

“I Need Opioids for My Sprained Ankle.”

SCOPE of Pain Colleague to Colleague Podcast #15

Welcome back to the *SCOPE of Pain* Podcast Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine’s *SCOPE of Pain* program.

We’ll now discuss a patient requesting opioid analgesics to treat acute pain. A patient presents for an urgent visit after twisting his ankle while playing soccer. His ankle is severely swollen with ecchymosis, tender over the lateral malleolus, with decreased range of motion. His x-ray is negative for a fracture. He’s diagnosed with a grade 2 lateral ankle sprain.

He’s saying that his ankle pain is severe and that he got some relief when he took his wife’s oxycodone tablets. He’s requesting a prescription for oxycodone. How will you respond to this patient’s request for opioids for his acute pain?

Well, what do we know from the literature? In a large national sample of opioid-naïve patients who received care in an emergency department, there was substantial variation in opioid prescribing patterns of emergency physicians, even within the same hospital. In a one-week, cross-sectional survey of 19 U.S. emergency departments, 17% of patients were prescribed an opioid, including 6.5% with a diagnosis of sprain.

And in a randomized clinical trial of over 400 emergency department patients with acute extremity pain, whose mean pain score was 8.7 on an 11-point scale, there was no significant difference in pain reduction at two hours among those who received a single-dose treatment of ibuprofen with acetaminophen compared to three different opioid-plus-acetaminophen combination analgesics.

How much pain relief did they receive? Well, the mean pain score reduction was 4.3 on that 11-point scale for ibuprofen and acetaminophen compared to 4.4-point reduction with oxycodone and acetaminophen, 3.5-point reduction with hydrocodone and acetaminophen, and 3.9-point reduction with codeine and acetaminophen.

Now, getting back to our patient. Our patient was educated about the efficacy of combination non-opioids, such as nonsteroidal anti-inflammatory drugs combined with acetaminophen for treating acute musculoskeletal pain. He was prescribed a combination of ibuprofen 800 mg with acetaminophen 500 mg three times per day.

The treatment plan also included ice, elastic bandage compression, elevation and support orthosis with early weight bearing. He was also educated about the risks of taking someone else’s medications, especially opioids.

How to educate patients about the management of acute pain is addressed in the *SCOPE of Pain* program. You’re not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Podcasts will be added throughout the year.

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