

Opiates are relatively safe and effective in management of some (but not all) long term chronic nonmalignant pain.

Although some types of pain such as neuropathic pain respond less well to opioids than somatic pain, high enough doses may be effective in alleviating the pain and the use of adjunctive medication may also be helpful.

However, it must be remembered that some pain will remain intractable despite opioid use.

David Joranson, of University of Wisconsin Medical School commented to Reuter's Health in April of this year, that many people who might benefit from opioids are not receiving them and even suggested that some patients have to resort to checking themselves into methadone programmes (used for drug abusers) merely to get some pain management.

Belgrade (xiv) however stresses that

“Opioid analgesia is neither a privilege nor a right. It is one form of treatment that may be used in certain settings by mutual agreement of the patient and the physician.”

He concludes by stating:

“Opioid maintenance analgesia for chronic nonmalignant pain can be successful in selected cases, but it is not a panacea for all pain, and management of patients using opioids can be an arduous process. A consistent and principle-based approach is recommended. Passion and chauvinism exist on both sides of the controversy and should be

Conclusion

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discouraged."

As McQuay states in his article "Opioids in Pain Management" (*Lancet*1999; 353:2229-32)

"Opioids are our most powerful analgesics, but politics, prejudice and our continuing ignorance still impede optimum prescribing."

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