

Pharmacological treatment of non oncological (non-malignant) pains

The pharmacological treatment of (chronic) non-malignant pains (CNMP) in older persons is an important aspect of everyday clinical life. Unfortunately, as it is mostly the case in the “elderly-case”, there are only few studies in people over the age of 70 years, especially when it comes to the important head-to-head comparisons of available drugs. Therefore Numbers Needed to Treat (NNT) have to be extrapolated to the heterogeneous group of robust to frail elderly, keeping in mind the much higher prevalence of impaired metabolic systems, renal and liver dysfunctions. This discrepancy also accounts for the Number Needed to Harm (NNH) and is probably even more pronounced. For example the NNH (major events) of Amitriptylin is said to be above 20 for those below the age of 60 years¹ and between 3 to 11 for those above 65 years². Therefore, outweighing risk and benefit has to be the bottom line for any treatment approach while referring to general recommendations and guidelines if available.

The most common CNMPs in older persons are those of neuropathic origin and those of musculoskeletal origin. For neuropathic pain treatment approaches have to include antidepressants like nortriptyline (TCA, less adverse events than amitriptylin) or venlafaxine/duloxetine (SNRIs)³. Anticonvulsants like gabapentin and Opioids like oxycodone can be added and combined with respect to the patients organ (dys)functions. For certain conditions (e.g. post-herpetic neuralgia), topicals have proven useful⁴. Nutritional deficits like low vitamins and insufficient glucose-control have to be considered (especially in diabetic neuropathy).

In the treatment of musculoskeletal disorders intra-articular injections with viscosupplements and/or corticosteroids, oral NSAIDs (taking into account the increased cardiovascular and gastrointestinal adverse effects), Acetaminophen and Glucosamine constitute further options in addition to what has been mentioned for the treatment of neuropathic pain. Because chronic pain of pure nociceptive origin is rare and chronification usually includes neuropathic and central pathophysiological changes⁵, a multimodal treatment containing antidepressants, anticonvulsants and/or opioids can be recommended.

Short bibliography :

- 1) www.rxfiles.ca
- 2) Katona et al. Journal of Affective Disorders 69 (2002) 47–52
- 3) Saarto, T; Wiffen, PJ (minor update 2007) Antidepressants for neuropathic Pain; Cochrane Database for Systematic Reviews, Issue: Volume (1), 2008
- 4) Finnerup et al. Algorithm for neuropathic pain treatment: an evidence based proposal. Pain 2005;118:289-305
- 5) Fields HL et al. Central nervous system mechanisms of pain modulation. In: Wall PD, Melzack R (eds): Textbook of Pain. Edinburgh: Churchill Livingstone 1999; 309–29