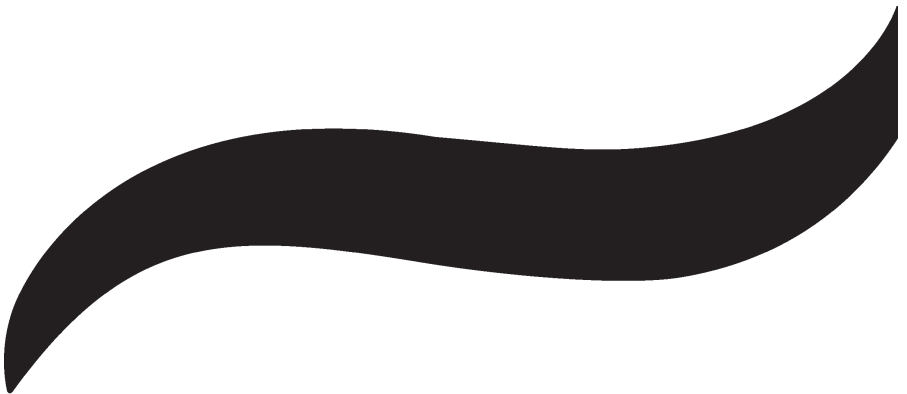




Paracetamol & Paracetamol containing combinations (co-codamol & co-dydramol)

Information for patients
Prescribing Management Team
Kirklands Hospital



PARACETAMOL IN COMBINATION PAIN RELIEF (ANALGESICS)

Paracetamol can be used with stronger pain management medication to get additional pain relief. Paracetamol is commonly combined with codeine as a single tablet containing both medications, called co-codamol. When paracetamol is combined with dihydrocodeine as a single tablet it is called co-dydramol.

The important thing to remember is that each co-codamol or co-dydramol tablet has the same amount of paracetamol (500mg) as one ordinary paracetamol tablet or caplet.

You can take both kinds of tablets but remember:

- ❖ Do not take more than two paracetamol or paracetamol containing tablets at a time.
- ❖ Leave a gap of 4-6 hours between doses.
- ❖ Do not take more than a total of 8 paracetamol or paracetamol containing tablets (4000mg or 4g) per day.

Taking both kinds of tablets can give you better control of your pain. It can also help to reduce or manage side effects. Tolerance and dependency issues will also be less likely.

Aim to step down the dose when your pain is controlled and then step up when your pain is less well controlled. Table 1 gives examples of how you can do this.

Example table for combining standard paracetamol with combination (co-codamol) pain relief medication.

Approx timings	7-8am	12-1pm	5-6pm	10-11pm
Pain controlled by paracetamol alone	2 paracetamol 500mg	2 paracetamol 500mg	2 paracetamol 500mg	2 paracetamol 500mg
Pain slightly worse, add opioids e.g. codeine	2 co-codamol	2 paracetamol	2paracetamol	2 co-codamol
	or			
	1 paracetamol + 1 co-codamol	1 paracetamol + 1 co-codamol	1 paracetamol + 1 co-codamol	1 paracetamol + 1 co-codamol
	or			
	1 paracetamol + 1 co-codamol	2 paracetamol	2 paracetamol	2 co-codamol
	or			
Any combination of the above as long as you don't exceed the equivalent of 8x paracetamol (4000mg in 24hrs)				

CODEINE AND DIHYDROCODEINE

Codeine and dihydrocodeine belong to a group of pain relief called ‘weak opioid’ analgesics. These medications are part of the opium family and are similar to morphine and originally come from a part of poppy seeds. Although called ‘weak opioids’ they are strong pain relief medications.

Co-codamol and co-dydramol are available in different strengths.

Table 2 - Different strengths of co-codamol and co-dydramol

	Paracetamol per tablet	Codeine per tablet	Other information
Paracetamol 500mg	500mg	none	Buy in shops or pharmacies
Co-codamol 8/500	500mg	8mg	Buy in pharmacies, for short term use (3 days)
Co-codamol 12.8/500	500mg	12.8mg	Buy in pharmacies, for short term use (3 days)
Co-codamol 15/500	500mg	15mg	Prescription required. Also called Codipar®
Co-codamol 30/500	500mg	30mg	Prescription required. Also called Solpadol®, Tylex®, Kapake®
	Paracetamol per tablet	Dihydrocodeine per tablet	Other information
Paracetamol 500mg	500mg	none	Buy in shops or pharmacies.
Co-dydramol 7.46/500	500mg	7.46mg	Buy in pharmacies, for short term use. Also called Paramol®
Co-dydramol 10/500	500mg	10mg	Prescription required.
Co-dydramol 20/500	500mg	20mg	Prescription required. Also called Remedeine®
Co-dydramol 30/500	500mg	30mg	Prescription required. Also called Remedeine Forte®

See Table 2 for information on the different preparations available.

ARE THERE ANY SIDE EFFECTS?

There is a full list in the patient information sheet with your prescription. All medications can cause side effects but not everyone will get them.

The common ones are feelings of sickness, constipation or drowsiness/sleepiness.

Some side effects can be reduced by slowly building the dose. Others may pass after the first few doses. If side effects persist, or you have others not expected, then speak to your doctor, pain specialist or pharmacist.

If the medication makes you feel drowsy you should avoid driving or operating machinery. It is a criminal offence to drive a vehicle whilst unsafe due to medication use. This might be worse when you start the tablets and each time your dose goes up. Alcohol may make the sleepiness worse and should be avoided where possible.

Weak opioids, such as codeine and dihydrocodine, have the potential for you to respond less well to them over time, or to cause dependence and addiction; although this is rare, when taken as prescribed for chronic pain. One way to help avoid this is to vary your dose depending on your pain levels. Speak to your pharmacist,

pain specialist or GP if you have any concerns.

REDUCING YOUR DOSE

If you have been taking the maximum or a fixed dose of co-codamol (or co-dydramol) for a long time you may wish to try reducing this. Do not stop suddenly as this may cause withdrawal symptoms. Reducing the dose slowly will help stop this happening. This should be when you do not have stresses in your life and when your pain is stable. You may wish to discuss this first with your doctor, pain specialist or pharmacist,

This is how you could begin to reduce your co-codamol: the plan can be used for co-dydramol too.

If you manage to reduce your co-codamol dose then this can be stepped back up for short periods to better control your pain when it becomes worse.

Table 3 - Example of reducing combination pain relief

Week	Morning	Lunch time	Teatime	Night
1	2 co-codamol	1 co-codamol + 1 paracetamol	2 co-codamol	2 co-codamol
2	2 co-codamol	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol	2 co-codamol
3	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol	2 co-codamol
4	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol
5	1 co-codamol + 1 paracetamol	2 paracetamol	1 co-codamol + 1 paracetamol	1 co-codamol + 1 paracetamol

See Table 3 for an example of reducing combination pain relief.

MEDICATION IN CHRONIC PAIN

The benefit from taking medication should always be more than any side-effects you may have. Only you:

- ❖ know how bad your pain is
- ❖ are able to say if your medication is helping
- ❖ know what side effects you are having

Getting the best effect from your medication may be a matter of trial and error. It may help to keep a diary of your pain and other symptoms. Side effects often become less once you have been on a medicine for a few days.

It may be several days or weeks before you notice that a new medicine is making a difference.

Please read the patient information sheet given with each medication. It will give you more information about the medicine and side effects.

You can discuss your pain medication with your doctor, pain specialist or pharmacist. They can give you advice on which pain medicines may help and they can help you find the best way to take your medicines. They can advise you on putting your dose up safely if your pain is worse and on taking less medication safely when your pain is less.

If your medicine is not helping you may not need to take it. Please talk to your doctor, pain specialist or pharmacist first. Some pain medicines should not be stopped suddenly.

Do not share or take other peoples medication. Always advise your doctor, pharmacist or pain specialist about any other medication or products you are taking for chronic pain including things bought from the pharmacy, herbal supplements or non- prescribed

medicines.

Understanding how your medications work may help you to get the best pain relief from it with the least side-effects.

We hope you found this information leaflet helpful. This information is not intended to replace your Doctor's advice. If you have any comments about the content, please let us know. This can be done by filling in the comment section, and sending it to the Prescribing Management Team at the address listed below, or by email.

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www.careopinion.org.uk

Pub. date:	Aug 2018
Review date:	Aug 2020
Issue No:	01
Department:	

PIL.PARACM.18_18836.L