The Haemophilia Society
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Pain Management

Pain management in haemophilia

Pain is a distressing symptom that can affect people with haemophilia in a number of ways. A bleed into a joint can cause acute, severe pain whereas the long-term effects of recurrent bleeds can lead to chronic and disabling symptoms. Whilst the best care for painful bleeding episodes in haemophilia is prompt factor replacement, effective pain relief during this period is also essential, both to control the symptoms in the short term and allow other treatments such as physiotherapy as appropriate. There are a bewildering number of different methods of pain relief available and these are best described in different groups:

Simple analgesics (Pain killers)

Paracetamol – This is a commonly used analgesic for mild pain but it can be beneficial in severe pain when used in combination with other drugs. One of the great advantages of paracetamol is that it is relatively free of side-effects, unless taken in overdose, although it should be used with caution in cases of severe liver damage. In this case it should be discussed with the person treating your liver disease. It is recommended not to take these analgesics with large quantities of alcohol.

Paracetamol is available as a tablet or suppository. In the United States and many other parts of the world paracetamol is known as 'acetaminophen'.

Non-steroidal anti-inflammatory drugs and aspirin – These include ibuprofen, diclofenac and naproxen amongst many others. Despite their efficacy in joint and muscle pain, they are best avoided in bleeding disorders. This is mainly because they can cause inflammation and ulceration of the stomach as well as affecting the function of platelets, both of which may increase the risk of bleeding. There are some situations where their use could be considered but this should only be on the advice of the haemophilia centre. In these cases, ibuprofen or "COX2" specific agents such as celecoxib are preferred. 'Third generation anti-inflammatories' are now being introduced for short-term usage and being prescribed by some haemophilia centres.

Opiate analgesics

Mild opiates – These include codeine, dihydrocodeine and tramadol. These agents are effective for mild to moderate pain and their efficacy is enhanced by the addition of paracetamol.

Powerful opiates – Morphine is the most widely used strong opiate, while other agents include diamorphine, pethidine and fentanyl. The dose can be increased as necessary to control the pain.

Route of administration

- **Oral** – Codeine and morphine are commonly given as tablets. Morphine liquid (oramorph) is useful for "breakthrough" pain and has a more rapid onset and is suitable for "as required" use.
- **Intravenous** – such as diamorphine. The injected route has the benefit of rapid onset of action but requires the use of a vein which can become a painful problem in itself.
- **Patches** – fentanyl. These are more appropriate for chronic pain.
- **Intramuscular injections** should be avoided in those with a bleeding disorder.
- **Patient Controlled Analgesia (PCA)** allows patients to manage their own pain relief and is a favoured option after surgery**.** It is usually given through a vein and reduces the time from onset of pain to delivery of relief. The regimens used are designed to prevent any risk of overdose.

Side-effects – The most important side-effects caused by opiates are nausea, constipation, itching and drowsiness. The degree to which these side-effects cause problems varies greatly from person to person. Symptoms can usually be effectively controlled by the addition of other drugs or by using a different type of opiate. Patients are often concerned about the possibility of addiction but this is not a risk when used appropriately for the control of acute or chronic pain and is certainly not a reason to withhold these agents. Overdose of opiates is very rare when used in a controlled hospital setting, but when it occurs can be easily treated with a rapidly effective antidote called naloxone.

Chronic pain

Long-term pain can sometimes be very disabling and also difficult to control. All the above methods are suitable but other drugs such as gabapentin or amitriptyline can be used, usually under the supervision of a specialist "chronic pain team." Most centres will refer patients to a pain clinic if required.

Other methods for pain control

The importance of good **physiotherapy** is now increasingly being recognised as an important adjunct for chronic problems in relieving joint stiffness and pain (and improving muscle strength and endurance), which in turn increases mobility. A specially trained haemophilia physiotherapist may implement hydrotherapy and/or a "user-friendly" home exercise programme, after a full needs assessment. Also they will show someone how to use a **TENS machine** correctly and efficiently, which will provide pain relief, while it is being used, for two to three hours (and sometimes even longer).

Relaxation techniques, **hot and cold therapy** and **advice** on how to manage pain during activities by pacing oneself or altering the way activities are done are also important factors in managing pain. The physiotherapist, along with the orthopaedic surgeon, will also be instrumental in making any decisions about whether joint replacements are recommended.

Social support from family and friends is also important, as a means of distraction and as a "sounding board" for anxieties. Although if depression becomes an issue, support from a counsellor or a psychologist may be available through your GP or haemophilia centre. Counselling or psychotherapy may also be able to resolve any addiction issues. Joining a support group or participating in a self-management course, such as those available through the Expert Patient Programme, may also be valuable. Sharing experiences with others can put group members' problems into a better perspective and help them learn how to change their behaviour through changing how they think about their condition.

Other positive **coping techniques** are the use of activities/hobbies as a **distraction** (except when experiencing a bleed). This is especially true for those who are not working. **Imagery** can be used alongside relaxation techniques, especially if there are sleep problems**.**

Complementary therapies, such as aromatherapy, reflexology, acupuncture and Chinese massage, can also be useful.

Summary

The basic rules of pain control with analgesics are to :

- Treat the underlying cause effectively and quickly.
- Give as much pain relief as required to control the symptoms – this can be approached by gradually increasing the strength of the analgesics used until relief of symptoms. This is the concept of the "analgesic ladder" with simple analgesics at the bottom and strong opiates at the top.
- Control side effects when they occur by using other drugs or by choosing a different painkiller.
- Do not worry about becoming dependent on the drugs, as this is not a problem when these agents are used appropriately.

Remember that pain management is not just about taking the right painkillers, but also about improving quality-of-life. With a modern, patient orientated and multidisciplinary approach to pain control, it should be possible to achieve rapid and prolonged relief of symptoms for all patients.

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This fact sheet can only give basic general information drawing on medical opinion and evidence available at the time of writing. Different people may give you different advice on certain points; and there may be some variations in the way care is managed in different hospitals or areas. It is important that you contact your own doctor(s) and nurse(s) for further information and advice on your own individual circumstances.

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