

Non-Opioid Treatments for Pain: Patient Information

Non-Opioid Medication Treatments *(Non-opioid pain medications)*

Patients should consult with their doctor or medical provider to discuss what medicines might be most appropriate for their individual situation.

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

Non-Opioid Treatments	Generic (brand) names	Types of Pain Treated	Notes
Acetaminophen	<ul style="list-style-type: none"> • Acetaminophen (Tylenol) 	<ul style="list-style-type: none"> • Mild to moderate pain • Low back pain • Migraines • Osteoarthritis 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Ibuprofen (e.g., Advil, Motrin IB,) • Naproxen sodium (Aleve) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Generally safe, when taken as directed. • May cause nausea, stomach pain, stomach bleeding or ulcers when taken more than recommended, and in some cases when taken as recommended. • Large doses can also lead to kidney problems, fluid retention, and high blood pressure.
COX-2 inhibitors	Celecoxib (Celebrex)	<ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis • Menstrual cramps • Injury-related pain 	<ul style="list-style-type: none"> • Protect the lining of the stomach and the risk of stomach bleeding is generally lower compared to NSAIDs. • Bleeding can still occur, especially at higher doses. • Side effects can include headache, dizziness, fluid retention, high blood pressure, and can lead to kidney problems.
Tricyclic antidepressants and Serotonin and norepinephrine reuptake inhibitors (SNRIs)	<ul style="list-style-type: none"> • Amitriptyline • Nortriptyline (Pamelor) • Duloxetine (Cymbalta) • Venlafaxine (Effexor XR) • Milnacipran (Savella) 	<ul style="list-style-type: none"> • Neuropathic pain • Chronic daily headaches • May be considered for chronic low-back pain 	<ul style="list-style-type: none"> • Side effects are generally mild. • Side effects can include headache, dizziness, fluid retention, high blood pressure, and can lead to kidney problems.
Anti-seizure/A-typical pain medications	<ul style="list-style-type: none"> • Gabapentin (Gralise, Neurotin) • Pregabalin (Lyrica) 	<ul style="list-style-type: none"> • Chronic nerve pain including: postherpetic neuralgia and diabetic neuropathy • Fibromyalgia 	<ul style="list-style-type: none"> • Side effects are generally mild. • 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	<ul style="list-style-type: none"> • Cortisone Acetate • Dexamethasone • Hydrocortisone 	<ul style="list-style-type: none"> • Psoriatic arthritis • Reactive arthritis • Rheumatoid arthritis • Tendinitis 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Lidocaine • Capsaicin • NSAIDs 	<ul style="list-style-type: none"> • Topical Lidocaine: neuropathic pain • Topical NSAIDs: localized osteoarthritis • Topical capsaicin: musculoskeletal and neuropathic pain 	<ul style="list-style-type: none"> • Thought to be safer than oral medication because the effect is local.

References

- 1 Chronic pain: Medication decisions. Mayo Clinic. <https://www.mayoclinic.org/chronic-pain-medication-decisions/art-20360371>. Published February 14, 2018.
- 2 CDC. Alternative Treatments Fact Sheet. https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf. CDC.
- 3 Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. CDC; 2016. [https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=.](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=)

