## PAIN AND OPIOID (NARCOTIC) ANALGESICS<sup>1</sup>

#### DRUGS USED FOR TREATMENT OF PAIN

Pain is the most common symptom for which patients see a doctor. Optimal management of pain requires that clinician should have a conceptual framework for what is happening to the patient in mind and body. Different types of drugs are used for treatment of pain. In general, they include:

- Drugs relieving pain due to multiple causes (analgesics):
  - narcotic analgesics (morphine, fentanyl etc): act chiefly in the CNS
  - non-narcotic analgesics (paracetamol, metamizole): act chiefly peripherally
- 2. Drugs relieving pain due to a single cause or specific pain syndrome only. They are not classified as analgesics: e.g. naratriptan (migraine), carbamazepine (neuralgias), glyceryl trinitrate (angina pectoris), adrenal steroids (inflammatory pain), butylscopolamine (spasm of visceral smooth muscles), baclofen (spasm of striated muscles), etc.
- Adjuvant drugs (anxyolitics, neuroleptics, antidepressants) may modify the perception of pain and remove the concomitants of pain such as arxiety, fear, and depression. Placebo gives relief in 3%.
- Anaestethics are used during surgical operations, some diagnostic and other painful procedures.

#### FOUR MAJOR ASPECTS OF PAIN

- Nociception is a consequence of tissue injury (trauma, inflammation) causing the release of chemical mediators (ACh, PGE, NA, 5-HT, glutamate, bradykinin, endogenous opioids, adenosine) which have neuronal or non-neuronal origin. These mediators activate nociceptors. Nociceptors (pain receptors) transmit information by thin myelin (A-delta) and non myelin (C) fibers to the spinal cord and brain.
- 2. Pain perception has a complex mechanism. It is a result of nociceptive impulses reaching the brain (thalamus, cortex), plus impulses from other peripheral receptors, e.g. heat and mechanoreceptors, whose threshold of response is reduced by the same chemical mediators. These are processed in the brain whence modulated inhibitory impulses pass down to regulate the continuing afferent input. But pain can occur without nociception (some neuralgias). Pain is a psychological state; though most types of pain have a physical cause.
- 3. Suffering is a consequence of pain and tack of understanding by patients what the meaning of pain is. Suffering comprises of anxiety, fear (particularly in acute pain) and depression (in chronic pain), which will be affected by patient's personality and his beliefs about the significance of pain. Depression makes a major contribution to suffering. Pain threshold is lowered by anxiety, anger, sadness, fatigue or insomnia.
- 4. Pain behavior comprises of nociception, pain perception and suffering. It includes facial expression of patients, restlessness, seeking isolation or company, medicine-taking, etc. The clinician's task is to determine the significance of these items for each patient and according to them to give suitable treatment. Analgesics may be needed, but not as a mainstay of therapy; adjuvant drugs may be needed, as well as non drug therapy (surgery, radiation).

Adapted from P.N. Bennett and M. J. Brown (Clinical Pharmacology, 9" Ed Churchill Livingstone, London, 2003) by J. Lambey.

# **Narcotic Analgesics In Anesthesiology**

Pamela Macintyre, David Rowbotham, Suellen Walker

#### **Narcotic Analgesics In Anesthesiology:**

Narcotic Analgesics in Anesthesiology Luke M. Kitahata, Jerry G. Collins, 1982 **Opioids in Anesthesia** Fawzy G. Regional Opioid Analgesia J. de Castro, J. Meynadier, Michael Zenz, 2012-12-06 by E K ZSIGMOND M D Department of Anesthesiology University of Illinois Chicago U S A It is indeed a distinct honor and privilege to be invited by the authors to write a preface to this monumental monograph Regional Opioid Analgesia Regional Opioid Analgesia is a colossal undertaking by Drs De Castro Meynadier and Zenz shortly after the introduction of this revolutionary approach to pain relief which opened a new epoch in analgesiology This is indeed the first authentic and comprehensive textbook encompassing the current knowl edge on this novel approach to pain relief We are indebted to the authors for introducing the new opioids to regional analgesia with the scientists who developed the potent short and ultrashort acting opioids with high therapeutic indices which many researchers dreamt about but never before materialized The side effect liabilities of these new opioids are minute as compared to morphine and meperidine Regional Opioid Analgesia could not have been more authentically written than by Drs De Castro Zenz and Meynadier who have conducted daily clinical investigations on all known opioids for regional analgesia as well as for neurolept analgesia Therein lies the great value of this monograph it is the most authentic work on this topic Opioid Agonists, Antagonists, and Mixed Narcotic Analgesics Enno Freye,1987 The concept of this manuscript is to incorporate the basic knowledge which is necessary for the practical use of central analgesics and their antagonists in a concise and understandable form With this concept in mind the enormous advances of the last decade with regard to the mode of action of opioids are covered. The manuscript is not intended to be a scientific textbook rather it is meant to be an introductory reference book about opioids and their antagonists and about their pros and cons with regard to the various specialities where opioids are used for the alleviation of pain Because of its brevity there is no question of its being complete Where new information necessitates extended explanation there is a detailed discussion In other cases value has been placed on conciseness The author is grateful for any advice corrections and suggestions The work of William A Coleman who prepared the translation is greatly appre ciated Dusseldorf January 1987 EnnoFreye Contents Preface V The Use of Opioids During Anaesthesia and Their Importance in Clinical Application 1 Classical Potentiated Anaesthesia 3 Relaxation Anaesthesia 3 Neurolepsis 4 Neuroleptanaesthesia 6 Sequential Anaesthesia 8 Synaptangalgesia 8 Balanced Anaesthesia 9 Technique for Balanced Anaesthesia Using Narcotic Analgesics 10 The Mode of Action of Opioids 15 Specific Binding Sites for Opioids in the CNS 15 The Three Main Characteristics of Pain 19

Anesthesiology 1986 T.H. Stanley, W.C. Petty, 2012-12-06 Theodore H Stanley M D W Clayton Petty M D Anesthesiology 1986 contains the Refresher Course manuscripts of the presentations of the 31st Annual Postgraduate Course in Anesthesiology which took place at the Westin Hotel Utah Convention Center in Salt Lake City Utah February 14 18 1986 The chapters reflect recent and future developments in anesthetic techniques monitoring instruments and devices and

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comprehensive history of anesthesia unique in its focus on the people and events that shaped the specialty around the world particularly during the past 70 years when anesthesia emerged from empiricism and developed into a science based practice

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