

POOR PAIN RELIEF WITH ORAL OPIOIDS

Every day our Research and Education Projects hear from persons with a serious pain problem who can't obtain enough relief. There are multiple reasons, but a major one is that they are trying to relieve their pain with oral opioids. It appears to us that there is a gross misunderstanding and ignorance about the inability of oral opioids to ever provide good pain relief in many persons who have certain disorders and the intractable pain syndrome (IPS).

CRITICAL KNOWLEDGE

If you have or know someone who isn't getting good pain relief with oral opioids carefully review this chronicle and the one that follows. Why?

A person who has constant pain from adhesive arachnoiditis (AA), Ehlers -Danlos Syndrome (EDS), Reflex Sympathetic Dystrophy (CRPS/RSD), cervical neck neuropathy, or other disease that causes constant pain with cardiovascular and endocrine abnormalities will often have impairment of the stomach and intestine. This affects the ability to properly dissolve, digest, and place enough opioid into the blood stream to get pain relief. This occurrence is technically called "opioid malabsorption" or "opioid maldigestion."

WHAT CAUSES INADEQUATE OPIOID DIGESTION

All the conditions listed above cause dysfunction of the many nerves that go from the spinal cord to the stomach and intestine. The nerves carry the bioelectricity that activates the stomach and intestines so that the acids and enzymes from them will fully dissolve and digest tablets, capsules, and liquids. EDS, diabetes, and autoimmune diseases may erode or degenerate the collagen matrix of the small intestine, so it won't properly function, which impedes digestion.

DOSAGE LIMIT

Stomach and intestinal malfunction due to many severe painful diseases may manifest differently at different times. For example, on some days function will be good, and on others, almost non-existent. Another example is "maximal ability." In this case the impaired stomach and intestine digestion will allow only a maximal amount of opioid to be digested. For example, 4 tablets will provide some relief, but 6 or 8 won't do any better.

Review your situation. By reflecting on past intake, did you have some days when you got relief, but not others? Does increasing your oral dose give you no more relief?

TAKE HOME MESSAGE- "THE BOTTOM LINE"

If you have IPS (constant pain with cardiovascular or endocrine complications), don't count on oral opioids to give you the pain relief you may need. You must take opioids that by-pass and don't rely on the stomach and intestines to dissolve and digest a pill or capsule. Start looking into opioid injections, suppositories, patches, topicals, sublingual(under-the-tongue), or buccal (inside the mouth-upper cheek). Also start probiotics and/or intestinal enzyme preparations, as they sometimes help oral opioids do their job.

*Published as a public service by the
Intractable Pain Syndrome Research & Education Project of the **Tennant Foundation**
4931 W. Central, Wichita, KS, 67212 Phone: 626-716-2689 Fax: 316-260-4077*

E-mail: tennantfoundation92@gmail.com www.arachnoiditishope.com www.intractablepainsyndrome.com

This information is not intended to diagnose, treat, cure, or prevent any disease, as this information is for educational purposes only, and is not a substitute for medical advice, diagnosis, or treatment. Please refer to your local qualified health practitioner for all medical concerns.