Non-opioid analgesia is as effective as opioid management in acute pain and supports a change in prescribing practice to help address the ‘opioid epidemic’.

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Commentary

Opioid medication and non-opioids provided similar levels of pain relief, challenging the perception that non-opioids are less effective in acute pain.

Numbers needed to treat (NNT) information for single-dose analgesia in a range of acute pain conditions has been available for some time. NNT provides a simple means of comparing different treatments. In terms of acute pain, an NNT of 3 means that when three people are given the treatment one of them will get at least 50% reduction in their pain. Intramuscular morphine given in a dose of 10 mg has an NNT of 2.9, while paracetamol with ibuprofen an NNT between 1.5 and 1.6 depending on the dose.

The growing concern about the harms of opioids and this will provide an impetus to change, including new legislation and increased prescription monitoring in the USA.

Larger studies are needed to strengthen this evidence for change. Future research should focus on effectiveness and factors such as patient expectations and satisfaction with treatment. It will be complicated to unravel whether a change in prescribing practice in the ED leads to a reduction in opioid dependence, but current evidence suggests that this is logical.

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References