

Analgesic Stacking VS. Multi-Modal Therapy

- Fear of prescribing the appropriate dose of opioid analgesics
- Often prescribing multiple opioid
- The daily limit of 90 OME is for acute pain

Analgesic stacking

- μ , κ , and δ receptors for pain
- μ mediates the analgesic and most side effects
- Most traditional opioids work on the μ receptor

Multi-Modal Therapy

Drugs with primary applications other than pain management

Antidepressants

Anticonvulsants

Local Anesthetics

Alpha2 adrenergic agonists

Corticosteroids

Muscle relaxants

Hypnotics and anxiolytics

NMDA receptor antagonists

Managing Pain at the End-of-Life

Many conditions at the end of life are painful

There is concern for addiction

Many barriers exist for adequate management of pain

Opioids do not hasten or postpone death

Dosing Intervals

Short acting opioids:

PO: peak 1 hour, duration 3-4 hours

IV: peak 15 minutes, duration 1-2 hours

Around the clock dosing

Long acting opioids

Slow, uniform release over a 12 to 24-hours



Barriers to Nonpharmacological Pain Management

- Lack of knowledge
- Belief that nonpharmacologic interventions are not effective
- Perceptions that patients won't be receptive
- Lack of time & equipment
- Lack of support from colleagues, administrators