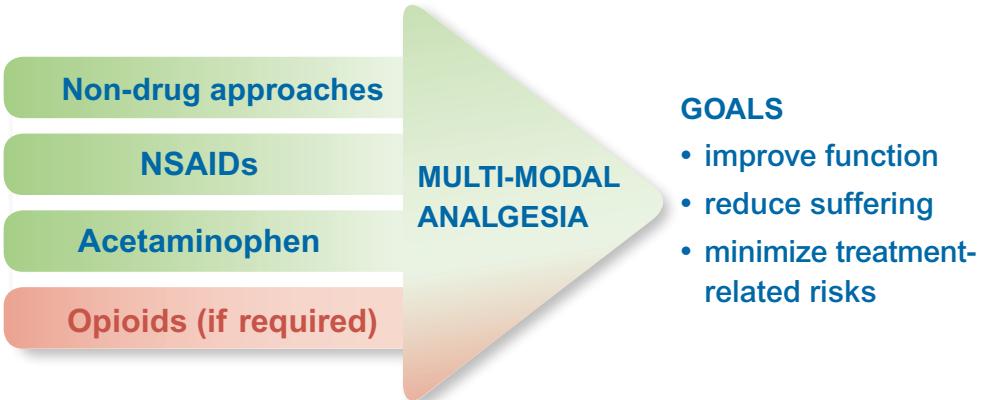


# Combining drug and non-drug treatments produces a synergistic effect in managing acute pain



## 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

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. This material is provided by Alosa Health, a nonprofit organization which is not affiliated with any pharmaceutical company. This material is supported by the PACE Program of the Pennsylvania Department of Aging and by the Pennsylvania Department of Health, through funding from the Centers for Disease Control and Prevention. Copyright 2019 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; ○ = neutral; ⊘ = not studied

\* TENS: transcutaneous electrical nerve stimulation

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