HEALTH BASICS

Pain management

Pain management is the use of safe, practical approaches to reduce pain and support daily function.

WHAT IT IS
Ways to reduce pain and improve daily function

WHERE IT COMES UP
After injury, surgery, illness, or with ongoing pain

WHY IT MATTERS
Better comfort, movement, sleep, and quality of life

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician, pharmacist, pain service, or relevant specialist

HOW IT IS CHECKED
Pain rating, function, examination, and tests when needed

Overview

Pain management means assessing pain and choosing ways to reduce its effect on your life. It is not a disease or a diagnosis. It may be part of care after an injury or operation, during an illness, or for pain that continues over time.

Pain is personal. A scan or blood test cannot show exactly how much pain you feel. Your description matters, including where the pain is, what it feels like, how long it lasts, and what makes it better or worse.

Acute pain begins suddenly and is usually linked to an injury, operation, or short-term illness. Chronic pain lasts or returns for more than three months. These types of pain may need different approaches.

The aim is not always to remove every sensation of pain. For some people, a realistic goal is to make pain manageable enough to sleep, move, work, study, or take part in valued activities.

How it works

Pain management usually begins with an assessment. A clinician may ask about the pain, your health conditions, medicines, sleep, mood, work, and daily activities. A physical examination or tests may be needed if the cause is uncertain or if the result would change care.

Treatment may combine several approaches. This is sometimes called multimodal pain management .

Non-medicine options can include:

Psychological treatment does not mean pain is imaginary. Pain involves the nervous system, emotions, attention, sleep, past experiences, and the body's response to stress. Skills that address these factors may reduce distress and improve function.

Medicines may also be used. The choice is guided by the type of pain, other health conditions, current medicines, and the likely benefits and harms.

Common medicine groups include:

A medicine's name or availability without a prescription does not make it safe for everyone. Products may contain the same ingredient under different brand names. A pharmacist can help you check for duplication and interactions.

- Gradual physical activity, exercise, or physical therapy
- Heat or cold when appropriate for the situation
- Pacing, which means balancing activity with planned breaks
- Psychological therapies that teach coping and relaxation skills
- Occupational therapy to make daily tasks safer or easier
- Procedures such as injections or nerve blocks for selected conditions
- Acetaminophen , also called paracetamol, for some types of mild or short-term pain
- Nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs, which reduce pain and inflammation
- Local treatments , such as medicated creams, gels, or patches
- Medicines for nerve pain , which may include certain antidepressant or anti-seizure medicines
- Opioids like oxycodone or morphine , which affect pain signals but can cause serious harms and require careful monitoring

Why it matters for your health

Poorly controlled pain can interfere with movement, sleep, appetite, concentration, relationships, and emotional health. Avoiding all activity because of pain can sometimes lead to stiffness, weakness, and reduced confidence in movement.

Pain management can support recovery and help you stay involved in daily life. Progress may be measured through practical changes, such as walking farther, waking less often, returning to work, or needing fewer rescue treatments.

Regular review is important because pain and treatment needs can change. A treatment that helped after surgery may not be suitable for long-term use. A medicine that reduces pain may still need changing if its harms outweigh its benefit.

Long-lasting pain may affect mood, and depression or anxiety may make pain harder to manage. Addressing sleep and emotional health can be a useful part of pain care rather than a separate issue.

What can go wrong

Pain may be related to many conditions, including arthritis, migraine, nerve damage, kidney stones, cancer, infection, or an injury. New or changing pain may need assessment rather than simply stronger pain relief.

Problems can also arise from treatment. NSAIDs can cause stomach bleeding and may affect the kidneys, heart, or circulation. Acetaminophen can cause severe liver injury if too much is taken, including through multiple products containing it. The specific risks depend on your health, other medicines, and how the product is used.

Opioids can cause sleepiness, constipation, physical dependence, and overdose. Physical dependence means the body adapts to a medicine; it is not the same as opioid use disorder. Opioid use disorder involves loss of control over use despite harm. Suddenly stopping an opioid after regular use can cause withdrawal and may worsen pain, so changes should usually be planned with the prescriber.

Seek emergency help now for pain accompanied by:

Use naloxone if it is available and an opioid overdose is suspected, then call emergency services. Naloxone temporarily reverses opioid effects, but further medical care is still needed.

Arrange prompt medical advice for new severe pain, pain with fever, a hot swollen joint, worsening redness or drainage after surgery, or pain that is rapidly getting worse. Routine follow-up is appropriate when pain remains stable but treatment is not meeting agreed goals or is causing manageable side effects.

- Chest pressure, severe breathing difficulty, or collapse
- Sudden facial drooping, arm weakness, confusion, or speech trouble
- Sudden loss of bladder or bowel control with back pain or leg weakness
- A major injury, heavy bleeding, or a visibly deformed limb
- Possible opioid overdose, including inability to wake, slow breathing, or blue lips

What you can do

Keep a short pain record before an appointment. Note where the pain occurs, when it began, what it feels like, what triggers it, and how it affects sleep and activities. Record what you have tried and whether it helped.

Bring an up-to-date list of prescription medicines, over-the-counter products, supplements, creams, and patches. Check labels for repeated active ingredients. Ask a pharmacist if you are unsure.

Useful questions include:

Take medicines only as directed. Do not share them. Store opioids away from children and other household members, and ask a pharmacy about safe disposal of unused medicine.

If a plan is not helping, say what remains difficult. This gives the clinician more useful information than a pain number alone. Do not increase a dose or abruptly stop a regularly used prescription medicine without discussing a safe plan.

- What may be causing this pain, and are tests likely to change care?
- What is the treatment goal: less pain, better function, or both?
- What benefits and harms should I watch for?
- What non-medicine options fit this type of pain?
- When should the plan be reviewed?
- If an opioid is prescribed, should I have naloxone available?

Common questions

Is pain management only for chronic pain?

No. It is used for short-term pain after injuries, procedures, and illnesses as well as pain that lasts longer.

Does needing pain relief mean I am not coping well?

No. Pain is a physical and emotional experience, and people respond to it differently. Asking for help is appropriate when pain affects comfort, function, or recovery.

Why might exercise be suggested when movement hurts?

For some conditions, carefully paced movement can improve strength, mobility, and confidence. The activity should match the cause of pain and your abilities. Sudden severe pain or a new injury should be assessed before you push through it.

Are opioids always avoided?

No. They may have a role in selected situations, including some acute pain, cancer-related pain, palliative care, and end-of-life care. Their possible benefit should be considered alongside the risks, treatment goals, and available alternatives.

Can a scan measure how much pain I have?

No. Imaging may identify some causes of pain, but it does not measure the intensity or effect of your pain. Assessment combines your description, function, examination, and tests when needed.

What if no clear cause is found?

Pain can be real even when tests do not show a single cause. The next step may focus on function, sleep, coping, safe movement, and treatment review while remaining alert to meaningful changes.

Sources

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