

Opioids in pain management – it's role in chronic non- cancer pain (CNCP)

Michael Schenk

*Center of Integrative Pain
Medicine, Berlin, Germany*

Background: Opioid analgesics are increasingly prescribed for patients with CNCP in recent years in Europe. There is evidence of a possible misuse with strong opioid, for example in the fibromyalgia syndrome or somatoform pain disorders. Conversely, it is possible that patients with subgroups of CNCP, which are basically opioid sensitive, e.g. arthrosis, neuropathic pain are undersupplied. About the long-term use of opioid analgesics in CNCP is a national and international debate ongoing.

Methods: The German Pain Society published a guideline on the use of with opioids in patients with CNCP, which investigated the evidence of the efficacy and gives practical recommendations (LONTS 2014).

There is a good evidence for a short-time treatment of pain states like arthrosis, diabetic polyneuropathy, postherpetic neuralgia and chronic low-back pain. The evidence for longer treatment periods is limited. The use of opioids is contraindicated in the treatment of primary headaches, as well as functional disturbances and psychological disorders with the leading symptom pain. Practical key-recommendations for the therapy of CNCP with opioids: When choosing an opioid analgesic, the following should be considered: comorbidities of the patient, contraindications for transdermal systems or oral application, the adverse event profile of the opioid analgesic and preferences of patients. Preparations with sustained-release or long duration of action should be used. The consumption of the opioid-containing analgesics should be on a fixed schedule. The therapy should start with low doses. An optimum dose is present in reaching the previously defined treatment goals with simultaneous low or tolerable side effects. A dose of > 120 mg/d of oral morphine equivalent should only exceptionally be exceeded. A therapy of more than 3 month should only be performed in therapy-responders. Six months after a therapeutic response to the opioid, there should be a discussion with the patient about the possibility of dose reduction or temporary discontinuation of the treatment to review the indication and the response to parallel introduced non-drug therapeutic measures. In a long-term treatment should at regular intervals be checked, whether the treatment goals are achieved and whether there is evidence for side effects (eg, loss of libido, mental changes such loss of interest, memory disturbances etc, or a misuse.

Conclusion: To minimize the potential risks of treatment, contraindications should be taken into account as well as the efficacy and side effects have to be reviewed regularly. A pharmacological pain treatment should be combined with other therapeutic measures.

Use of the non-medication on the treatment of neuropathic discogenic low back pain

O. Tondiy, S. Korenev, I. Pasyura, D. Kol'tsov

*Kharkiv Medical Academy of Postgraduate
Education, Kharkiv, Ukraine*

Background and Aims: The effect of the combination of the physiotherapy (low-frequent variable magnetic field, electrical stimulation) and of the acupuncture on the patients having neuropathic discogenic pain low back pain was investigated.

Method: 82 patients aged from 20 to 50 (38 females and 44 males) having neuropathic (14 – 20 dais) low back pain (osteocondrosis, osteoarthrosis, spondyloarthrosis) were observed. The pain was examined and measured according to the visual analogue scale. The patients were divided into two groups. The first group (60 patients) received in addition acupuncture (individual points) and physiotherapy with low-frequent variable magnetic field and electrical stimulation treatment on the projection of pain. Every procedure exposure was 12 – 15 min. The complete course was 10 – 12 procedures. The second group (control, 22 patients), received only the basic medication (non-steroid anti-inflammations and anticonvulsants).

Results: The pain intensity of the patients in the first group was reduced after 7 – 10 days of treatment (70% patients) compared to the control group, where pain reduction after 14 – 16 days of treatment (44,4 patients); $p < 0,01$.

Conclusion: The addition of the non-medication therapy (combination of acupuncture, low-frequent variable magnetic field and electrical stimulation) to the treatment of acute discogenic pain resulted in earlier remission.