Support Group Leader Training – Section 2-Lesson 3

Subject: Medication – Opioids and Specialist

Beneficial in some patients, demonstrated good efficacy outcomes with only moderate side effects and low risk of abuse or addiction. Longer acting opioids are better than short-acting. Patient selection and close follow-up important

*CNS - The **central nervous system** contains the brain and the spinal cord. Everything else but the CNS is known as the peripheral nervous system. The peripheral nervous system or PNS contains the nerves, which leave the brain and the spinal cord and travel to certain areas of the body.*

Tramadol - *is a pain relieving medicine. It effectively alleviates moderate to severe pain*

- CNS-active analgesic, synergistic action via:
  - Non-opioid by inhibition of noradrenaline reuptake and stimulation of serotonin release at the spinal level
  - Opioid with weak binding to mu-opioid receptors
- Quick acting, slow release, extended release, IV or IM
- Side effects: CNS (somnolence, confusion, dizziness) & GIT (nausea)
- Small risk of seizures (use contraindicated if seizure history)
- NNT for Tramadol 100mg 4.7

Buprenorphine (Norspan) - *Buprenorphine is used to treat moderate to severe pain and drug dependence/addiction to opioids. It helps prevent withdrawal symptoms that may be caused due to withdrawal of other opioids.*

- Transdermal patch – weekly
  - Partial opioid agonist
  - SE's: Application site skin irritation (rotate sites), headaches , Dizziness, drowsiness, nausea
  - Doses: 5 mcg/hr / 10 / 20 /40 weekly

Tapentadol - *is used to treat moderate to severe pain. It effectively alleviates pain when other treatments fail to relieve your pain or you cannot tolerate them*

- Opiate agonist and noradrenaline reuptake inhibitor.
- Used when there is mixed pain with elements of nociceptive and neuropathic pain.
- Theoretical risk of confusion and serotonin toxicity if prescribed with SSRIs or serotonergic agents.
- Start at 50 mg at night increasing slowly to 200mg twice a day.
- Similar side effects to other opiates, but generally not as severe or frequent.

Baclofen - *is used for muscle relaxation. It provides relief from rigidity, tension and stiffness in muscles (spasticity) that may occur due to various conditions such as cerebral palsy, multiple sclerosis, motor neuron disease, or injury to the head, brain or spine.*

- GABA b receptor agonist
    - Lancinating pains primarily through inhibitory effect
    - Initiate slowly, 5mg bd (increase up to 40-60mg/day)
- Side effects: CNS depression of sedation, confusion, dizziness and nausea and postural hypotension

Mexilitene - *is a medicine used to treat certain types of arrhythmia (abnormal heart rhythm). It restores normal heart rhythm by blocking abnormal electrical signals in the heart. This helps to maintain a regular and steady heartbeat.*

- Blocks sodium channels and reduces abnormal baseline and inducible nerve discharges
- Difficult to initiate. Start 50 mg daily increasing slowly to 200 mg tds
- Poorly tolerated with anorexia, nausea, vomiting, drowsiness, confusion

Clonidine - *is a medicine used in the treatment of hypertension (high blood pressure). It lowers the blood pressure by relaxing the blood vessels. Lowering the blood pressure helps to prevent future stroke and heart attack.*

- Alpha 2 adrenergic agonist in dorsal horn and brainstem
    - Transdermal, intravenous, oral, and epidural
    - Suppress CNS noradrenergic activity and peripheral sympathetic tone
- Opiate analgesia may increase the power as it has a dual effects on opiate receptors
- Non-addictive therefore useful for weaning opioid-dependent patients by blocking withdrawal

Please complete the Knowledge Test – Medication – Opioids and Specialist Quiz 3 - before moving to the next training file