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
- Acetominophen
- 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 (tizanididine)

- 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?