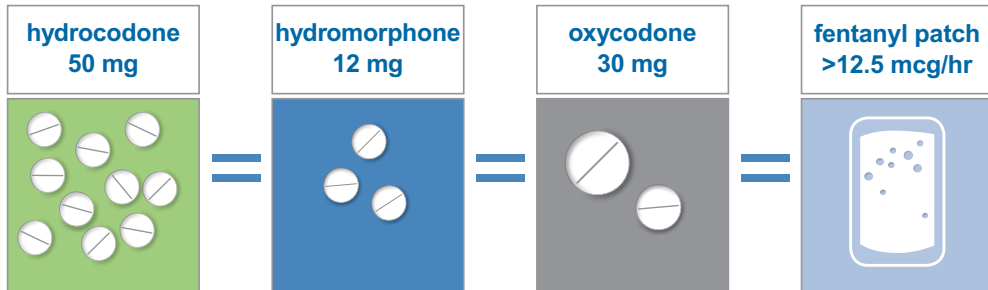




Use caution with opioid doses above 50 MMED*, which increases the risk of overdose.

50 morphine milligram equivalents translates to:



Opioid dose calculator available at: tinyurl.com/ycgnmarl

*MMED: morphine milligram equivalents per day

Evidence-based approaches to managing four chronic pain syndromes

Strength of the evidence for drug and non-drug options

INTERVENTION		Osteoarthritis	Low back pain	Diabetic neuropathy	Fibromyalgia
NON-DRUG OPTIONS	exercise	●	●	⊘	●
	physical therapy	●	⊘	⊘	⊘
	tai chi	●	●	○	●
	weight loss	○	○	⊘	●
	yoga	●	●	⊘	○
	acupuncture	●	●	○	○
	massage	●	●	○	●
	TENS*	○	○	○	○
	cognitive behavioral therapy	⊘	●	○	●
	mindfulness meditation	○	●	○	○
	self-management	●	●	⊘	○
DRUG OPTIONS	acetaminophen	●	○	⊘	⊘
	NSAIDs—oral	●	●	⊘	⊘
	NSAIDs—topical	●	⊘	⊘	⊘
	duloxetine (Cymbalta, generics)	●	●	●	●
	tricyclic antidepressants (TCAs)	⊘	●	●	○
	pregabalin (Lyrica, Lyrica CR)	●	○	●	●
	gabapentin (Neurontin, generics)	⊘	○	○	●
	topical lidocaine (Lidoderm, generics)	○	⊘	●	⊘
	medical marijuana	⊘	⊘	●	○
	opioids	●	●	●	●

Risk/benefit: ● = favorable; ● = potentially favorable; ● = unfavorable; ○ = neutral; ⊘ = not studied

*TENS: transcutaneous electrical nerve stimulation

Visit AlosaHealth.org/Opioids for more information and resources

Naloxone can prevent overdose death

Recommend it for all patients at risk:^{1,2}

- opioid dose >50 MMED
- renal or hepatic dysfunction
- co-prescribed benzodiazepines or other sedatives
- patient smokes or has COPD, asthma, or sleep apnea
- current or history of substance use disorder, or overdose
- recent incarceration and resulting loss of tolerance
- reduction in dose of opioids (loss of tolerance)

(1) Dowell D, Haegerich TM, Chou R. *MMWR Recomm Rep*. 2016;65(1):1-49. (2) Prescribetoprevent.org



Balanced information for better care

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These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

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