

The Life of Opioids in Time

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Editorial

Much as HIV has forever changed the way we view any aspect of health care, the widespread use of opioids for chronic non-cancer pain is now transforming the way we treat patients suffering from acute and chronic pain of malignant origin and has made it even more difficult to care for this large patient group.

It seems that the alleviation of pain in cancer patients seemed to be beyond our control just a few years ago. The number of patients with untreated cancer pain started to decline as doctors began to understand the nature of cancer pain and how to treat it. This was largely done by the widespread adoption of the Three Stage Therapeutic Ladder of the World Health Organization.

This ladder presented clinicians with a logical step-by-step approach to cancer pain pharmacological treatment. Although the Ladder was subsequently updated to include a fourth stage to include interventional modalities for pain control and a fifth step to include reversible modalities for neuroaugmentation, fair usage remains the cornerstone of the Ladder's effectiveness in cancer pain management.

Unfortunately, the rapidly increasing number of patients taking long-term opioids for a variety of non-cancer pain complaints has led to an entire population of opioid tolerate individuals, some of whom will inevitably develop cancer-related pain.

Unlike the opioid naïve patients suffering from cancer pain of yesteryear, the high incidence of opioid tolerance encountered in today's patients has seriously compromised our ability to effectively use opioids when they are needed to treat cancer pain.

This fact has serious implications for both the patient and the clinician as the treatment aims for cancer pain management have not changed in tandem with the increasing chronic use of opioids for non- cancer pain. Furthermore, the additional problem of the prevention of drug withdrawal in these opioid dependent patients has now been added to the mix.

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