

New options for the treatment of moderate pain

HOT SPOT

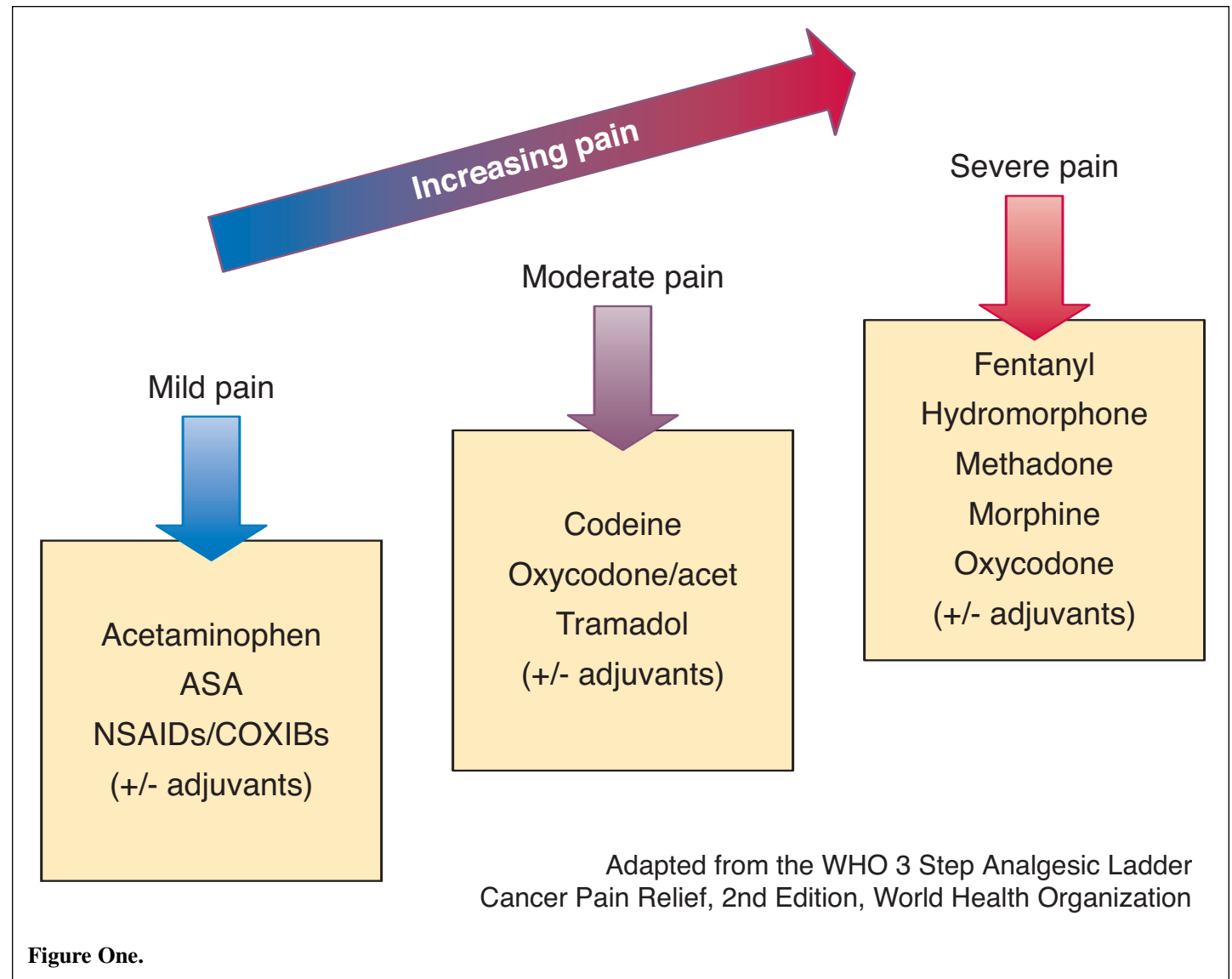
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Background

- Acute pain is a common symptom and is usually the result of disease, trauma or surgery. It tends to stop when the precipitating agent is removed and the area involved is allowed to heal
- Chronic pain, on the other hand, is more than a symptom. It can be viewed as a disease like hypertension or diabetes
- Surveys of Canadians in 2001 and 2004 indicate that the prevalence of chronic pain is 39% in people over 55 years of age, and average duration is more than 10 years
- NSAIDs and codeine-containing analgesics are the most commonly prescribed analgesics for pain
- Because of safety concerns of NSAIDs and opioid analgesics, there is a need/role for other analgesics and adjuvants

What new options are available in Canada?

- Tramadol is an atypical opioid analgesic indicated for use in moderate pain (See Figure One, WHO ladder for the management of pain)
- Tramadol has a dual action mode. It is an opioid agonist and also inhibits the re-uptake of serotonin and norepinephrine



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- It has been available in Europe since 1977 and in the U.S. since 1995. There are more than 400 million patient-day experiences with tramadol
- Tramadol is available as an immediate release (IR) formulation in combination with acetaminophen (Tramacet - 37.5 mg tramadol, 325 mg acetaminophen), as well as a once-daily single entity controlled release (CR) tramadol formulation (Zytram XL – 150 mg, 200 mg, 300 mg and 400 mg)
- Pregablin is an anti epileptic medication that has been available in Canada for a few years (Lyrica). It is indicated for the management of chronic neuropathic pain, specifically post-herpetic neuralgia (PHN) and diabetic peripheral neuropathy (DPN)
- Lumiracoxib is a Cox II inhibitor that was released in Canada in 2007 (Prexige). It is a once-a-day formulation indicated for osteoarthritis of the knee

What are the potential benefits/uses of these newer medications?

- Tramadol can be used for both the treatment of acute pain (Tramacet) and chronic pain (Zytram XL). Tramacet can also be used for breakthrough pain with Zytram XL for chronic pain. The

recommended starting dose for Zytram XL is 150 mg q24h. Titrate to effect every seven days

- IR tramadol/acetaminophen is indicated for the management of acute pain that is expected to last five days or less. CR tramadol is indicated for the management of moderate chronic pain that is expected to last several days. The Canadian Pain Society has recommended that tramadol is indicated in the management of osteoarthritis when either NSAIDs are either ineffective or contraindicated
- Tramadol is effective in both nociceptive pain and neuropathic pain. The Canadian Pain Society recommends that it be considered for neuropathic pain because of its mode of dual action
- Pregablin is a nerve modulator/stabilizer and it does have off-label uses for other kinds of chronic neuropathic pain (in addition to PHN and DPN). It appears to titrate more quickly to therapeutic doses than gabapentin, which has a similar mechanism of action. The use of pregablin may result in the lowering of doses of co-analgesics with the resulting reduction of adverse reactions. The role of pregablin in acute neuropathic pain (like sciatica) is being explored

- Lumiracoxib has been used off-label for arthritis of joints other than the knee. When compared to traditional NSAIDs, Lumiracoxib does have significantly less GI bleeding than those traditional NSAIDs. Lumiracoxib can also be used in patients who continue to require low-dose ASA for cardiovascular protection

What are the potential adverse reaction/safety concerns with these newer medications?

- Like other opioid analgesics, tramadol can be associated with nausea, drowsiness and sedation. It does not appear to be as constipating as other opioid analgesics (especially codeine and morphine)
- CR tramadol (Zytram XL) should not be used in renal insufficiency (eGFR < 30 ml/min) and IR tramadol in the form of Tramacet should not be used more than four times per day in renal insufficiency (as the maximum daily dose of Tramacet in normal renal function is 8/day)
- Tramadol should not be used with MAO inhibitors because of the concern of Serotonin Syndrome
- Pregablin may cause sedation (especially in the elderly) and the 25

mg dose may be a better starting dose than the usually recommended dose of 75 mg. The 25 mg dose is also recommended in renal insufficiency

- Lumiracoxib has the usual potential adverse reactions associated with other COX 2 inhibitors (exacerbation of underlying renal insufficiency and congestive heart failure and some risk of GI bleeding). It is being monitored for any potential increased incidence of cardiovascular events

Summary

No single analgesic is perfect and there is varied patient response to various analgesics in terms of both efficacy and tolerability. Tramadol, pregablin and lumiracoxib are relatively new to Canada and give clinicians added options for both improving pain efficacy and reducing possible adverse reactions.

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