

Managing Chronic Pain if You Have Sickle Cell Disease



Accessible link: <https://www.cdc.gov/ncbddd/sicklecell/betterhealthtoolkit/index.html>

If you have sickle cell disease (SCD), you may experience **chronic pain**, which is pain that lasts most days for 6 months or more. Pain management looks different for everyone. **It is important that you and your healthcare provider work together to make decisions about the best treatment for you.**

KNOW YOUR OPTIONS FOR TREATING PAIN.

Many options for pain management are available. If you have SCD and experience chronic pain, talk to your provider about the following options:

- Medicines shown to relieve chronic pain, including these:
 - » Serotonin and norepinephrine reuptake inhibitors (SNRIs), such as duloxetine and milnacipran. Some of these SNRIs are also used to treat depression.
 - » Tricyclic antidepressants, such as amitriptyline and nortriptyline.
 - » Gabapentinoids, such as gabapentin and pregabalin. These medicines can also treat seizures (convulsions), so they are sometimes called *anticonvulsants*.
 - » Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.
 - » Opioids, such as oxycodone, hydrocodone, and morphine. However, it is important to consider both the benefits and risks of opioid therapy (see next page for more details).
- Cognitive behavioral therapy, a psychological, goal-directed approach to alter physical, behavioral, and emotional responses to pain and stress.
- Other therapies, such as acupuncture and massage.



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KNOW THE RISKS AND BENEFITS OF OPIOIDS.

Long-term opioid therapy (LTOT), or long-term use of opioids, such as oxycodone, hydrocodone, and morphine, can be prescribed by providers to treat moderate to severe pain but can also have serious risks and side effects. **Have detailed discussions with your provider about whether LTOT is right for you.** Consider the following scenarios:

- If you recently developed chronic pain, LTOT *is not* suggested unless the pain does not respond to other therapies.
- If you are functioning well on LTOT, work with your provider to make decisions about the risks and benefits of continuing LTOT.
- If you are functioning poorly on LTOT, continuing LTOT *is not* suggested.



Learn more about opioids here: www.cdc.gov/opioids/patients/materials.html

Learn more about managing pain without opioids here:
www.cdc.gov/drugoverdose/featured-topics/pain-management.html

Visit the “Sickle Cell Disease: Steps to Better Health” toolkit available here: www.cdc.gov/SCD/betterhealth