

FACT SHEET

ANALGESICS (PAIN MEDICATIONS) FOR ENDOMETRIOSIS



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ENDOMETRIOSIS AT A GLANCE

Endometriosis is a condition where tissue similar to the endometrium (the lining of the uterus) grows elsewhere in the body. This tissue responds to reproductive hormones where oestrogen stimulates patches forming superficial, lesions or endometrioma (ovarian cysts). Inflammation is generally present, and adhesions (scar tissue) can also form in response. Endometriosis within the muscle tissue of the uterus is known as adenomyosis, typically characterised by an enlarged uterus and heavy menstrual flow as well as pain at time of period.

Currently, there is no cure for endometriosis. A variety of treatments aim to reduce the severity of symptoms and improve the quality of life for those living with the condition.

Treatment for endometriosis at any given point will depend upon a range of factors including age, current symptoms, clinical history, extent of the disease, co-morbidities, cultural considerations, and your preferences and priorities which may include pain management and / or fertility.

Please see our other factsheets

- Surgical Treatment for Endometriosis
- Hormonal Treatment for Endometriosis.

ANALGESIC (PAIN MEDICATION) TREATMENT



Pain is a symptom of endometriosis and there are various pain relief and pain management options available. Pain medication does not prevent the growth of endometriosis; however the management of pain is an important part of managing the condition. It is important to understand how different medications work and should be taken, to improve their effectiveness.

The World Health Organisation recommends starting with simple analgesics for pain and if the pain is not controlled to add a NSAID and if the pain is still not controlled add the mildest possible opioid (Codeine is the most common opioid that is prescribed). It is important to add pain medications and not swap them and that while elimination of pain may not be possible, control of pain is generally attainable.

Simple analgesics

Paracetamol is a simple analgesic that can be used to treat mild pain and is the most-used pain relief in New Zealand. Paracetamol acts mainly in the brain and has an effect on the way pain is

felt. For some types of chronic or long-term pain, taking paracetamol at regular times may be helpful. Combining paracetamol with an NSAID will improve the effectiveness of both.

Nonsteroidal anti-inflammatories (NSAIDs)

NSAIDs work by blocking and reducing enzymes, hormones and prostaglandins that cause swelling and inflammatory pain.

It is best to start taking NSAIDs the day before - or several days before - a period or pain is expected: a symptom diary can be helpful. Common side effects of NSAIDs include nausea, vomiting, diarrhoea, stomach upsets and stomach ulcers - which can be reduced by taking the medication with food or milk.

Many NSAIDs can be bought from your pharmacy without a prescription in lower doses. Common NSAID's are listed below.

Generic Name	Brand Name
Aspirin	Disprin, Solprin
Ibuprofen	Nurofen, Panafen, Brufen
Naproxen	Naprogesic, Naprosin, Synflex
Diclofenac	Voltaren
Mefenamic Acid	Ponstan
Tenoxicam	Tilcotil

Opioids

Opioids work by binding to certain receptors in the brain and spinal cord. This decreases pain and the reaction to pain, as well as increasing the tolerance for pain.

Opioids are used to relieve moderate to severe acute or short-term pain and are prescribed when weaker pain medications alone do not work well enough. Common side effects of opiates include feeling sleepy, dizzy or tired, reduced concentration, nausea or vomiting and constipation, along with a risk of addiction.

Opioids are divided into two groups – weak and strong. Weak opioids available in New Zealand are Codeine, Dihydrocodeine and Tramadol while Strong opioids include Morphine, Oxycodone, Methadone, Fentanyl and Pethidine.

Listed below are some common opiates in order of increasing potency, with a comparison with oral morphine to enable informed decision-making on choosing opiates as pain medication.

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Opiate (in order of increasing potency)	Compared with oral morphine
Codeine	1/10 – 3/20
Tramadol (Tramal)	1/10
Pethidine	1/3
Morphine (oral)	1
Oxycodone	1.5x

NEUROPATHIC MEDICATIONS

Nerve (neuralgia) pain is a common cause of chronic pain. Tri-cyclic antidepressants, anti-epileptic and anticonvulsants can be treatment options.

Low doses of antidepressants can be effective with neuralgia pain, as well as improving sleep and helping with relaxation. Antidepressants influence the nervous system and the way the body manages pain. These medications can help stop pain messages from the central nervous system from reaching the brain.

Anti-epileptic and anticonvulsants also treat neuralgia pain by blocking certain kinds of nerve activity or changing the way that nerves send messages to the brain.

Examples of medication for neuropathic pain are listed below.

Type	Example
Tri-cyclic antidepressant	Amitriptyline
	Nortriptyline
Anti-epileptic	Gabapentin
Anticonvulsant	Carbamazepine (commonly known as Tegretol)

For further information:

- Insight Endometriosis: Endometriosis 101 Information Sheet
- Insight Endometriosis: Endometriosis Symptoms Factsheet
- Insight Endometriosis: Symptom Diary Information Sheet
- Insight Endometriosis: Hormonal Treatment for Endometriosis Factsheet
- Insight Endometriosis: Surgical Treatment for Endometriosis Factsheet
- Insight Endometriosis: Pain Management for Endometriosis Factsheet

References:

- Ministry of Health. 2020. Diagnosis and Management of Endometriosis in New Zealand
<https://www.health.govt.nz/publication/diagnosis-and-management-endometriosis-new-zealand>
- Health Navigator
www.healthnavigator.org.nz

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