



50 MME translates to:

Use caution with opioid doses above 50 MME\* per day. These doses have limited benefit but increasing harm.



## Discuss opioid risk reduction strategies



### Naloxone saves lives.

Prescribe with any risk factors:

- opioid dose >50 MME/day
- renal or hepatic dysfunction
- taking benzodiazepine or other sedatives
- COPD, asthma, tobacco use, or sleep apnea
- history of substance use disorder or overdose
- loss of tolerance



### Discuss safe storage.

- Keep opioids out of reach of others.
- Use a secure storage location when possible, such as a lockbox.



### Encourage disposal of unused opioids.

Options include:

- safe medication disposal boxes
- take back events
- activated charcoal bag

# Approaches to managing four pain syndromes

## Evidence for pharmacologic and non-pharmacologic options

INTERVENTION	Osteoarthritis	Low back pain	Diabetic neuropathy	Fibromyalgia	
Non-pharmacologic options	exercise	●	●	—	●
	physical therapy	●	●	—	—
	tai chi	●	●	—	●
	weight loss	●	—	—	●
	yoga	●	●	—	○
	acupuncture	○	●	●	○
	massage	●	●	—	○
	TENS*	○	○	●	●
	cognitive behavioral therapy	○	●	—	●
	mindfulness	●	●	—	○
	self-management	●	●	—	○
Non-opioid pharmacologic options	acetaminophen	●	○	—	—
	NSAIDs—oral	●	●	—	—
	NSAIDs—topical	●	○	—	—
	duloxetine (Cymbalta, generics)	●	●	●	●
	tricyclic antidepressants (TCAs)	—	●	●	●
	pregabalin (Lyrica, Lyrica CR)	—	○	●	●
	gabapentin (Neurontin, generics)	—	○	●	●
topical lidocaine (Lidoderm, generics)	○	—	○	—	
cannabis/cannabinoids	—	—	●	○	
Opioids	tramadol (Ultram)	○	●	●	○
	buprenorphine (Belbuca, Butrans)	○	●	○	—
	other opioids	●	●	●	●

Risk/benefit: ● = favorable; ● = potentially favorable; ● = unfavorable; ○ = no clear benefit; — = insufficient data

\*TENS: transcutaneous electrical nerve stimulation

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