# A NEW APPROACH TO THE USE OF OPIATES IN CHRONIC PAIN MANAGEMENT.

# DR DUNCAN MACKINNON GP ANAESTHETIST SERH BEGA

 CHRONIC PAIN MANAGEMENT IS POORLY UNDERSTOOD, POORLY MANAGED AND PRESENTS ENORMOUS SOCIAL AND ECONOMIC BURDENS ON OUR SOCIETY. THE EVIDENCE SURROUNDING THE EFFICACY OF THE LONG TERM USE OF REGULAR SLOW RELEASE OPIATES IS POOR TO SAY THE LEAST!

 UNDERSTANDABLY, CHRONIC PAIN SERVICES ARE MOVING TOWARD AN APPROACH WHICH SEES LITTLE OR NO ROLE FOR THESE AGENTS. PHYSICAL, PSYCHOSOCIAL AND OTHER PHARMACOLOGICAL AGENTS RIGHTLY FORM THE BACK BONE OF LONG TERM MANAGEMENT.

 CHRONIC PAIN SERVICES SEE THE TIP OF THE ICE BERG – POSSIBLY 1% OF THOSE SUFFERING. GENERAL PRACTICE CARRIES THE BRUNT OF THIS ONSLAUGHT AND SOLDIERS ON, BEING BOTH THE ONLY PORT OF CALL BUT ALSO THE WELL MOTIVATED BUT UNWITTING ACCOMPLICE TO THE MORBIDITY ASSOCIATED WITH THE USE OF LONG TERM OPIATES.

 GPS NEED ANOTHER APPROACH IN THEIR ARMOURY- ONE THAT ACKNOWLEDGES THE HUMANITARIAN NEEDS OF THEIR PATIENTS WITHOUT ADDING TO THEIR BURDON OF DIS-EASE.

 ALONG WITH BEST PRACTICE MANAGEMENT PROMOTED BY SPECIALIST LED SERVICES, THIS MODEL ALLOWS THE USE OF A THIRD DAY DOSING OF A SLOW RELEASE OPIATE TO COMPLEMENT THE FORMER. IT AVOIDS TOLERANCE, DEPENDENCE AND HYPERALGESIA BUT ALLOWS SELF DETERMINATION AND SELF EFFICACY. IT ALLOWS SUFFERS TO REENGAGE IN LIFE IN A SUSTAINABLE WAY AND AT TIMES RESPITE. ALONG WITH THE ESSENTIAL EDUCATION FOR GPS IT PROVIDES THEM WITH ANOTHER MANAGEMENT TOOL THAT BALANCES THEIR NEED FOR COMPASSION AGAINST THE MORBIDITY ASSOCIATED WITH THE LONG TERM USE OF THIS CLASS OF MEDICATION.

 THIS ALTERNATIVE APPROACH SUPPORTS THE RECOGNISED BEST PRACTICE BACKBONE OF MODERN MANAGEMENT AND PROVIDES GPS AND SUFFERERS THE SELF DETERMINATION AND EMPOWERMENT THAT EPISODIC RESPITE ( WITHOUT ESCALATION ) CAN PROVIDE.