

## **The Safest Ways to Stop Pain**

Worried about new warnings on pain drugs? What you need to know to get relief

Open your medicine cabinet, your purse, your briefcase—chances are you'll find at least one type of pain reliever there. From over-the-counter drugs for headaches and muscle strains to powerful pills prescribed to control pain after surgery, those drugs are everywhere. In fact, almost 80 percent of adults say that they take some kind of pain medication at least once a week.

But determining which pain drug we actually need, and how to use it, has become increasingly fraught. We've seen frightening headlines about many pain relievers, including some that you may have considered harmless. In 2012 the Food and Drug Administration proposed that labels on products containing acetaminophen, the active ingredient in *Tylenol*, carry stronger warnings saying that the drug could cause severe liver damage if users exceed the recommended daily maximum dose. Even before that announcement, the maker of *Tylenol* reduced the maximum daily dose on *Extra Strength Tylenol* to 3,000 milligrams from 4,000 milligrams, and increased the dose interval from 4 to 6 hours, amid reports of increases in accidental overdoses.

The news on prescription pain pills is even more worrisome. As prescriptions for powerful painkillers such as hydrocodone and oxycodone (*Percocet*, *Vicodin*, *OxyContin*, and generics) have shot up in recent years, there has been an increase in emergency-room visits and deaths from the illicit use of those drugs, known as opioids. Three-quarters of prescription drug overdoses (from which the death rate has more than tripled since 1990) are now attributed to painkillers. And there's growing evidence that those drugs are being prescribed when they're not necessarily warranted, including for such conditions as acute infections and heart problems.

In spite of all this, the need for pain relief is real. When should you self-treat with OTC drugs? When are prescription pills warranted? And how do you balance the need to feel better with the fear of taking a drug that might be addictive? Here are six tips to help you choose the best treatment.

### **Don't assume that over-the-counter equals safe.**

Acetaminophen is not the only nonprescription pain medication that merits caution. Take aspirin, for example. It has been available for more than a century, but "if it were introduced today, it would be a prescription drug," says John T. Farrar, M.D., Ph.D., an associate professor of epidemiology, neurology, and anesthesia at the Hospital of the University of Pennsylvania in Philadelphia. As with other non-steroidal anti-inflammatory drugs, or NSAIDs, aspirin blocks chemicals in the body that trigger pain and inflammation. But it's also a powerful anticlotting agent (hence its use in the prevention of heart attacks and strokes), which makes it more likely than some other OTC pain relievers to cause gastrointestinal bleeding. So unless your doctor prescribes it for a specific reason, you're better off using another NSAID, such as ibuprofen (Advil, Motrin 1B, and generic) or naproxen (Aleve and generic). All work equally well against pain from arthritis and other causes.

**Skip acetaminophen if you regularly drink alcohol.**

Even with the risk of an overdose, acetaminophen is generally considered safe if taken as directed. But that goes out the window when alcohol comes into the picture. Look at the label of any OTC acetaminophen product and you'll see a warning that "severe liver damage may occur" if you drink three or more alcoholic beverages a day while taking it. And keep in mind that the number is based on standard beverage sizes. What many of us pour or are served at a bar or restaurant can be much larger.

**Don't take opioid painkillers for longer than necessary.**

As a rule, you should consider opioids such as hydrocodone and oxycodone only for situations of acute pain—after an injury or tooth extraction, for example—or if you have severe ongoing pain and other options haven't worked. Even then, aim for the lowest possible dose for the shortest possible time, since all opioids can cause sedation, nausea, vomiting, and constipation, and can ultimately be addicting.

That said, some research has shown that only about 5 percent of people who take opioids for a year become addicted to them. And shorter periods of use appear to pose even less risk of addiction. Of course, there are other reasons to keep your use of the drugs brief. Their safety over long periods hasn't been well established, and a recent study found that the risk of developing depression increases significantly when opioids are used for more than 90 days.

**Be careful even with non-addictive prescription pills.**

Prescription-strength NSAIDs are first-line agents for what's called nociceptive pain—when an injury such as a deep cut or a burn sends pain through nerve endings. Even in relatively high doses, those drugs don't pose a risk of dependency. And drugs prescribed for widespread nerve-related pain due to diabetes or fibromyalgia—such as the older antidepressants amitriptyline and nortriptyline, the newer antidepressant duloxetine (Cymbalta and generic), and the antiseizure drug gabapentin (Neuron-tin and generic)—generally aren't habit-forming. But duloxetine can increase the risk of bleeding if used with NSAIDs or aspirin, and stopping it may cause dizziness, headaches, insomnia, or anxiety. Gabapentin can cause weight gain, back or joint pain, depression, or extreme fatigue. Suicidal thoughts can be a side effect of both drugs.

**Don't combine the same type of pain relievers.**

But mixing certain types might be OK, experts say. For example, say you have a splitting headache and took Tylenol, but it's not helping. Try taking a dose of naproxen. The two drugs work differently and have different side effects, so you won't double the possible risks by combining them. But avoid mixing two of the same kinds of medication—such as taking ibuprofen when you've already taken the similar drug naproxen.

**Read the label, always.**

It might not be obvious from the name on the package which drugs are in a product. For example, you might not realize that hundreds of OTC cold-and-sinus medications contain a pain-relieving and fever-reducing ingredient, usually acetaminophen, in addition to a decongestant. So if you take, say, a cold-and-sinus product and then take Tylenol PM (which contains acetaminophen in addition to a sleep-inducing antihistamine) to help you sleep, you might exceed the daily limit of acetaminophen.

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