

NECESSITY OF INJECTABLE OPIOIDS

Most persons with bonafide IPS (constant pain with cardiovascular and endocrine complications) can rarely rely on oral high-dose opioids for adequate pain relief. Why? Due to genetic metabolism, stomach and intestinal defects and pain severity, oral opioids simply won't provide adequate pain relief. Injectable opioids are about 3 to 10 times the potency of oral opioids. Other non-oral ways to take opioids include sublingual (under-the tongue), buccal (side of the cheek), patch, topical cream, and suppositories. All bonafide IPS patients should consider non-oral ways to take an opioid, but none are as effective for flares as an injectable opioid, such as hydromorphone, morphine, or meperidine (Demerol®).

ADVANTAGES /BENEFITS OF INJECTABLE OPIOIDS OVER ORAL OPIOIDS

The big advantages of injectable opioids are:

1. Fast acting-within 5 to 10 minutes
2. Elimination of opioid from the blood within with 2-3 hours, but pain relief is much longer.
3. Over-dose death risk is reduced since an injectable opioid goes in and out of the blood quite quickly
4. Persons and families of persons who take injectables are trained to protect and safeguard their supply so children, pets, and visitors neither take the injectable nor divert it to the street.

RESTRICTIONS

Injectable opioids are used subcutaneously or intramuscularly, not intravenously, for at home use. Injectable opioids are only used for flares. Some bonafide IPS patients can control their pain fairly well with GABA and dopamine activators and some low-dose oral opioids. They only use injectables for flares.

LONG-TERM PAIN CONTROL

Every IPS patient needs to achieve some pain free hours so they can walk, physically exercise their arms and legs, do activities of daily living, and be able to mentally concentrate enough to be able to read and write. These hours of zero or very little pain help strengthen the cardiovascular and endocrine systems so some tissue regeneration can occur and permanently reduce their constant pain. Injectable opioids provide the best opportunity at achieving some pain free hours.

NEW INJECTION INNOVATION

Our enthusiasm for injectable opioids has been enhanced by the development of compounded hydromorphone. (Example: Anazao Labs-Tampa, FL- 50mg/ml). This innovation allows a micro dose of only .1cc (5mg.), which can be taken subcutaneously with a small needle (e.g. 26 gauge).

BEST PAIN RELIEF UNDER 90 MILLIGRAM EQUIVALANCE

Those persons who have been cut-back on opioids to meet Federal prescribing guidelines need to be fully aware that the best way to get pain relief and stay under 90MME (Federal Maximum) is with the new hydromorphone formulation.

EXAMPLE:	<u>ORAL OPIOID</u>	<u>NEW INJECTABLE HYDROMORPHONE</u>
	Hydrocodone/Acetaminophen 10/325	1 to 2 subcutaneous injections
	Oxycodone/Acetaminophen 10/325	of .1 or .2 ml. a day provides 5-10 MG
	2 to 4 per day	

SUMMARY

New research and technology is now capable of providing the most potent pain relief ever known. We simply need all concerned parties to realize that we now have the tools to provide relief without resorting to high dose oral opioids, as long as injectable opioids are part of the program.

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