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Patient's Guidelines to the Use of Long-Term Non-Steroidal Anti-inflammatory Drug Use.

New guidelines released last week by the American Heart Association, advising doctors hold medications to treat chronic pain until other treatment options have been exhausted, have left some patients frustrated and confused, wondering what is safe to take for pain. The statement, published in journal circulation, suggested that doctors urge patient's to try exercise, orthotics, weight loss, physical therapy, hot and cold packs and injection therapy before turning to medications especially non-steroidal anti-inflammatory drugs (NSAIDs). These NSAIDs are Naprosyn, ibuprofen and Celebrex. The other medications that are concerned with the American Heart Association are the COX-II inhibitors. Both the COX-IIs and non-steroidal antiinflammatory drugs have been used to treat chronic pain. The new guidelines follow several years of debate about the value, and potential danger of such medications.

Question 1. Just a few years ago experts called Vioxx a wonder drug. Now not only is it gone, but we are beginning to be warned of other painkillers too. Why cannot the experts get it right?

A. The backing off is in not totally new. It is the combination of evidence that has been speculated for some time making extended use of nonsteroidal antiinflammatory drugs, both available by over-the-counter and prescriptions, increase the risk of heart disease. The guidelines simply formulized advise that your doctor probably already had.

Question 2. I have been taking prescription NSAIDs regularly for arthritis? Does this mean should I stop?

A: Not necessarily, but you would probably want to discuss your options with your physician.

Several studies published since 2000 have noticed increased risk of heart attacks and stroke from the chronic use of NSAID and COX-II inhibitors. So it is likely your doctor is aware of these risks.

The only remaining COX-II inhibitor drug on the market is Celebrex. The other two drugs of the class were Vioxx and Bextra. Both were drawn from the United States market in 2004 and 2005 respectively.

Research shows that if 100 patients who are at risk for heart disease or have had a heart attack take COX-II inhibitors for one year, six additional deaths would be expected the American Heart Association report states.

NSAIDs have also caused stomach bleeding and ulcers making them unsuitable for some patients. The risk can be decreased by taking a proton pump inhibitor such as Protonix to protect against gastrointestinal bleeding.

Question 3. I stopped taking NSAIDs, what other pain relief options do I have?

A. The American Heart Association statement suggests that after other non-drug measures have been exhausted people should try Tylenol, Tramadol (Ultram), or a prescription analgesic. There is a possibility that prescription opioids could be used in a short term for acute pain, but are typically used in only sparing doses for long-term pain management. The reason opiates are used in this format is because of the use of addiction and physical dependence.

Question 4. I am concerned at the risk of heart disease, but still taking NSAID for chronic pain, what do the new guidelines mean for me?

A. If you have a risk of heart disease, make sure the risk factors are being managed, that is you are taking aspirin as needed as well as a blood pressure medication as well as other medications to lower your risk of heart attack or stroke. You should also discuss with your physician why you are taking a non-steroidal anti-inflammatory drug with this known risk of heart disease. You should consider taking other forms of pain medication such as Ultram or Tylenol. Other possibilities would be topical creams such as capsaicin, physical therapy and injection therapy. All treatment options certainly have the risk as well as benefit.

Question 5. How likely are other measures, such as physical therapy or antidepressants, to help me manage my pain?

A. That depends on the cause and the severity of your physical therapy and exercise which relieves the tension and increase flexibility, strengthens muscles and reduces fatigues can easily assist with the management of chronic pain. You will regain strength and energy and a more positive outlook on life. Physical therapy as well as other intense exercise raise your own body's level of endorphins; endorphins are the natural painkillers that are produced by the brain. This will cause pain alleviation. Patients should also consider medical acupuncture when concerned about medication side effects. Studies have shown that patient can respond in a positive way after several sessions of medical acupuncture.

Other times physicians will use such as coanalgesic medications to assist in long term pain management. These coanalgesic medications are the traditional tricyclic antidepressants such as Elavil and Pamelor. Other medications along the same class are selective serotonin reuptake inhibitors. These are Prozac, Paxil,

and Wellbutrin. All of these have had benefits in patients with chronic pain. Other options for patients would be the use of topical creams and patches. These could be medications such as Bengay, Aspercreme and capsaicin. Patches can be used such as Lidoderm patches. Lidoderm is an impregnated patch filled with lidocaine that slowly dissolves through the skin to give pain relief. Finally another option might be the use of a Clonidine patch. Clonidine is a specialized blood pressure medication which has inherent pain qualities.

Question 6. What is the role of injection therapy in pain management?

A. Injection therapy has been a large cornerstone for physicians treating pain. These injections could be as simple as seeing an orthopedic surgeon or primary care physician for an injection into a muscle, bursa or joint, to seeing a pain medicine specialist to having injections in the spine. Again these injection therapies will assist the patient in longer term pain relief and pain control. Once the patient is more comfortable, then they can assume the activities of daily living as well as physical therapy. All of these modalities can certainly decrease the chance of the need to be placed on a non-steroidal anti-inflammatory drug or COX-II inhibitor. If at any time, the patient is concerned about the continued use of medications, they should immediately seek advice from a pain medicine specialist. Perhaps injection therapy or other specialized techniques such as radiofrequency ablation or spinal cord stimulation might be the long-term answer for the patient's chronic problems.

Question 7. I do not have heart disease, but a close relative does. Does that mean I cannot take non-steroidal NSAIDs?

A. It might. In evaluating if it is safe for you to take an NSAID your doctor may consider your family history as well as your own medical history and risk factors for heart disease.

Question 8. Is it safe to take aspirin?

A. Aspirin is considered an NSAID, but it does not increase your risk of a heart attack. In fact your doctor may suggest that you take an aspirin daily to prevent cardiovascular problems. It does forever pose a risk of stomach bleeding like other non-steroidal anti-inflammatory drugs.

For more information on this or any other matters please consult either your primary care physician or my office to schedule an appointment to discuss your concerns.

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