Monday through Friday	Saturdays & Holidays	Sundays & Christmas
8:00 A.M. to 8:00 P.M.	9:00 A.M. to 1:00 P.M.	Noon to 4:00 P.M.

IT'S ABOUT PAIN

A monthly service of Kirkpatrick Family Care Vol 1, Number 5, January 2017

Non-Narcotic Medications for Pain

With the constant national focus on the Opioid Epidemic, every practitioner and patient should consider using non-narcotic medications to help control pain. Let's take a look at them by category:

1. **Nonsteroidal anti-inflammatories (NSAIDs).** These include aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), diclofenac (Voltaren,Zipsor), ketorolac (Toradol). NSAIDs work at the site of the pain, whereas narcotics reduce the recognition at the brain mu receptors, via which we experience/recognize the damage. NSAIDs have two problems: 1) stomach irritation, even bleeding, and 2) increased rate of heart attack and heart failure. Combining NSAIDs with acid blockers is a costly attempt to avoid stomach problems, but Vimovo (Naprosyn and Nexium) and DuExis (ibuprofen and Pepcid) are very expensive. Unfortunately, taking their generic components separately doesn't seem to work so well, in my experience.
2. **Neuroleptics** work on nerve endings at the site of injury. So, Neurontin (generic is gabapentin) and Lyrica (generic pregabulin not available) help many patients with neuropathy, Phantom Limb and injuries. In some patients, gabapentin causes confusion and lethargy but the less toxic Lyrica is very expensive.
3. **Antidepressants** including Cymbalta (generic duloxetine) and tricyclics like amitriptyline and nortriptyline can reduce pain levels. Dry mouth and sleepiness are common side effects but some people benefit from the sedative effects, especially if they have insomnia from pain.
4. **Topicals** can reduce skeletal and muscular pain. Diclofenac (anti-inflammatory) comes in 3 products: Flector patches, Voltaren gel, and PennSaid lotion. Xylocaine (topical anesthetic) is available as lidocaine gel or Lidoderm patches. Capsacian ("pepper cream") limits nerve pain.
5. **Injectables** are another option, especially for musculo-skeletal conditions like bursitis or synovitis or joint effusion or inflamed/ruptured spinal discs. Xylocaine (anesthetic) and Celestone or Kenalog or Decadron (cortisones) are frequently combined. Side effects are minimal.
6. **Steroids** including oral prednisone and dexamethasone and injected depo-medrol (Kenalog) are often useful in patients with joint or nerve damage conditions.
7. **Supplements and herbals** like glucosamine and chondroitin sulfate relieve skeletal pain.
8. **Muscle relaxers** can reduce pain. These include methocarbamol, cyclobenzaprine, tizanidine and others. Sometimes hydroxyzine (Vistaril) helps. We try to avoid carisoprodol (Soma) because of its use by drug addicts to enhance effects of cocaine. In addition, even though benzodiazepines will reduce muscle spasm and pain-associated anxiety, they also can lead to suppressed breathing when combined with opioids.

It is rarely possible to totally eradicate pain with medications, including opioids. The goal is to reduce the pain enough (level 2-5) that it doesn't hinder normal activities. By using one or more of these categories of non-narcotic medications, some patients can avoid opioids—and most can at least reduce the doses.