



Monday through Friday

8:00 A.M. to 8:00 P.M.

Saturdays & Holidays

9:00 A.M. to 1:00 P.M.

Sundays & Christmas

Noon to 4:00 P.M.

IT'S ABOUT PAIN

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MIXING STUFF WITH OPIOIDS

Over 40 years ago, Dr. David Ahmann and colleagues at Mayo Clinic decided to mix the opioid codeine, with Tylenol (acetaminophen, or “APAP”). They aimed to enhance the pain-relieving quality of codeine, AND make it safer for those who might try overdosing in order to commit suicide. (The potentially fatal suppression of breathing from codeine would be prevented by vomiting caused by the excessive Tylenol). Hence we have hydrocodone/APAP (Norco or Vicodin, etc) and oxycodone/APAP (Percocet, Endocet, Roxicet).

HOWEVER, over all these years, we have learned that APAP is not without its problems, and that in fact it is a common cause of liver problems. Formerly the safe dose was 4,000 mg per day, but it has now been lowered to 2000 mg daily, and the APAP content of the hydrocodone drugs has been lowered from 500 to 325 mg. Still that suggests the max dose of 6 combination opioid/APAP pills a day...

This, in turn, has led to development of “pure” forms of these two popular opioids, (plain oxycodone and long acting versions like Oxycontin and Hysingla). So we are back to the original worry--that intentional or unintentional overdoses might occur without the APAP. The absence of APAP also makes these drugs, at high doses, more useful as illegal, recreational opioids, and they command higher prices on the street. If one attempted to get high by taking 8 oxycodone 5/325s in a single gulp, he/she would very likely vomit. However, by taking just 2 of the oxycodone 20s, the person could get the desired high.

It's no surprise, then that the 20mg oxycodones are the most desirable diverted oxycodone on the black market.

There's another side to “combination therapy.” For pain. Many people drink alcohol—no crime here—but the alcohol can enhance the mental suppression of opioids and contribute mightily to motor vehicle and industrial, and even in-home, accidents—even with blood alcohol levels “under the legal limit” of 0.8. So, in my opinion, if you are taking opioids for acute or chronic pain, you should avoid all alcohol.

Also to be avoided is the chronic use of benzodiazepine tranquilizers together with alcohol. Again, both categories are useful and legal, but the combination runs the risk of suppressing breathing and other mental functions. Nonetheless, many patients with chronic pain also have significant anxiety and insomnia—and are taking both categories. My recommendation is to try other and safer treatments for anxiety and insomnia, including meds like Lexapro (citalopram) for anxiety and melatonin for sleep. If these safer substitutes fail, we should lower the risk of benzo/opioid by reducing the doses.

And then there's marijuana. Again, both opioids and THC products are legal in Washington and many other states, but that does not mean it is safe to use them with opioids. Formerly, many pain experts said “either, or...but not both” to the query about simultaneous use. Much of that came from the issue of obtaining an illegal drug (THC), often by trading legal opioids. But we now frown on this because of the combined suppression of mental function and the increased risk of accidents.

I urge all patients with chronic pain who are taking opioids, to be EXTREMELY CAUTIOUS about concomitant use of either alcohol, benzodiazepines, and THC products.



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