

Back and neck pain non-opioid pharmaceuticals: the facts.

Back and neck pain put an enormous economic burden on society. Finding an effective long-term solution for every patient is in everyone's best interest. Many organizations, such as the National Institutes of Health, American College of Physicians, Agency for Healthcare Research and Quality, Center for Disease Control and Prevention and Joint Commission of the Accreditation of Healthcare Organizations recommend starting with non-pharmacological strategies. Before you use pharmacological options, consider the references below.



WHAT GIVES MORE PAIN RELIEF? PLACEBO OR...

OTC

Over the counter (OTC) medications are associated with only small effects on pain [relief] compared to placebo.

-J Neuroscience 2016

GABAPENTENOIDS

No more effective for chronic back pain or lumbar radicular pain.

- Shanthanna H, et al. Benefits and safety of gabapentinoids in chronic low back pain: A systematic review and meta-analysis of randomized controlled trials. PLOS Medicine, 2017; 14(8):e1002369.

SYSTEMIC CORTICOSTEROIDS

No better at pain reduction or improving function for spinal stenosis or radiculopathy.

- Chou R, et al. Systemic pharmacologic therapies for low back pain: a systematic review for an American College of Physicians Clinical Practice Guideline. Annals Int Med 2017; <https://bit.ly/2LnHilb> on 4 April, 2017

“OTC medications are as effective as opioids for both pain control and function for chronic back pain and chronic degenerative joint disease pain in the knee and hip.”

- Krebs E, et al. Effect of opioid vs non-opioid medications on pain-related function in patients with chronic back pain or hip or knee osteoarthritis pain: the SPACE randomized clinical trial. JAMA 2018; 319(9):872-882.

NSAIDs - Non steroidal anti inflammatory drugs are preferred as a first line pharmacologic therapy for acute, subacute and chronic back pain.

Muscle relaxants are better than placebo for acute pain but are no better than placebo for chronic pain.

- Chou R, et al. Systemic pharmacologic therapies for low back pain: a systematic review for an American College of Physicians Clinical Practice Guideline. Annals Int Med 2017; <https://bit.ly/2LnHilb> on 4 April, 2017

Duloxetine (Serotonin/NE reuptake inhibitor) is associated with reduced pain and improved function compared to placebo for chronic back pain.

Acetaminophen is no better than placebo for pain, function or risk for serious events with acute back pain.