

**Controlling Pain Part 2:**  
**Types of Pain Medicines for Your Prostate Cancer**

The following information is based on the general experiences of many prostate cancer patients. Your experience may be different. If you have any questions about what prostate cancer treatment services are covered by the IMPACT Program, please call your nurse case manager at 1-800-409-8252.

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## What Will I Learn By Reading This Booklet?

This booklet will help you learn about controlling your prostate cancer pain.

Controlling the pain you have because of your prostate cancer is important. If you can control your pain, it will not keep you from doing the things that you want to do like working, spending time with family and friends, going to church, or shopping for groceries. In this booklet you will learn about:

- Medicines you can take to control your pain
- How to manage side effects that may happen when you take your pain medicine

It is important for you to think about and plan how you will manage your pain.

The goal of managing your pain is to control it so you can do the things you want and need to do.

Words that appear in **bold** (dark text) can be found in the “Key Words” section at the end of this booklet.

## **What Medicines Can I Use To Relieve My Pain?**

The type of medicine and the way you take it depends on the type of pain you have and what is causing your pain. For example, constant, lasting pain is best relieved by giving you a steady dose of pain medicine over a long period of time. One way to give you this medicine is through a skin patch. A skin patch is filled with medicine and placed on your skin. The medicine is taken into your body through your skin. Below is an overview of the types of medicines your doctor might give you to relieve your prostate cancer pain.

### **For Mild To Moderate Pain**

**Non-opioids** control mild to moderate pain. Acetaminophen (Tylenol) and **nonsteroidal anti-inflammatory drugs or NSAIDs** (ibuprofen) are types of non-opioids. You can buy many of these over-the-counter (without a prescription). For others, you need a prescription from your doctor. Check with your doctor before using these medicines.



## **For Moderate To Severe Pain**

An **opiod** (O-pe-oid) is a medicine like morphine (MOR-feen) used to relieve moderate to severe pain. You need a special **prescription** called a **triplicate** for these medicines. The triplicate prescription must be given to you by your doctor and taken to the pharmacy to be filled. The prescription cannot be called in to the pharmacy. Sometimes non-opioids may be used along with opioids for moderate to severe pain.

## **For Breakthrough Pain**

**Rapid-Onset Opioids** are short-acting opioids, which relieves breakthrough pain quickly. An example of this kind of medicine is immediate-release morphine. These medicines need to be used with a long-acting opioid for **chronic pain**.

## **For Tingling And Burning Pain**

Two kinds of medicines called antidepressants and antiseizure are used to help control tingling and burning pain. You need a prescription for these medicines. Taking an antidepressant does not mean that you are depressed or have a mental illness, just as taking an antiseizure medicine does not mean

that you have seizures. Both types of medicine can be very effective in controlling tingling or burning pain.

### **For Pain Caused By Swelling**

Swelling can cause you to have pain. Taking a steroid, such as Prednisone, helps reduce the swelling, which causes your pain. Your doctor will give you a prescription for these medicines.

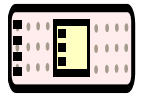
## How Is Pain Medicine Given?

Some people think that if their pain becomes severe, they will need to receive injections or "shots." Shots are rarely given to relieve prostate cancer pain. There are many other ways to get the medicine into your body.

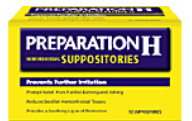
- **Orally** (by your mouth) – medicine is taken by your mouth in a pill or capsule form or by liquid.



- **Skin patch** — a bandage-like patch placed on the skin. The patch slowly but steadily gives you the medicine through your skin for 2-3 days at a time.



- **Rectal suppositories** — medicine that dissolves in the rectum and is absorbed by the body.



- Injections



- Pump also known as **Patient-controlled analgesia** (ah-null-gee-zee-uh)

or **PCA**. This method is usually used when you are in the hospital. It lets you help control the amount of pain medicine you take. When you

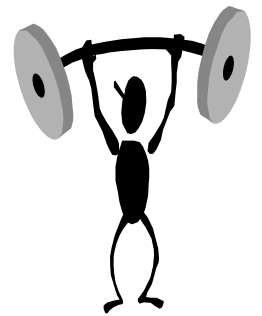


need pain relief, you press on a button on the pump. The button releases a preset dose of pain medicine into a small tube. The tube is connected to your body.

If your pain is not being controlled well, speak to your doctor or nurse case manager about other options that might help you control your pain.

## **Which Medicines Will I Be Given?**

In many cases, nonopioids are all you will need to relieve your pain. If you take your non-opioids regularly, you will "stay on top of the pain" and may not need other pain medicine. These medicines are stronger pain relievers than you might think.



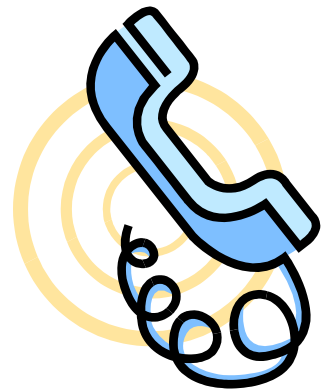
If you do not get pain relief from nonopioids, then opioids will usually give you the relief you need. Most side effects from opioids can be stopped or controlled. You should talk to your doctor or nurse case manager about taking opioids and nonopioids at the same time. The two types of medicine relieve pain in different ways.



## Are There Side Effects From Pain Medicine?

Yes, there are side effects. The good news is that many of the side effects can be stopped or managed. Mild side effects, such as nausea, itching, or **drowsiness**, will usually go away after a few days as your body gets used to the medicine. Let your doctor or nurse case manager know if you are having these side effects and ask for help in controlling them.

Serious side effects of pain medicine are rare. If you have a reaction or side effect to your pain medicine, it usually happens in the first few hours after taking your pain medicine. Serious side effects may include: trouble breathing, dizziness, and rashes. If you have any of these side effects, you call your doctor right away.



## What Should I Know About Using Opioids?

These medicines are used alone or with nonopioids to treat moderate to severe pain. Opioids are similar to **endorphins**, which are substances produced by your body to help control pain. Some opioids work better than others in relieving severe pain.

### Things To Remember When Taking Opioids

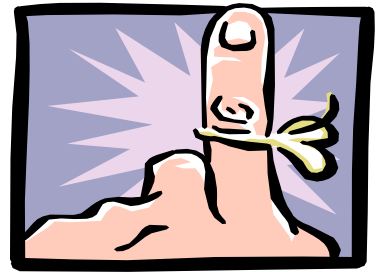
- Do not increase the dose of your pain medicine on your own.

If the medicine is not working, speak to your doctor. Your

doctor will change the amount of medicine you are taking or the type of medicine you are taking so that you have the best pain relief.

- If your pain relief is not lasting long enough or you have breakthrough pain speak with your doctor.
- If you drink alcohol or take tranquilizers, sleeping aids, antidepressants, antihistamines, or any other medicines that make you sleepy, tell your doctor.

Mixing opioids, alcohol, and tranquilizers with your pain medicine can be dangerous. Even small doses may cause problems. Using a mixture of opioids, alcohol, and other medicines can cause the side effects such as difficulty in breathing, confusion, anxiety, or more severe drowsiness or dizziness.



## **What Side Effects Might I Have If I Take Opioids For My Pain?**

Not everyone has side effects from opioids. The most common side effects from taking opioids are:

- Drowsiness (feeling sleepy or tired)
- Constipation (having stool that is hard and difficult to pass)
- Nausea (feeling queasy or sick to your stomach)
- Vomiting (throwing up)
- Drug Tolerance

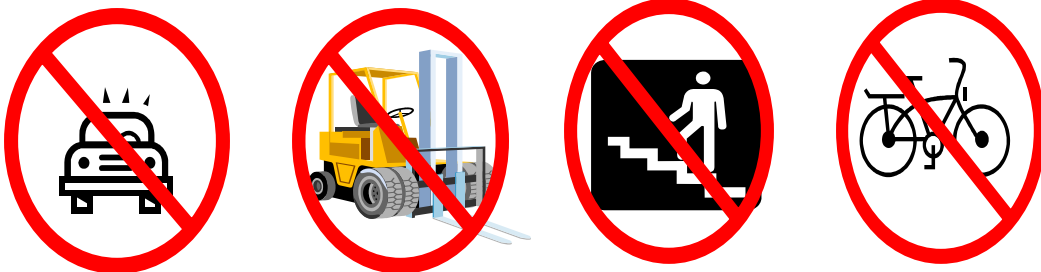
Some people might also experience dizziness, nightmares, confusion, hallucinations, a small slowing of your breathing, difficulty in urinating, or itching.

## **Drowsiness**

When you first start taking opioids you may have drowsiness (be very sleepy). This usually goes away after a few days. If your pain has kept you from sleeping, you may sleep more than you usually do for a few days. The opioids help you "catch up" on your sleep you lost because of your pain. The drowsiness will go away as your body gets used to the medicine. Call your doctor or nurse case manager if you feel too drowsy to do your daily activities after you have been taking the medicine for a week. Sometimes it may be unsafe for you to drive a car, or even to walk up and down stairs alone. Do not use heavy equipment or do other activities that require you to be alert. If you are sleepy there are some simple things you can do that might help.

- Wait a few days and see if it goes away.
- Check to see if other medicines you are taking can also cause drowsiness.

### **Things You Should Avoid Doing If Your Medicine Is Making You Drowsy**



- Ask the doctor if you can take a smaller dose more often or an extended-release opioid. Sometimes a small decrease in the **dose** (or amount) of an opioid will still give you pain relief but no drowsiness. If drowsiness is really bad, you may be taking more opioid than you need. Ask your doctor about lowering the amount you are now taking.
- Ask your doctor about changing to a different medicine.
- Ask your doctor if you can take a mild stimulant such as caffeine.

If drowsiness is really bad or if it happens suddenly after you have been taking opioids for a while, call your doctor right away.

### **Dealing with Side Effects:**

- What activities should you stay away from or will you need help with if your pain medicine makes you drowsy?

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## Constipation

Opioids cause constipation to some degree in most people. **Constipation** is when your stool is hard and difficult to pass. Constipation can make you feel very uncomfortable. The most important thing for you to remember is to not let your constipation go on for days and days, but to get help with this right away.

Constipation can often be stopped or managed. If you are constipated there are some simple things you can do that might help.

- Drink more fluids, at least eight, 8-ounce glasses of water a day. A glass of warm liquid when you first get up in the morning may start your bowels moving.
- Add more fiber to your diet. Eat more whole grains, such as bran muffins and cereals, wheat germ, and whole wheat bread, fresh fruits and vegetables, and prunes or prune juice.
- Eat fewer fatty foods (like fried fish, fried chicken, french fries or high fat milk products).
- Increase your daily exercise. Even a daily walk can help relieve constipation.
- Add 1 or 2 tablespoons of unprocessed bran to your food. This adds fiber to your diet and stimulates bowel movements. Keep a shaker of bran handy at mealtimes to make it easy to sprinkle on foods.



If you are still constipated after trying these things, ask your doctor to prescribe a stool softener or laxative. Be sure to check with your doctor or nurse before taking any laxative or stool softener on your own. If you have not had a bowel movement for 2 days or more, call your doctor.

### **Dealing with Side Effects:**

- What foods can you eat to help relieve constipation?

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- What foods do should you stay away from if you are constipated?

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## **Nausea and Vomiting**

Nausea and vomiting caused by opioids will usually go away after a few days of taking the medicine. If you have nausea and are vomiting there are some simple things you can do that might help.

- If nausea occurs mainly when you are walking around (not resting or lying down in bed), try staying in bed for an hour or so after you take your medicine. This type of nausea is like motion sickness. There are some over-the-counter medicines that may help this type of nausea. Check with your doctor or nurse case manager about what you can take.
- If your pain is causing your nausea, using opioids to relieve your pain usually makes the nausea go away.
- Ask your doctor or nurse case manager if your prostate cancer, some other medical condition, or other medicine you are taking might be causing your nausea.
- Constipation may also contribute to your nausea.

Some people think they are allergic to opioids if they become nauseated or “sick to their stomach.” Nausea and vomiting alone usually are not allergic responses. But a rash or itching along with nausea and vomiting may be an allergic reaction. If this happens to you, stop taking the medicine and call your doctor at once.



## Drug Tolerance

People who take opioids for pain sometimes find that over time they need to take larger doses to control the pain. This may be because you have more pain or your body may be getting used to the medicine. When your body gets used to a medicine so that it no longer controls your pain, it is called **drug tolerance**. This does not happen in most cases. If you do develop a tolerance, small increases in the dose or a change in the kind of medicine you take will help relieve your pain better. Increasing the doses of opioids to relieve increasing pain or to keep from having drug tolerance does NOT lead to **addiction**.

### Drug Tolerance

- Do you have any concerns or questions about taking your pain medicine? If so, make a list of them here so you can talk to your doctor about them.

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## **What Should I Do When I No Longer Need Opioids?**

You should not stop taking opioids suddenly. When you stop taking opioids, your doctor will lower your dose slowly. This will keep you from getting sick. If you stop taking opioids suddenly and get a flu-like illness, excessive perspiration, diarrhea, or any other unusual reaction, tell your doctor or nurse case manager right away. These symptoms can be treated and will go away in a few days to a few weeks.

## **What Have I Learned By Reading This Booklet?**

In this booklet, you learned about controlling your prostate cancer pain. You learned:

- Medicines you can take to control your pain
- How to manage side effects that may happen when you take your pain medicine

If you have any questions, please talk to your doctor or nurse case manager. It is important that you know how to manage your pain. This knowledge will help you take better care of yourself and feel more in control so that you are not kept from doing the things that you want to do. Remember you want to control your pain so that it does not control you.

## Key Words

**Addiction:** the uncontrollable need and use of a substance such as a drug or alcohol.

**Breakthrough pain:** Intense increases in pain that can happen even if you are taking pain medicine.

**Chronic pain:** Pain that can range from mild to severe, and remains or get worse over a long period of time.

**Constipation:** having stool that is hard and difficult to pass.

**Dose:** amount of medicine taken at one time.

**Drowsiness:** to be sleepy

**Drug tolerance:** when your body gets used to a pain medicine

**Endorphins:** substances produced by your body to help control pain.

**Nausea:** feeling queasy or sick to your stomach.

**Opioid (O-pe-oid):** A medicine used to treat moderate to severe pain.

**Non-opioid:** medicine bought with out a doctor's prescription to help control mild to moderate pain.

**Orally:** taken by your mouth

**Pain threshold:** the amount of pain you can live with.

**Patient-controlled analgesia (ah-null-G-z-uh):** a special pump, which allows a patient to give himself pain medicine.

**Prescription:** A doctor's order for medicine.

**Rapid-Onset Opioids:** short-acting opioids, which relieve breakthrough pain quickly.

**Rectal Suppositories:** medicine that melts in the rectum and is absorbed by the body.

**Side effects:** unwanted changes in your body caused by your prostate cancer treatment.

**Skin Patch:** a bandage-like patch placed on your skin to give you pain medicine.

**Tolerance:** when your body gets used to the medicine you are taking, your medicine may not relieve the pain as well as it once did.

**Triplicate:** a special kind of prescription used for opioid medicines.