The type of medicines that you need to treat your pain depend on what type of pain you have.

For pain associated with inflammation, such as back pain or headaches, paracetamol and anti-inflammatory painkillers work best.

If the pain is caused by sensitive or damaged nerves, as is the case with shingles or sciatica, it is usually treated with tablets that change the way the central nervous system works.

The aim of taking medication is to improve your quality of life. All painkillers have potential side effects, so you need to weigh up the advantages of taking them against the disadvantages.

Please seek advice from a doctor if you:
- have liver, kidney or heart problems
- have problems with alcohol, such as long-term alcohol misuse or regularly drink 14 units per week
- have a bleeding disorder
- have had an allergic reaction to painkillers in the past
- are very underweight
- are taking other medications e.g. blood thinners, or TB or epilepsy medicines.

This leaflet provides an overview of the main pain medicines available.

Further advice can be found at www.nhs.uk/Livewell/Pain/Pages/Which painkiller.aspx

For general medical advice please use the NHS website, walk-in-centres, the NHS 111 service or your GP.

NHS advice 111.

NHS choices www.nhs.uk
Paracetamol

- Paracetamol is used to treat headaches and most non-nerve pains. Side effects are not common and this dose can be taken regularly for long periods. However, if the pain lasts for more than three days, see your GP.

- Two 500mg tablets of paracetamol up to four times a day is a safe dose for most adults. Discuss with a doctor if you have liver or kidney problems, are on medicines for epilepsy or TB, weigh less than 50kg or regularly drink more than 14 units per week of alcohol.

- Be wary of other pain medicines that may contain paracetamol. Overdosing on paracetamol can cause serious side effects, so don't be tempted to increase the dose if your pain is severe.

Soluble painkillers

- Effervescent painkillers (ones that dissolve in water) are high in salt, containing up to 1g per tablet. Too much salt can raise your blood pressure, which puts you at increased risk of heart disease and stroke.

- You may want to consider switching to a non-effervescent painkiller, especially if you've been advised to watch or reduce your salt intake.

Ibuprofen

- Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, diclofenac and naproxen, seem to work better when your pain has an inflammatory cause, such as arthritis or an injury.

- They should not be used for long periods unless advised by your doctor. Long-term use has an increased risk of stomach upset, gastric bleeding, kidney and heart problems. Don't take more than the recommended dose, as this will increase the risk of serious side effects.

- Avoid in asthma, Crohn’s, Ulcerative Colitis, liver, heart, kidney disease or bleeding disorders.

Aspirin

- Aspirin is another type of NSAID. It has similar side effects as other NSAIDs, but is not as effective a painkiller and is not usually prescribed for pain. It is dangerous for children under 16.

Amitriptyline & gabapentin

- Amitriptyline is a drug for depression and gabapentin is a drug for epilepsy. They can also be used to treat pain caused by nerve sensitivity or nerve damage, such as shingles, diabetes nerve pain and sciatica. They need to be prescribed by your GP. Side effects include drowsiness and dizziness.

Codeine

- Codeine doesn't work very well on its own. It works better when combined with paracetamol in a single pill. You can buy co-codamol (paracetamol and low-dose codeine) over the counter. Higher-dose codeine has to be prescribed.

- Codeine and other medium-strength prescribed painkillers can cause dependency, which means that when you stop taking them you may feel unwell for a short period.

- If you need more and more of these drugs, contact your GP or other healthcare professional for advice.

Morphine

- Morphine and morphine-like drugs (such as oxycodone, fentanyl and buprenorphine) are the strongest painkillers there are. Some come as a patch, but they all work in similar ways and should only be used for severe pain.

- They will only be prescribed after consultation with your GP or a pain specialist. The dose and your response will be closely monitored. These drugs should only be used as part of a long-term plan to manage your pain.