



ECHO Idaho: Opioid Addiction and Treatment TeleECHO™ Session

*Non-opiate
medications for
chronic pain*

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The speaker has no significant financial conflicts of interest to disclose.

Outcome from Treatment?

- By definition, chronic pain is generally incurable
- What is the ideal result of treatment?
- Ideal is rarely achieved.
- Focus on function, not VAS (0-10 scale)

Non-Opiate Medications for Chronic Pain

- NSAIDS
- Acetaminophen
- SSRI/SNRI
- Tricyclic antidepressants
- Anticonvulsants
- Topical drugs
- Less common (Baclofen, tizanidine, low dose naltrexone.....)

(THE LIST HAS NOT CHANGED MUCH)

- No ideal medication
- Help the patient establish realistic goals
 - Functional goals
 - 50% improvement may be the best you can get
- 2-3 medications with differing mechanisms in low doses may work better than one medication at a high dose



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Baclofen (Lioresal, Gablofen)

- Used to treat spasticity (increased muscle tone) in spinal cord injury and MS
- Action on the GABA receptor
- Side effects sedation, dizziness, weakness, withdrawal syndrome similar to benzos
- Neuropathic pain (phantom limb)
- 10-20 mg 1-4 times daily

Zanaflex (tizanidine)

- Also used to treat muscle spasticity; better tolerated than Baclofen and benzos; not habit forming
- Alpha 2 agonist
- Sedation, dizziness, dry mouth, follow LFT's
- Can help when pain disrupts sleep (4-6 hours)
- 2-8 mg qhs
- Food in stomach prolongs effect

Low Dose Naltrexone (1)

- Not promoted by drug companies – grassroots phenomenon
- Opioid receptor antagonist
- Used to help maintain opioid and alcohol abstinence
- Is absorbed through GI tract (as opposed to naloxone).
- Must be compounded to a low dose (50 mg tablet commercially available)
- Side effects include insomnia and headache

Low Dose Naltrexone (2)

- Cost compounded < \$2/day
- GENERALLY NOT USED CONCURRENTLY WITH OPIATES
- Half life around 6 hours
- Begin 0.5-1.5 mg PO daily
- Titrate to as much as 4.5 mg daily over 3-6 months

Low Dose Naltrexone (3)

- Tell patient this is a 3-6 month trial
 - May not see benefits for 3-4 months
- Start 1.5 mg, but if unacceptable side effects occur, lower dose to 0.5 or 1 mg daily and increase gradually on a monthly basis
- Dose morning or evening, depending upon side effects

Low Dose Naltrexone (4)

- **Patients with allodynia tend to respond best**
- Fibromyalgia
- Complex regional pain (RSD)
- Migraine
- Trigeminal neuralgia
- Promising as an adjunct for with lupus, Crohn's, MS
- Duration of treatment - individualize

Questions?