



THE FENTANYL PATCH:

EXCELLENT PAIN RELIEF FOR ADHESIVE ARACHNOIDITIS

Arachnoiditis Hope continually receives reports on the outstanding pain relief provided by the fentanyl patch. We highly recommend that persons with AA who are not satisfied with their pain control program discuss the fentanyl patch with their medical provider.

1st Line Pain Relief*: Initial pain relief for AA consists of a low dose, short-acting opioid from this group plus a neuropathic agent:

1st Choice Opioids: Tramadol, codeine, hydrocodone, buprenorphine, or oxycodone/acetaminophen

Neuropathic agents: gabapentin, pregabalin (Lyrica®), duloxetine, diazepam, lorazepam, alprazolam, baclofen

*As part of an effective pain control program we now recommend all persons with AA take palmitoylethanolamide (PEA) or low dose naltrexone

Benefits of Fentanyl Patch: The patch comes in 12, 25, 50, 75 mcg dosage. It lasts 48 to 72 hours and provides continuous pain relief during this period.

Great Non-Abuse, Overdose, Diversion Record: Although there were concerns about the fentanyl patch when it first came on the market, it has had almost zero reports of abuse, diversion, or overdose. This is one reason why medical boards and regulatory agencies favor it in most cases.

Doctors Should Not Fear Prescribing: A person with MRI-documented AA is eligible for opioids of all dosages and formulations. Make sure your medical records contain documentation that you have AA. Arachnoiditis Hope is not aware of a single medical practitioner being disciplined by their medical board for prescribing opioids to a bonafide AA case. Please inform your medical practitioner of this outstanding record.

Summary: Persons with AA need good pain control to suppress inflammation and autoimmune assaults. If you are not happy with your current pain control program, seek a trial with the fentanyl patch.