

# Pros and Cons of Using Pain-Killer Drugs in Different Clinical Situations

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## Introduction

Pain is one of the main complaints of patients referred to the hospital and comprises almost 80% of the causes for referral to the emergency department. Pain management in the emergency department is one of the quality-of-care indicators and can be used as a marker for assessing the care in the emergency department. Factors such as race, age, sex, ability to express pain, underlying illness, physician awareness, and fear of complications can prevent proper pain control in patients [1]. Pain control should not be delayed while waiting for test results and para-clinical actions. The primary basis for pain relief is the administration of systemic analgesic agents such as narcotics or nonsteroidal anti-inflammatory drugs. The type of treatment regime should be chosen and administered in a way that, in addition to being able to improve several types of pain in the patient, have few side effects and do not interfere with other drugs [2]. Studies have shown that patients whose primary pain is well managed and treated in the emergency department have a higher overall satisfaction with hospital services. However, there is an almost universal agreement about the inadequate treatment of pain in the emergency department. As a result, recognizing different methods of analgesia and pain management for emergency medicine physicians allows them to have various pain relief methods to reduce pain and to be able to use it according to the patient's condition and to improve the quality of their services [3]. Ketamine is another analgesic drug that has been used in clinical interventions for more than 30 years and can be administered via IV, IN, intramuscular, subcutaneous, oral, rectal, transdermal, epidural and intrathecal routes. Clinical trials have shown that IN ketamine can have similar analgesic effects to IN fentanyl [4]. Due to fewer complications, comparable duration of action, and ease of use can be a good choice for controlling pain in children. In particular, even after oral administration, it has an appropriate effect and few side effects in different age groups. Therefore, IN ketamine can be used in people who are contraindicated in taking fentanyl or other opioids. Ketamine can also be effective in preventing the immediate and delayed effects of hyperalgesia and acute tolerance effects due to the use of morphine and fentanyl. NSAIDs are the other commonly used drugs, and although they are less effective during the first 10 minutes, they have an equal effect to opioids within 20–30 minutes and are well tolerated for short-term use [5]. Heldigit showed that pain control using NSAIDs is better than for morphine, and the need for rescue treatment and complications in NSAIDs is lower [6]. The anti-inflammatory effects of NSAIDs are due to inhibition of prostaglandins, which reduce the dilatation of the vessels, increase their permeability, increase diuretic effects on the kidneys, and increase pelvic pressure and the urine collection system. They also reduce swelling and inflammation and contractions of the ureter muscles [7]. The gastrointestinal and renal side effects of NSAIDs have limited their use. However, their injectable generation such as ketorolac has minimized this complication [8]. Because of the side effects of systemic drugs and the restrictions on the use of analgesics, especially opioids, regional blocks of pain as part of a multimodal analgesic strategy, especially for fractures, joint reductions, complex lacerations, chest tube placement, and even paraphimosis reduction can be helpful [9]. With an increasing population and people's awareness and advancement of medical knowledge, selecting and proper use of pain killer medications are important [10]. This is a

great challenge for healthcare professionals because many patients in pain have complex conditions with multiple comorbidities and causes of pain.

## Acknowledgement

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## Conflict of Interest

None

## References

1. Cohen SP, Mao J (2014) Neuropathic pain: mechanisms and their clinical implications. *BMJ UK* 348:1-6.
2. Mello RD, Dickenson AH (2008) Spinal cord mechanisms of pain. *BJA US* 101:8-16.
3. Bliddal H, Rosetzsky A, Schlichting P, Weidner MS, Andersen LA, et al. (2000) A randomized, placebo-controlled, cross-over study of ginger extracts and ibuprofen in osteoarthritis. *Osteoarthr Cartil EU* 8:9-12.
4. Maroon JC, Bost JW, Borden MK, Lorenz KM, Ross NA, et al. (2006) Natural anti-inflammatory agents for pain relief in athletes. *Neurosurg Focus US* 21:1- 13.
5. Birnesser H, Oberbaum M, Klein P, Weiser M (2004) The Homeopathic Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment Of Epicondylitis. *J Musculoskelet Res EU* 8:119-128.
6. Ozgoli G, Goli M, Moattar F (2009) Comparison of effects of ginger, mefenamic acid, and ibuprofen on pain in women with primary dysmenorrhea. *J Altern Complement Med US* 15:129-132.
7. Raeder J, Dahl V (2009) Clinical application of glucocorticoids, antineuropathics, and other analgesic adjuvants for acute pain management. *CUP UK*: 398-731.
8. Świeboda P, Filip R, Prystupa A, Drozd M (2013) Assessment of pain: types, mechanism and treatment. *Ann Agric Environ Med EU* 1:2-7.
9. Nadler SF, Weingand K, Kruse RJ (2004) The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. *Pain Physician US* 7:395-399.
10. Trout KK (2004) The neuromatrix theory of pain: implications for selected non-pharmacologic methods of pain relief for labor. *J Midwifery Wom Heal US* 49:482-488.

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