

PAIN & PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

If you've had an injury, surgery, or major dental work, you are likely to have pain. Pain is a normal part of life and healing. Talk with your doctor about how you can get the most safe and effective pain relief.

NON-OPIOID PAIN TREATMENTS HAVE FEWER RISKS

For pain that will likely be gone in a week or two, it is always best to start with non-opioid pain treatments. Opioids may help control pain at first, but they are usually not necessary.

Consider other options that may work just as well or better, but have far fewer risks.

- Over-the-counter pain relievers
- Physical therapy
- Exercise
- Professional help coping with the emotional effects of pain

OPIOIDS ARE STRONG PRESCRIPTION MEDICATIONS

Opioids can be the right choice for treating severe pain, such as from cancer or immediately after major surgery. However, medications such as these are very powerful and can be deadly. **Even if you take them as directed, ALL opioids have serious side effects such as addiction and overdose.**

OPIOIDS ARE CHEMICAL COUSINS OF HEROIN AND ARE HIGHLY ADDICTIVE

You can build up a tolerance to opioids over time, so you need to take more and more to get the same relief. The higher the dose, the more dangerous opioids are. You can even become addicted after a short time.

RISKS ARE GREATER WITH

- Pregnancy
- Older age (65 years or older)
- Sleep apnea
- Mental health conditions (such as depression or anxiety)
- History of drug misuse, substance use disorder, or overdose

Avoid alcohol while taking prescription opioids.



Unless specifically advised by your health care provider, medications to avoid while taking opioids include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

Commonly prescribed opioids:

Codeine

Fentanyl (Duragesic Patch)

Hydrocodone (Lortab, Norco, Vicodin)

Hydromorphone (Dilaudid, Exalgo)

Meperidine (Demerol)

Methadone (Methadose)

Morphine (MS Contin, Kadian)

Oxymorphone (Opana)

Oxycodone (OxyContin, Percocet)

Tramadol (Ultram)

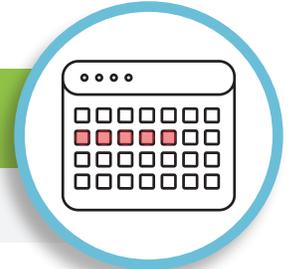


OPIOIDS FOR ACUTE PAIN GET THE FACTS

Short Term Use

FACT: After taking opioids for just 5 days in a row, a person becomes more likely to take them long term.¹

Opioids can be addictive even if only taken for a short period of time.



Level of Pain Relief

FACT: Opioids provide an average of 20-30% pain relief when used for pain lasting less than three months. Options that do not involve opioids may provide enough pain relief while avoiding the risks of opioids.²

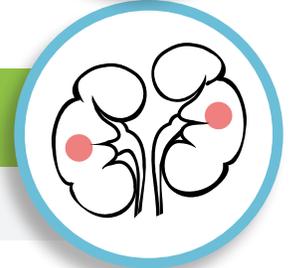
Opioids don't take away pain completely.



Kidney Stone Pain

FACT: Nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, work just as well as opioids (and sometimes better) for kidney stone pain.³

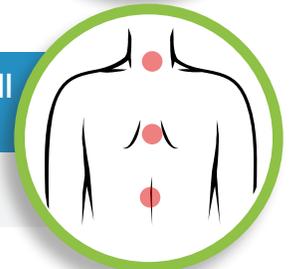
Opioids aren't the only treatment for acute pain from kidney stones.



Back Pain Relief

FACT: Naproxen taken alone relieves acute low back pain and improves function just as well as when it is combined with an opioid or muscle relaxer.⁴

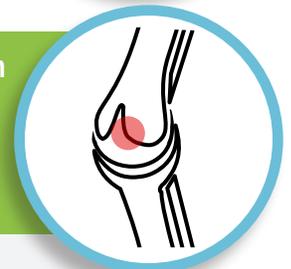
Opioids aren't the most effective treatment for acute low back pain.



Healing From a Broken Bone

FACT: After a minor fracture, nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen, provide adequate pain relief and allow bones to heal, without introducing the risks and side effects of opioids.⁵ As with any medicine, NSAIDs have side effects. Doctors can offer the safest, most appropriate, and effective care for their patients.

Bones can heal properly after fractures, even when taking NSAIDs for pain.



1. Shah A, Hayes CJ, Martin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use - United States, 2006-2015. *MMWR*. 2017 Mar 17;66(10):265-269. **2.** Furlan AD, Sandoval JA, Mailis-Gagnon A, et al. Opioids for chronic noncancer pain: a meta-analysis of effectiveness and side effects. *CMAJ*. 2006;174: 1589-1594. **3.** Teichman JM. Clinical practice. Acute renal colic from ureteral calculus. *N Engl J Med*. 2004; 350(7):684; Holdgate A, Pollock T. Systematic review of the relative efficacy of non-steroidal anti-inflammatory drugs and opioids in the treatment of acute renal colic. *BMJ*. 2004;328(7453):1401. **4.** Friedman BW, Dym AA, Davitt M, et al. Naproxen with cyclobenzaprine, oxycodone/acetaminophen, or placebo for treating acute low back pain: a randomized clinical trial. *JAMA*. 2015 Oct 20;314(15):1572-80. **5.** Solomon DH. Nonselective NSAIDs: Overview of adverse effects. *UpToDate*. Sep 20, 2016; Dodwell ER, Latorre JG, Parisini E, et al. NSAID exposure and risk of nonunion: a meta-analysis of case-control and cohort studies. *Calcif Tissue Int*. 2010;87(3):193.