Analgesia for Acute Pain
in the Methadone Maintenance Patient

To properly assess, understand, and treat pain, clinicians must consider numerous psychological, physiological, and pharmacological factors. Unfortunately, there are no objective tests that can prove or disprove a patient's subjective complaint of pain.

Pain is defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage" (The International Association for the Study of Pain). The suffering that occurs as a result of pain is composed of the physiological primary pain sensation and the psychological or emotional reaction to that sensation. Some individuals have an exaggerated psychological overlay to their pain, which can affect both their pain tolerance, as well as their response to analgesics.

Opioid dependent patients on Methadone Maintenance Therapy (MMT) develop tolerance to the analgesic properties of methadone. Consequently, acute pain is perceived the same as patients with pain who are not on MMT. Physicians are often reluctant to prescribe more analgesic medications in sufficient amounts to provide adequate analgesia for MMT patients.

One reason for this reluctance may be the belief that MMT itself should adequately alleviate pain because of the analgesic properties of methadone. Other factors that may contribute to the under-treatment of acute pain include:

- the health care provider's understanding of the role of MMT in the treatment of the disease of addiction;
- an underlying suspicion by the physician that they are being manipulated and deceived by the MMT patient, i.e. the physician may believe the patient is drug seeking and using pain as the means to obtain more opioids.

The MMT patient complaining of pain deserves the same treatment as any non-MMT patient presenting with the complaint of pain. The fact that the patient is on MMT should not deter the physician from appropriately treating any signs and symptoms of illness as (s)he would any patient not on MMT.

Relieving pain in MMT patients with adequate doses of analgesics, including narcotics, can be considered optimal medical care. As with non-MMT patients, evaluation of analgesia dosage and frequency is made through clinical assessment and in collaboration with the patient.

MMT Workshop Attracts Multiple Disciplines

To promote implementation of the new Standards and Guidelines for MMT in Alberta, and to introduce MMT into clinical practice, the College of Physicians & Surgeons of Alberta recently delivered educational workshops in Calgary and Edmonton.

The workshops focused on the fundamentals of MMT through vignettes, lecture, and group discussions. More than 80 people attended, including physicians, nurses, social workers, addiction counsellors, laboratory personnel and pharmacists.

When treating a MMT patient with acute pain, the presenting methadone dosage is maintained, and shorter acting narcotic analgesics prescribed as required. Narcotic agonist/antagonist combinations should be avoided as these may precipitate opioid withdrawal. Some examples of agonist/antagonist combinations include Talwin® and butorphanol (Stadol NS®*).

As with any patient, the optimal medical treatment of acute pain will promote better health and faster healing for the MMT patient. Communication between the prescriber for the acute pain and the prescriber for methadone facilitates the best possible treatment for the MMT patient with acute pain.

Under-treatment of acute pain because the patient is on MMT may lead to behaviours that objectively can be interpreted as drug seeking. Also known as pseudo addiction, these behaviours cause friction in the therapeutic relationship and often result in premature discontinuation of therapy. This then leads to poor patient outcomes and discontented care givers.

**Although Stadol NS is no longer manufactured, butorphanol is commonly known by this name. Two generic forms of the drug are currently manufactured under the names of apo-butorphanol and pms-butorphanol.*

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