

Drugs For Back Pain Relief

- Everyone responds to drugs differently. If one doesn't work another may.
- Take special care if you have another medical condition or take other drugs.
- Take your medication regularly as prescribed by your G.P.
- Keeping active and doing exercise are the best treatments for back pain.

This is a general introduction for adults. It cannot answer all of your questions and you should talk to your doctor or pharmacist for more information. You must take particular care about taking drugs if you have another medical condition or you are taking other medication. Talk to your doctor if you are unsure. Always follow the instructions on the packet or those given by your doctor, take your medication regularly, but remember to go back to your G.P. at reasonable intervals to have your medication reviewed.

For the majority of people their back pain has no clear cause; because of this, doctors look at which drugs are best to treat short or long-term back problems. Unless made clear in the text, this information applies to all of your back, including your neck. Drugs can control your pain but are not a cure. You need to use the relief they offer to get moving, get back to normal as far as possible, and to do exercises to build up your muscles to support your back better, but remember to start slowly and to pace yourself.

Paracetamol

Paracetamol is very effective at relieving pain and is recommended as first option pain relief. It is cheap, easily available and gentle on your stomach. Dosage is 1000 mg (taken as two 500 mg tablets) four times a day. Take it regularly at full strength.

Short-term: Doctors recommend that you try Paracetamol first as it is safe and cheap, but more research is needed to be certain of its benefit.

Long-term: there is excellent evidence that Paracetamol is effective in helping people with long-term back pain.

- Paracetamol is safe as long as you follow the directions on the packet.
- Paracetamol can seriously damage your liver if you take too many.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, which include ibuprofen, reduce swelling (inflammation) and pain. There are many different brands, so if one does not suit, consider talking to your doctor about trying another.

Short-term: there is good evidence that they can help, particularly if you find that paracetamol does not help.

Long-term: there is less good evidence to show that NSAIDs help.

- Taking NSAIDs regularly can irritate your stomach and cause problems like ulcers, especially if you are over 65 or take high doses. About one in ten people suffer these problems. Normally you are prescribed a gastric inhibitor to prevent stomach problems
- Serious side effects can include stomach pain and bleeding. Talk to you doctor immediately if you have either of these.
- People with asthma, high blood pressure, liver and stomach problems, kidney and heart failure may not be able to take them.

Cox 2 selective inhibitors are a new generation of NSAIDs that are gentler on the stomach, however a number of them, in particular Vioxx, have been withdrawn because of evidence of an increased risk of heart disease and stroke. Others, Celecoxib, Etoricoxib, Lumiracoxib, and Parecoxib, can still be prescribed but with stricter guidelines. They should not be prescribed to patients with a history of heart disease and only the lowest effective dose for the shortest duration, and only in patients of high risk of developing serious gastro-intestinal problems.(European Medicines Agency 27June2005)Stronger painkillers

If paracetamol or NSAIDs do not work, stronger painkillers, like codeine or tramadol, co-codrymal, co-dydramol may be recommended. You may hear them called opiates, opioids or narcotic

analgesics. They are often taken with paracetamol. Co-proxamol is in this category and its use has recently been restricted because of risk of overdose, particularly in conjunction with alcohol use.

Short-term: there is little good evidence about how effective they are.

Long-term: they are likely to be an effective treatment, except that for neck pain there is no evidence that strong opiates, like morphine, are any better than paracetamol.

- Constipation is a common side effect of strong painkillers affecting up to half of people and may make back pain worse if you need to strain to go to the toilet. Plenty of water and foods with high fibre may prevent constipation.
- Some people suffer from drowsiness, nausea and vomiting.
- Opiates can be addictive so could give withdrawal symptoms when stopping.
- Some people find that they have to take higher and higher doses of opiates to get the same level of pain relief.

Muscle relaxants

If your muscles spasm or are tense, a muscle relaxant or sedative, like diazepam, may help. They work effectively, but there is some argument about whether they do more harm than good because of their side effects. Methocarbamol is an effective muscle relaxant with no addiction and fewer side effects than diazepam but few doctors use it.

Short-term: they are effective in controlling pain, muscle tension and improving people's ability to get around. Doctors are only recommended to give them to people with serious muscle spasm.

Long-term: more research is needed to show whether they can really help and there is only limited evidence that muscle relaxants work for neck pain.

- Danger of addiction, even after a short course of a week.
- Seven out of 10 people get dizzy or drowsy within a week of taking them.

Antidepressants

Certain antidepressants, in particular a type called Tricyclic antidepressants (TCAs) have been used to treat long-term back pain – they have no place in treating short term back pain.

Long-term: they may be helpful and it is something that you may want to discuss with your doctor.

- Can give you a dry mouth or headaches, and can make you drowsy or constipated. Symptoms normally clear up after taking them for a short time.

Epidurals and injections into your ligaments or trigger points

The use of injections is limited to doctors with special skills in this area. Individual cases may require injections and these will be offered and discussed at length at the time. You are free to accept or refuse injections at any time. For people with long-term lower back pain there is not really enough evidence to say whether they are effective or not. If the pain is severe and persistent, it may be worth considering injection.

- Infections, damage to the nerves and heavy bleeding are some of the rare, but serious, side effects.

Facet joint injections

Although widely talked about on US health websites, research into facet joint injections has shown that they give no benefit and could be harmful.

- Meningitis, infection, bleeding and damage to the nervous system are some of the rare, but serious side effects.

Relevant Information

- BackCare Factsheets – Epidurals & Back Pain, TENS Pain relief
- BackCare Booklets – Managing Back Pain

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