LONG-ACTING OPIOIDS ARE BENEFITTING MANY PERSONS WITH ADHESIVE ARACHNOIDITIS (AA)

In last week's bulletin we described the use of the fentanyl patch which is a long-acting opioid formulation. In the past few days, we have heard from many persons with AA who have found great success with other long-acting opioids. This bulletin explains the attributes and recommends the class of long-acting opioids.

Principal of a Long-Acting Opioid: The official indication for a long-acting opioid is the need to control the pain "around the clock" or for 24 hours. We recommend that all AA patients start with the "basic pain relief plan" which consists of a short-acting opioid and a neuropathic agent. If the "basic plan" doesn't provide enough relief, it is time to switch to a long-acting opioid.

First Long-Acting Breakthrough Plan: As long ago as the 1970's and 80's, the first long-acting opioid to be used for "around the clock" relief was methadone. For flares or breakthrough pain, codeine or hydrocodone would be taken. This old-time remedy is still good and, for many persons with intractable pain, is the best program.

Some Common Long-Acting Opioids	
Opioids	Brand Names
Morphine	MS Contin, Avinza, Kadian
Oxycodone	Oxycontin, Xtampa
Hydromorphone	Exalgo
Tapentadol	Nucynta ER
Oxymorphone	Opana ER
Buprenorphine	Butrans
Transdermal Patch	Vitram ER
Tramadol	Hsingla
Hydrocodone	Zohydro
Methadone	

Basic Pain Relief Program

A short-acting opioid: tramadol, codeine, hydrocodone, oxycodone, hydromorphone

PLUS

A neuropathic agent: gabapentin, pregabalin (Lyrica®), baclofen, diazepam, carisoprodol

Summary: Long-acting opioids are benefitting many persons with AA, which is the most painful of rare diseases. MRI-documented cases of AA are legally and medically eligible for any commercially available opioid. Persons who don't achieve enough pain relief with the "basic pain relief program" should consider switching to a long-acting opioid.

This educational information is provided as a public service by "Arachnoiditis Hope."
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