the PHARMACEUTICAL JOURNAL

ACUTE PAIN: PROMOTING SELF-CARE

Patients should be encouraged to self-care for a range of acute pain conditions. However, given the variety of over-the-counter (OTC) analgesics available, appropriate selection can be confusing.

In each patient consultation, including those where the patient asks for a product by name, the pharmacy team member must ensure they have all the relevant information and are making recommendations based on patient presentation and preference, alongside the latest evidence and guidance.

BEST PRACTICE FOR PHARMACY CONSULTATIONS

The five steps and treatment summaries outlined below and overleaf can be used to achieve best practice for acute pain consultations in the pharmacy.

1 GATHER INFORMATION

- Use the WWHAM (Who? What? How? Action? Medicines?) questioning approach;
- Avoid the scripted nature of these questions by talking to the patient and including them in the conversation. Repeat back your understanding for confirmation;
- Listen carefully to the patient — they will often provide you with answers to some of the questions before you ask them.

2 ASK QUESTIONS RELATED TO ACUTE PAIN SYMPTOMS

Seek to clarify:

- Its location;
- Duration and onset;
- Intensity;
- What the pain feels like;
- Its impact on day-to-day life;
- The details of any previous treatment.

3 ELIMINATE POTENTIAL RED FLAG SYMPTOMS

If the patient is experiencing any of the following symptoms, refer them to their GP or urgent care immediately.

- Pain from the central spinal pain region;
- Difficulty breathing;
- Dizziness or visual disturbance;
- Gradual onset or worsening of pain;
- Headache that worsens on standing or lying down;
- History of recent physical trauma;
- Loss of physical function, particularly asymmetrical;
- Neck pain or stiffness with photophobia (i.e. sensitivity to light);
- Sudden onset severe headache, reaching maximum intensity within five minutes;
- Unexplained weight loss.

Continued overleaf

Recommended analgesia for common acute pain conditions

Lower back pain

Low dose non-steroidal anti-inflammatory drugs (NSAIDs) for shortest duration. Paracetamol use only recommended when in combination[1].

Period pain

NSAID (e.g. ibuprofen or naproxen [POM]) unless contraindicated, then use paracetamol. Paracetamol can be used if NSAID provides insufficient pain relief[2].

Migraine (previously diagnosed)

Combination of triptan (e.g. sumatriptan [POM]), NSAID or triptan and paracetamol. Opioids should not be used[3].

Sprains and strains

Paracetamol or topical NSAID (e.g. ibuprofen gel) first-line. Oral NSAID (e.g. ibuprofen) can be used, if needed. Codeine may be considered as a short-term 'add-on'[4].

IN PARTNERSHIP WITH

HEALTH • HYGIENE • HOME

RB provided financial support in the production of this content.
The Pharmaceutical Journal retains sole editorial responsibility.
VIVA CODE: RB-M-15129 | Date of preparation: September 2020
The Pharmaceutical Journal, October 2020, online. doi: 10.1211/PJ.2020.20208446

ACUTE PAIN: PROMOTING SELF-CARE

4 DISCUSS THE TREATMENT OPTIONS

Outline:
- Benefits of treatment;
- Timeframes for therapeutic effect;
- Risks;
- Alternative treatments (e.g. non-pharmacological and lifestyle);
- What might happen if the patient does nothing.

5 SUMMARISE AND CLOSE CONSULTATION

- Provide the patient with an opportunity to ask questions;
- Reassure the patient that they can contact the pharmacy if they have any concerns or questions;
- Check the patient knows when to seek further help.

REMEMBER:

- First-line treatment recommendations vary;
- Avoid combination analgesics first-line, as using single constituent analgesics allows independent titration of each medicine[5];
- Analgesic use at over-the-counter doses over a short duration must be safe and effective and align with the patient's preferences[6];
- Ensure you are familiar with the products you recommend;
- Explain clearly the directions on how to take the analgesic;
- Advise the patient to read the patient information leaflet.

Important considerations relating to analgesic recommendations in pharmacy

	Indication	Cautions	Additional information
NSAIDS	**Ibuprofen** • First-line for aches and pains (e.g. lower back pain, period pain and toothache). Topical formulation (e.g. ibuprofen gel) is suitable for sprains and strains[1,2,4] **Aspirin** • Used for aches and pains (e.g. headache, migraine, toothache and period pain), colds and 'flu-like' symptoms and fever[1,2,5,6,7]	**Do not sell NSAIDs to patients with:** • active gastrointestinal (GI) bleeding or active GI ulcer; • history of GI bleeding related to previous NSAID therapy or history of recurrent GI ulceration (two or more distinct episodes); • a history of hypersensitivity/ severe allergic reaction to an NSAID (e.g. asthma, rhinitis, angioedema or urticaria; severe heart failure; severe liver impairment; or severe kidney impairment)[5,8,9]	• Although aspirin can be used first-line for migraine[5,7], other NSAIDs (e.g. ibuprofen) tend to be preferred as they are better tolerated[6] • It is important to check for adverse effects in patients taking NSAIDs who are older; have comorbidities; take medicines that may interact with a NSAID; and those at increased risk of GI or cardiovascular adverse effects[10] • Aspirin is contraindicated in people with a history of hypersensitivity to aspirin or any other NSAID, which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID[11]
PARACETAMOL	**Paracetamol** • First-line choice for most adults with mild to moderate pain[5,12] • Can be used first-line for sprains and strains[4]	Paracetamol has no known GI, renal or cardiovascular adverse effects at recommended OTC doses[13]	Check with the patient when paracetamol was most recently administered or if they are taking any other paracetamol-containing products
CODEINE	• Typically combined with paracetamol (or ibuprofen) in OTC preparations[14,15], it can be offered for acute aches and pains, although it is rarely a first-line treatment recommendation[5,16] • Only recommend for the management of acute lower back pain if an NSAID is contraindicated, not tolerated or has been ineffective[1] • Opioids should not be recommended for the acute treatment of tension-type headaches or migraines[3]	**Co-codamol is contraindicated in:** • Acute ulcerative colitis; • Antibiotic-associated colitis; • Conditions where abdominal distention develops; • Conditions where inhibition of peristalsis should be avoided; • Known ultra-rapid codeine metabolisers[17]	• A cautious approach should be taken to long-term use of weak opioids as tolerance and dependence can occur[5] • Constipation is a common side effect of opioid use, including OTC doses of codeine. Unlike some other side effects, patients do not develop a tolerance to opioid-induced constipation and may require dietary and pharmacological interventions to manage it[18]

For a detailed reference list, please see **www.pharmaceutical-journal.com/acute-pain**