



## **AT HOME INJECTIONS FOR ACUTE PAIN FLARES IN AA**

Since the hypodermic needle and syringe were invented in the 1840s, persons with severe chronic pain have been taught to use an injectable opioid at home when they experience a severe pain flare. In recent years, however, this humane, and even lifesaving practice has been shunned for the ludicrous, misinformed opinion that it will cause addiction or somehow worsen the epidemic of opioid abuse in the alleys and streets of America.

**Fact:** There is not a shred of evidence that an injectable opioid prescribed for severe pain flares leads to addiction, (I operated methadone clinics for 25 years and never saw a case) or that pain patients give up their injectable pain relief medications and sell them on the streets.

### **Recommended Injections for Severe Pain Flares– Patient and Physician Choice:**

1. Ketorolac (Toradol®), 30 – 60 mg
2. Methylprednisolone, 10 – 20 mg
3. Hydromorphone 5 mg (formulation 50 mg per 1cc, Anazao Labs, Tampa)

**Subcutaneous or Intramuscular:** Either can be used. Subcutaneous can be done with an insulin or allergy syringe.

**Safety:** Patients and families can be easily trained in sanitary administration practices and safe storage away from children, pets, and visitors.

**Major Treatment Message:** A persons with MRI-documented AA will have severe pain flares and require an oral or injectable opioid for control. AA is now well recognized as a legitimate and necessary disease that justifies oral and injectable opioid administration.

**Summary:** We recommend that all but the mildest of AA cases be trained and supplied with one or more injectable medications to immediately quell acute pain flares.

**Step One in Treatment of Adhesive Arachnoiditis:** Every person with AA must have a short-acting opioid drug or other medicinal(s) that will relieve their pain flares within one hour. Pain flares raise blood pressure, adrenalin, glucose, and cortisol levels which have a combined effect in usually worsening pain. In other words, a vicious cycle.

Reference: Vacha, et al. The role of subcutaneous ketorolac for pain management. *Hosp Pharm* 2015;50:108-112.