

> NARC IT OUT

AUG  
2019

With the understanding moderate pain requires an analgesic and severe pain warrants additional treatment, such pain can be expected, post-operatively, in about a fifth of all endodontic treatments. Opioids are potent analgesics but have numerous deleterious effects: hormonal changes, hyperalgesia, sleep disturbance and/or sedation, respiratory depression, urinary retention and constipation, nausea and vomiting, dependence and addiction can occur in less than 14 days of use, and possible immunologic effects. Despite the necessity of opioids as analgesics for severe pain, there has been a quadrupling of prescriptions since 1999. Why has the use of opioids increased so dramatically?

- Targeted marketing campaigns for professionals and the public
- Opioids instill a pleasurable effect
- The creep effect: success with severe pain breeds an inclination to use opioids for moderate pain, success with moderate pain begets use for mild pain and so on until they are used routinely and prophylactically by multitudinous practitioners

Interestingly opioids are more likely to be prescribed on a Friday rather than any other day. From a practice management perspective they can be misperceived as reducing post-op complaints of pain. There are significant external pressures to prescribe opioids; the principal pressures are: 1) Patient expectations, 2) Peer pressure as the use of opioids has become almost common place. The quadrupling of opioid prescriptions over the last twenty years has some sobering consequences:

- Rate of drug overdose deaths from 1999 to 2017 increased:
  - 4.4 times for natural and semisynthetic opioids
  - 30 times for synthetic opioids.
- No discernable decrease in post-op pain reported by patients

Tramadol was trumpeted as a safer opioid as it delivers a lower euphoric effect. However, a recent study published in the British Medical Journal found that is indeed not the case at all. A scientific review by Health Canada found a risk of serious breathing problems in some patients who metabolise Tramadol quickly. **Health Canada is now considering tightening regulations for the drug. If you must prescribe an opioid restrict it to no more than four days and advise that all unused tablets are to be returned to the pharmacy for proper disposal. Instead a dual prescription of an NSAID and acetaminophen is ideal for moderate pain. There is a definitive synergistic beneficial effect when an NSAID is combined with acetaminophen. Compared to opioids the use of NSAIDs and acetaminophen is almost risk-free.**

The pre-emptive use of a NSAID and acetaminophen will mitigate post-op pain. A pain medication hand-out, summarising the proper use of over-the-counter NSAIDs and acetaminophen is reviewed pre-operatively with each patient. The pre-op discussion will empower the patient and address misconceptions about the 'need' for opioids. Opioids are not a panacea; truly less is more for these medications. It is hoped this newsletter will lead to a surcrease in opioid prescriptions even if you need to endure the choler of an ill-informed patient.

Regards,



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Extended hours are also available

**This fight against cancer is becoming personal.** In order to pay tribute to Alison Fransen's aunt, Brenda Parsons, who lost her fight with cancer earlier in July, I will match all new donations to my 2019 Ride.

Please consider donating to my 2019 Ride to Conquer Cancer.

