most patients at this point would need to seek medical advice, and either come to the SCaT centre or go to ED (Emergency Department). The next step would usually be the introduction of opioid painkillers. Opioids are the strongest painkillers available.

There are several different opiod painkillers which work in similar ways.

Benefits of opiod painkillers

The benefit of opioid painkillers is that it can help treat severe pain.

Possible side effects

The commonest side effects of this group of painkillers are:

- Drowsiness and dizziness
- Constipation, nausea and vomiting. There are medications that can help with the constipation and there are anti-sickness medications that can be used to reduce nausea and vomiting.

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- One of the most important side effects of opioid painkillers is a reduced breathing rate, which can lead to low oxygen levels. The breathing or respiratory rate needs to be monitored closely especially if you have never had or rarely have this type of painkiller.

If you are pregnant, breast-feeding or have any kidney problems before taking this group of medications, you should seek advice from your doctor.

Choice of opiates

For most patients the preference is a morphine-based drug. This can be given in the following ways: an injection of morphine sulphate subcutaneously (given underneath the skin), as a tablet (Sevredol) or syrup form (Oromorph). Morphine or diamorphine may also be given as a subcutaneous patient controlled analgesia (PCA). Other effective opiates include Oxycodone, Diamorphine, Buprenorphine, Fentanyl and Methadone.

The dose will be determined by your doctor on an individual case basis and other factors such as previous exposure to opioid medications, kidney function and body weight.

Points to remember

- Please discuss the most suitable choice of painkillers with your doctor.
- If your pain is persisting at home and/or you are concerned always seek medical advice.
- Never take more medication than prescribed or medication that has not been prescribed for you.
- Strong opioid medication such as Morphine should not be taken without careful monitoring and should only be used in hospital.
- It is recommended that you do not drive or operate machinery if you feel drowsy after taking your medication.
- There are differences in the way that the pain of an acute sickle crisis and chronic pain (such as that due to long-term bony damage) are treated. Treatment choices are decided on an individual basis.
- Remember to keep warm and drink extra fluids.
- Phone or visit SCaT or ED if the pain is not settling or if you develop other symptoms that you are worried about.
- If you have concerns about your medication, please discuss with your doctor/nurse.

Distraction

We all have different ways of distracting ourselves when we are in pain. Reading a book, watching a film, surfing the net, having a hot chocolate, pampering yourself or chatting with your friends are all things which may take your mind off the pain. Think about the distraction techniques that could work for you.

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Contact details

If you have any questions or concerns please contact the Sickle Cell and Thalassaemia Centre.

Sickle Cell & Thalassaemia Centre

Sandwell & West Birmingham Hospitals

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Monday, Wednesday & Thursday 9am – 5pm

Tuesday 9am – 6pm

Friday 9am – 4pm

The information in this leaflet is general and is intended to be a guide only. Please discuss the specific details of your treatment with your GP/doctor.

For further information

Birmingham Sickle Cell & Thalassaemia Service

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For more information about our hospitals and services please see our websites *www.swbh.nhs.uk* and *www.swbhengage.com*, follow us on Twitter @SWBHnhs and like us on Facebook *www.facebook.com/SWBHnhs*.

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Sources used for the information in this leaflet

- British National Formulary, '4.7 Analgesics', Accessed 28th April 2014
- NICE Clinical Knowledge Summaries, 'Analgesia – mild-to-moderate pain', Accessed 28th April 2014

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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