Buprenorphine might be a better pain medicine

**Chronic pain needs a different tool** – Morphine and drugs like it (opioids) have been used for hundreds of years to get people through surgery and injuries not expected to cause pain for more than 2 weeks. Unfortunately, all these drugs develop have several undesirable aspects that make them not work well for chronic pain – people can develop tolerance, withdrawal symptoms, and dependence.

**Tolerance** – Tolerance means that the same dose of the drug produces less effect. If the pain is not going away, this creates a need to increase the dose to get the same effect. Tolerance can start within a week and can get worse as the drugs are used for years. It can happen so gradually that you are unaware, blaming increases in dose on new injuries.

**Withdrawal symptoms** – Withdrawal symptoms occur when someone stops taking a medication. With opioids your heart can race, you may start perspiring, become restless, your eyes may dilate so lights seem too bright, your bones and joints begin to ache, your nose may run, etc. You know these are withdrawal symptoms because they go away when you take your next dose. Not everyone gets all the symptoms, but most people get several.

**Dependence** – Dependence comes from the reward that comes along with the pain relief. When an opioid binds to the mu-receptor in your brain, it not only blocks some pain signals, but it sends the same dopamine reward that you get from eating your favorite food or from engaging in sex. This is what drug addicts seek. When you are in pain, it doesn’t feel pleasurable. Instead, it feels like you have a bit more energy to endure the pain. Stopping the medicine and leaving your mu-receptors empty can drive people to want to take the drug again, even if they have no more pain.

**How buprenorphine is different** – Buprenorphine was developed in response to fix two problems with morphine, oxycodone, oxymorphone, and hydrocodone: Decrease overdose deaths and diversion to street use to get high. Since it has been on the market, it has been found to uniquely be safer in a few other ways.

**Decreasing overdose deaths** – In addition to relieving pain and providing a reward, opioids also slow down breathing. As tolerance develops, the dose of opioids may approach the dose that causes people to stop breathing. This, alone or in combination with other drugs and alcohol, is what has caused the dramatic rise in opioid deaths – now double the number of people who die in car crashes. Buprenorphine is a “partial antagonist,” making this less likely, especially when other drugs and alcohol are not used. It also binds to the mu-receptors more tightly than most other opioids, so street abuse is less likely to result in death.

**Diversion risk reduction** – Opioid deaths in young people are frequently caused by prescription medications that have been “diverted” from their legal intent and used for the pleasure they can prescribe. Your prescription buprenorphine is combined with a drug that produces immediate withdrawal symptoms if injected or snorted. This ruins its street value and decreases the risk of someone trying to steal your prescription. The drug also goes through your system making constipation be less of a problem for some people.

**Other benefits** – Buprenorphine is becoming increasingly popular for chronic pain management for other benefits that makes this a safer medication the longer opioids are taken.

**Decreased fluctuation –** Buprenorphine stays attached to the mu-receptor about six times as long as most other opioids. This means most people who take it twice daily do not feel the variations in pain killing effect. If you are late for a dose of medication, it will take a lot longer before you start feeling withdrawal symptoms. With less fluctuation in drug level, most people experience little or no sedation, but still have the energizing effect that enables them to work.

**Decreased drug interactions** – This is important for more than just the risk of stopping breathing. This becomes important as you get older and may need to take additional drugs. Although there are warnings about heart effects, they are less a problem than with other opioids.

**Worries many people have**

**What if I need surgery or have more pain in the future?** The opioid used to make surgery possible binds just as strongly as buprenorphine and can generally be used in the hospital to give you the pain relief you might need. By the time you are ready to leave the hospital, you should be able to get stable pain relief from your buprenorphine. If you develop pain from cancer, buprenorphine can be used for the pain even when you get close to death.

**Won’t I just be dependent on another drug?** Yes, but it is a safer drug. If the reason for your pain goes away and you want to wean off, there are more variations of dose so you can get off without feeling awful. This process takes a long time regardless of which opioid you are withdrawing from.

**People will think I’m a junkie!** As buprenorphine is used for chronic pain management, this will become less of a problem.

**It’s too expensive!** Buprenorphine costs about the same as “diversion resistant” extended-release opioids like MSContin and OxyContin. It is more expensive than the “immediate release” drugs like oxycodone, hydrocodone, and hydromorphone, its increased safety has convinced several insurance companies that the total cost of care is less because they have less visits to the emergency room. Check with your insurance company. We will not force anyone to switch if the cost becomes prohibitive.

**I don’t see any reason for testing my urine!** Unfortunately, we have learned that some of our patients don’t take the medications we prescribe (diversion) and others take medications we don’t prescribe (abuse). We have decided to test all our patients on daily opioids, so whether or not you switch, we will be checking your urine. How often you get tested will depend on whether you take your medicines as prescribed.