Clinical update no. 519
8 August 2018

Those who have admired the Egyptian temple relocated to the Met in New York can thank excessive use of endone that allowed the Sackler brothers to fund it through their privately held company Purdue. Philanthropy does not quite capture the intent. You can always move on to the Lehman Wing, funded at a more profitable time for the bank.

> In its internal literature, Purdue similarly spoke of reaching patients who were "opioid naïve." Because OxyContin was so powerful and potentially addictive,

A good business if it lasts – overuse of opiods, addiction and drug related deaths are now the focus of efforts to improve pain management. Litigation can change behaviour.

> Purdue executives won't be able to settle every case against them, Moore believes. "There's going to be a jury somewhere, someplace, that's going to hit them with the largest judgment in the nation's history,"

Some useful points from a large literature.

It would help if endone was actually any good.

Original Investigation

November 7, 2017

Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department

A Randomized Clinical Trial

400 mg ibuprofen + 1000 mg paracetamol

5 mg oxycodone + 325 mg paracetamol

5 mg of hydrocodone + 300 mg paracetamol

30 mg of codeine + 300 mg paracetamol

411 ED patients with acute extremity pain (mean score 8.7) were randomised – there was no clinical benefit from using endone compared to paracetamol/ibuprofen.

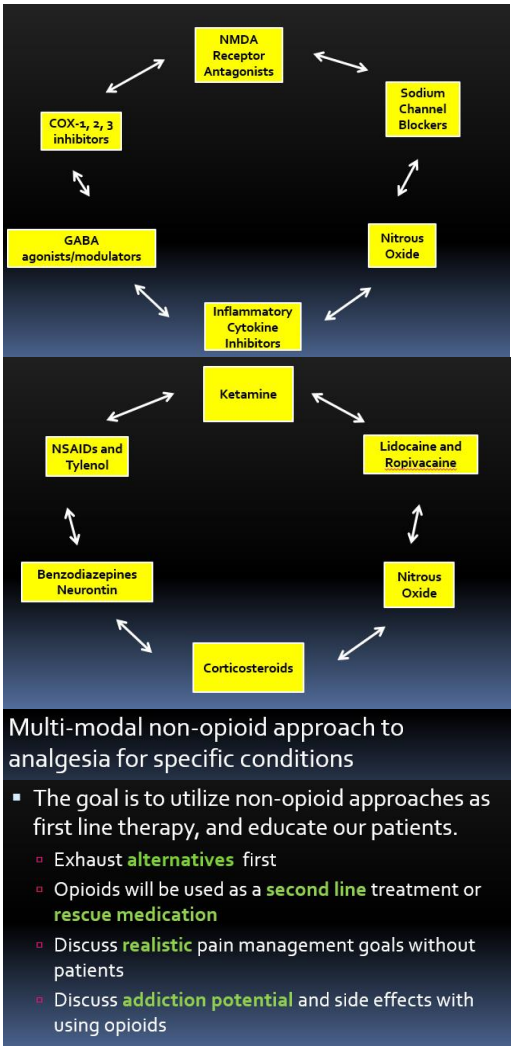
At 2 hours mean pain score decreased by

4.3 ibuprofen/paracetamol group

4.4/3.5/3.9 in other groups

Alternatives to Opioids for Pain Management in the ED

https://smhs.gwu.edu/urgentmatters/content/alternatives-opioids-pain-management-ed ALTO is a succesful program to reduce opioid use. Understanding the pharamcology helps. There's more than the opioid mu receptors involved in pain.



Opioids have a role, but so do other approaches that can avoid opioids for non-cancer related pain. The education program addressed the following conditions:

- Acute low back pain
- Lumbar radiculopathy
- Renal colic
- Migraine
- Extremity fracture/Dislocation

Some might require more convincing such as IV lignocaine for renal colic.

Lignocaine is an amide local anesthetic that blocks sodium channels exerting an analgesic, and anti-inflammatory effect, and may be similar to NSAIDs to reduce ureteral spasm.

Dosing of IV lidocaine

The analgesic dose of lidocaine is **1.5 mg/kg given over 10 minutes**,

PAIN MANAGEMENT AND SEDATION/SYSTEMATIC REVIEW/META-ANALYSIS

Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review

Volume 72, No. 2 : August 2018 Annals of Emergency Medicine 135

There is limited current evidence to define the role of IV lignocaine as an analgesic for acute renal colic and critical limb ischaemia pain in the ED. Its efficacy for other indications has not been adequately tested. The safety has not been established.

How this is relevant to clinical practice
The information currently available is insufficient to justify the routine use of intravenous lidocaine for analgesia in the ED.

For back pain suggested alternatives may not be any better, such as gabapentins (Lyrica®) which are mostly ineffective for back pain and have significant side effects.

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 MARCH 23, 2017 VOL. 376 NO. 12

Trial of Pregabalin for Acute and Chronic Sciatica

In conclusion, our results show that pregabalin did not relieve sciatic pain or improve related clinical measures, as compared with placebo, over the course of 8 weeks. Pregabalin was associated with higher rates of adverse events than placebo.

Diazepam is also suggested for back pain, with little supportive evidence. There are side effects and risk for dependency also. Dexamethasone is suggested, with limited evidence. Trigger point injections have a role.

Lumbar Radiculopathy Opioid Tolerant Patients

- Ketamine infusion

Ketamine to 0.3 mg/kg has a useful analgesic effect and is an option, though can give a dysphoric effect if given as a rapid push. Patients presenting to ED for a ketamine infusion may have substituted one dependece for another.

Migraine Algorithm

Opioids are not a good treatment for migraine. Aspirin or NSAIDs with a dopamine antagonist and rehydration always work. Dexamethasone does not help acutely but reduces recurrence of migraine.

Extremity Fracture Joint Dislocation

Ultrasound Guided Regional Anesthesia

Good analgesia, and underused.

Nitrous Oxide

Effective in painful procedures; requires set up

When ALTO was used as a departmental approach there was reduced use of opioids with no reduction in efficacy for pain control.

- N= 1600 patients
- *47.6% reduction* in opioids for acute low back pain, renal colic, and headache
  - p= 0.0001
- Pain scores pre-ALTO 8→ 1.9
- Pain score post-ALTO 7.9→ 2.0
  - p=0.001

HEALTH POLICY/EDITORIAL

Looking Ahead: The Role of Emergency Physicians in the Opioid Epidemic

676 Annals of Emergency Medicine Volume 71, No. 6 : June 2018

EDs contribute <5% of all prescribed opioid use. Use at 1 year after initial ED prescription was <2%. Although small the ED still has an important role to use alternatives and to prescribe for short term use only. EDs should avoid additional prescribing for chronic pain patients being managed elsewhere.

These updates are a review of current literature at the time of writing and are the views of Dr Brendon Smith, FACEM. Over time they will become outdated. They do not replace local treatment protocols and policy.