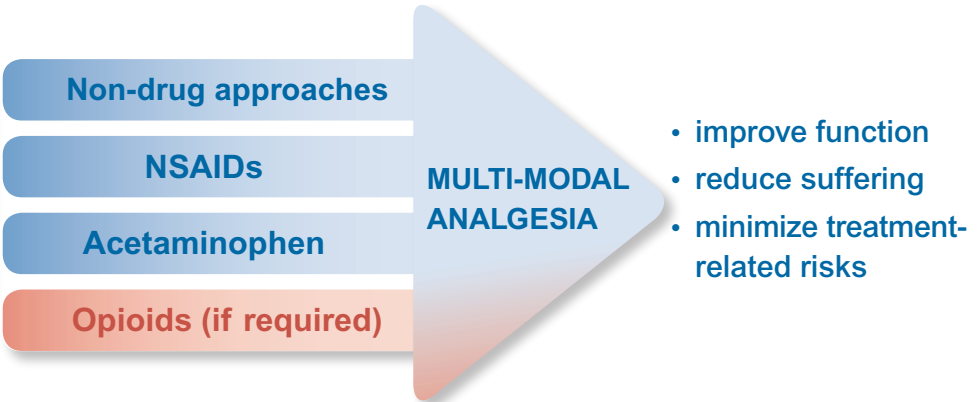


Combining drug and non-drug treatments produces a synergistic effect in managing acute pain



If opioids are required:

- Know prescribing limits (e.g., maximum day supply or dose).
- Watch for signs of addiction: Even a short course of opioids is enough for some patients to become addicted.
- Add or maintain non-opioid treatments.
- Avoid co-prescribing with benzodiazepines.
- Prescribe naloxone if on >50 MMEs* per day or history of opioid overdose.
- Check the prescription drug monitoring program.

* morphine milliequivalents



Pharmaceutical Assistance
Contract for the Elderly

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at AlosaHealth.org. Copyright 2018 by Alosa Health. All rights reserved.

Evidence summary for managing acute pain

INTERVENTION		Acute strains and sprains	Acute low back pain	Acute post-op pain
NON-DRUG OPTIONS	compression	●	○	○
	exercise	●	●	○
	casting (severe sprains)	●	○	○
	physical therapy	●	●	○
	massage	○	●	○
	acupuncture	○	●	●
	spinal manipulation	○	●	○
	TENS*	○	○	●
DRUG OPTIONS	acetaminophen	●	●	●
	oral NSAIDs	●	●	●
	topical NSAIDs	●	○	○
	opioids	●	●	●
	skeletal muscle relaxants	●	●	○
	systemic oral steroids	○	●	○
	epidural steroids (for sciatica)	○	●	○
	NSAID + acetaminophen	●	●	●
	gabapentin; pregabalin	○	○	●

Risk/benefit: ● = favorable ● = potentially favorable ● = unfavorable ○ = inadequate evidence

* TENS: transcutaneous electrical nerve stimulation

Visit [AloshaHealth.org/AcutePain](https://www.AloshaHealth.org/AcutePain) for more information and resources