Non-Opioid Treatments for Pain: Provider Information

- Opioids are not the first-line or routine therapy for chronic pain.
- Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.
- If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.

Effective approaches to chronic pain should:

- Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD).
- Focus on functional goals and improvement, engaging patients actively in their pain management.
- Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain).
- Use first-line medication options preferentially.
- Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors.

Non-Opioid Treatments	Generic (brand) names	Type of Pain Treated	Notes
Acetaminophen[1, 2, 3]	• Acetaminophen (Tylenol)	• Mild to moderate pain • Low-back pain • Migraines • Osteoarthritis	• Generally considered safer than other non-opioid pain relievers. • Does not cause side effects such as stomach pain or bleeding. • Taking more than the recommended dose or taking with alcohol increases the risk of kidney damage or liver failure over time. • Use should be avoided in patients with liver failure. • Dosage should be reduced in patients with liver problems or history of alcohol abuse.
NSAIDS (Nonsteroidal Anti-inflammatory Drugs) [4, 5, 6]	• Ibuprofen (e.g., Advil, Motrin IB,) • Naproxen sodium (Aleve)	• Mild to moderate pain accompanied by swelling and inflammation • Low-back pain • Osteoarthritis • Pain resulting from muscle sprains and strains • Back and neck injuries, overuse injuries • Menstrual cramps • Migraines	• NSAIDs are generally safe, when taken as directed. • Taking more than recommended or sometimes just taking the recommended dosage, may cause nausea, stomach pain, stomach bleeding or ulcers. • Large doses can also lead to kidney problems, fluid retention, and high blood pressure.
COX-2 inhibitors	Celecoxib (Celebrex)	• Rheumatoid arthritis • Osteoarthritis • Menstrual cramps • Injury-related pain	• Side effects can include headache and dizziness and can lead to kidney problems, fluid retention, and high blood pressure. • Warning: Risk of heart attack/stroke and stomach/intestinal problems. Read about these before recommending.
Tricyclic antidepressants and Serotonin and norepinephrine reuptake inhibitors (SNRIs)) [7, 8]	• Amitriptyline • Nortriptyline (Pamelor) • Duloxetine (Cymbalta) • Venlafaxine (Effexor XR) • Milnacipran (Savella)	• Neuropathic pain • Chronic daily headaches • May be considered for chronic low-back pain	• Side effects of these medications are generally mild. However, side effects can include nausea, dizziness, or drowsiness. To reduce the risk of side effects, your doctor may start you at a lower dose and gradually increase it.
Anti-seizure/ A-typical pain medications [9, 10, 11]	• Gabapentin (Gralise, Neurotin) • Pregabalin (Lyrica)	• Chronic nerve pain including: postherpetic neuralgia and diabetic neuropathy • Fibromyalgia	• Side effects of these medications are generally mild. However, side effects can include nausea, dizziness, or drowsiness. To reduce the risk of side effects, your doctor may start you at a lower dose and gradually increase it.
Corticosteroid injections [12]	• Cortisone Acetate • Dexamethasone • Hydrocortisone	• Psoriatic arthritis • Reactive arthritis • Rheumatoid arthritis • Tendinitis	• Cortisone shots might cause the cartilage within a joint to deteriorate. Doctors typically limit the number of shots into a joint. Injections should not occur more often than every six weeks and not more than three to four times a year.
Topical agents [13, 14, 15]	• Lidocaine • Capsaicin • NSAIDs	• Topical Lidocaine: neuropathic pain • Topical NSAIDs: localized osteoarthritis • Topical capsaicin: musculoskeletal and neuropathic pain	• Thought to be safer than systemic medications.

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