# Optimizing Control of Acute Postoperative Pain While Minimizing Opioid Use



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The University of Texas
Health Science Center at Houston

**School of Dentistry** 

#### Dental Pain Model for Analgesic Research

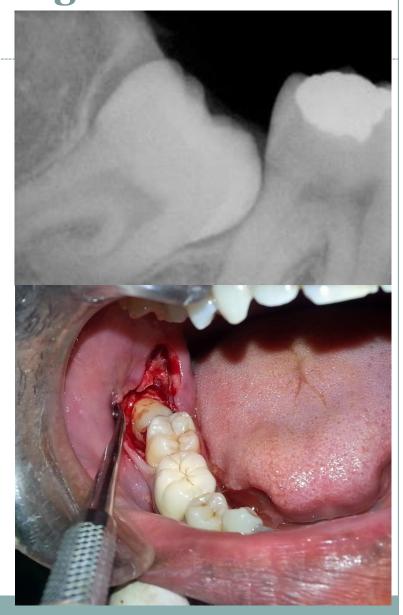
# The Third-Molar Model

Very low placebo response rate (15%)

Young, healthy patients, ASA I

Surgical trauma includes both hard & soft tissues

Reliably & rapidly reaches severe pain level (short time)



### Single Dose Oral Analgesics for Acute Postoperative Pain in Adults—an Overview of Cochrane Reviews (Review)

# MOORE RA, DERRY S, ALDINGTON D, WIFFEN PJ

Cochrane Database Syst. Rev. 2015, Issue 9 Art. No. CD008659 DOI: 10.1002/14651858.pub3



## NNTs Reported by Moore et al. 2015 \*\*



Ibuprofen/200 mg + acetaminophen/500 mg

- Ibuprofen/400 mg: 2.5
- **Long** duration (>8hrs): difunisal/500 mg, acetaminophen/650 mg + oxycodone/10 mg, ibuprofen/400 mg + APAP/1,000 mg
- No evidence for analgesia: aspirin/500 mg & oxycodone 5 mg (stand-alone)
- No systematic reviews of hydrocodone

## Time Horizons/ Provider-Directed Analgesia

• Tooth extraction:

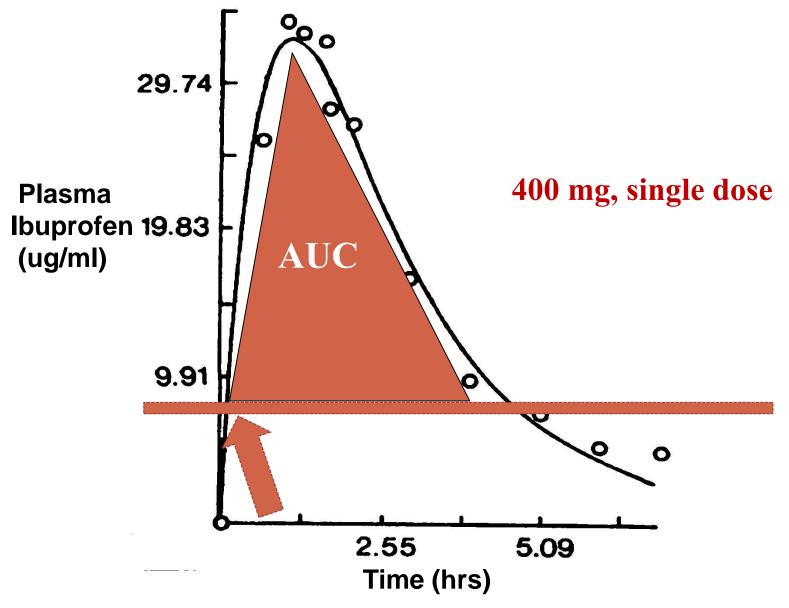
1-3 days

Endodontic therapy:

Periodontal graft surgery:

1-7 days

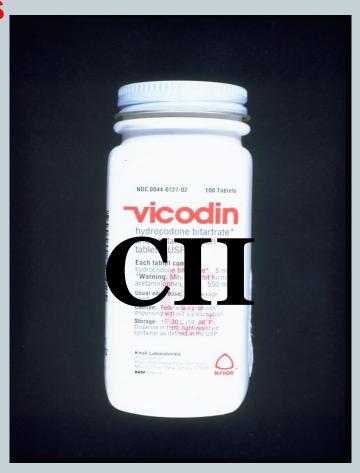
7+ days

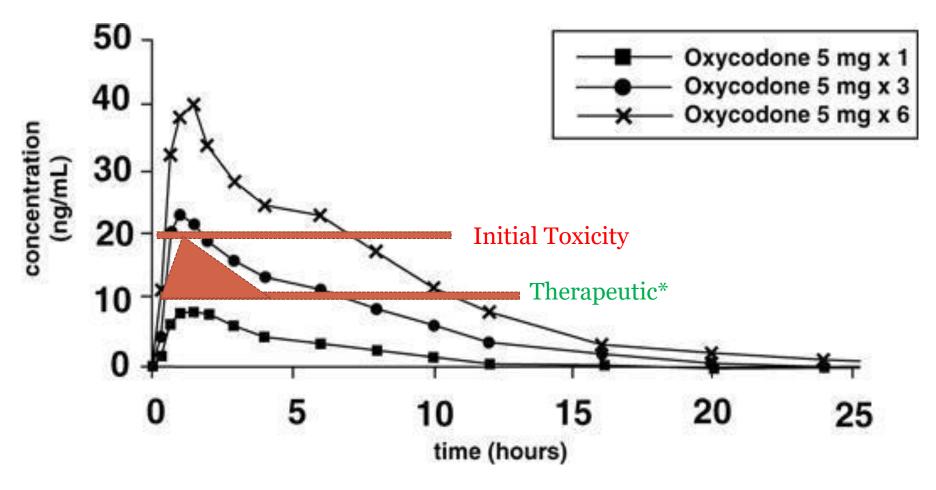


(modified from Collier et al., Br. J. Clin. Pharmacol. 1978;5:530)

## **Opioids: Consistently Variable**

- Less efficacious than NSAIDs as single agents
- Subject to pharmacogenetic polymorphisms
- Nausea, vomiting
- Sedation
- Important alternatives
   (ASA allergy, NSAID intolerance, GI disease, coagulopathies)

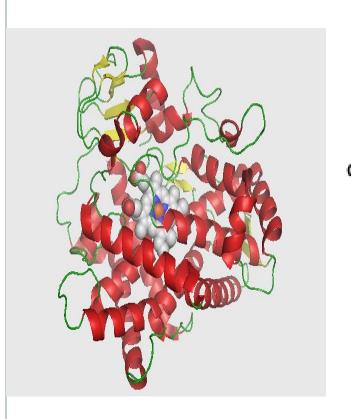




Oxycodone blood level following single oral dose (manufacturer's data)

\*Manufacturer's recommended dose = 5 to 15 mg q. 4 -6 hrs

# Pharmacogenetics & Analgesics



**HYDROCODONE** 

**HYDROMORPHONE** 

## Oxycodone vs. Hydrocodone

#### Oxycodone

- Evaluated in systematic reviews/meta-analyses
- Adult dose range 5-15 mg
- $T_{1/2} =$
- Phase I: CYP 3A4
- Protein binding:
- No combinations with APAP

#### Hydrocodone

- Evaluated in limited number of RCTs
- Adult dose range 5-15 mg
- $T_{1/2} =$
- Phase I: CYP 2D6
- Protein binding:
- Only available in combination with APAP

# Using the Evidence: OTC Drugs \*adult patient, ASA I, no contraindications

For pain relief, take 400 mg ibuprofen (2 Advil) with 1,000 mg acetaminophen (2 Extra-Strength Tylenol) immediately, then every 8 hours as needed

# Using the Evidence: Rx Opioid Drugs \*adult patient, ASA I, no contraindications

Rx

Oxyocodone immediate-release, 5 mg tabs

Disp: 6 (six) tabs

Sig: Take 2 tabs with 1,000 mg

Acetaminophen (2 Extra-Strength Tylenol)

immediately, then every 8 hours as

needed, for dental pain.

Warnings: Do not drive, etc.

# Opioid Prescribing: Acute and Postoperative Pain Management (AAOMS White Paper 2017)

Pre-emptive NSAIDs
Perioperative corticosteroid
Long-acting local anesthetic
Avoid long-acting/ER opioids
NSAIDs are "first-line" anaglesics
NSAIDS+APAP work syngergistically
Consider short-acting opioids for
breatkthrough pain
Use Rx monitoring programs



## Trending NOW: Analgesics

#### Prostaglandin Receptor Antagonists.

**AL-8810** 

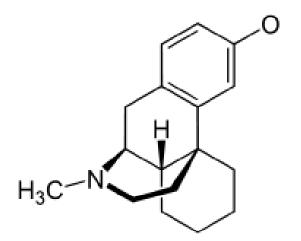
Sharif NA, Klimko PG. Brit. J. Pharmacol. 2018

#### Preemptive Analgesia/Perioperative Dextromethorphan

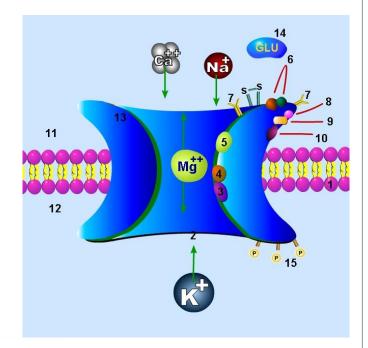
King MR et al. Perioperative dextromethorphan as an adjunct for postoperative pain: a Meta-analysis of randomized controlled trials.

Anesthesiol. 2016;124(3):696-705

# Using the Evidence: Are NMDA Receptor Antagonists in Our Future?







#### **Using the Evidence: Corticosteroids**

Efficacy of Corticosteroids on Postoperative Endodontic Pain: A Systematic Review and Meta-analysis

Shamszadeh S et al. *J. Endod.* 2018;44(7):1057-1065

Effect of Preoperative Corticosteroids in Patients With Symptomatic Pulpitis on Postoperative Pain After Single-Visit Root Canal Treatment: A Systematic Review and Meta-analysis

Suneelkumar C et al. *J. Endod.* 2018;44(9):1347-13554



