

PorcuPAIN

Don't Get Stuck With Pain

May 2010



Drug Interactions Can Affect Treatment of Pain in the Elderly

By Suzanne M. Barbour, PharmD, UVANTA Pharmacy-KC, Overland Park, KS, sbarbour@uvanta.com

Many significant drug interactions are possible in the LTC population due to multiple medical conditions and drugs prescribed. Interactions which may be overlooked or not recognized at all in LTC residents are often due to pain medications.

Determining if a resident's status change is merely due to a common side effect of a pain medication, which will eventually subside or lessen, versus a true interaction that should be addressed, is often difficult. The two types of pain medications, narcotic and non-narcotic, give rise to different interaction concerns. Narcotics such as morphine, oxycodone, hydromorphone, codeine, etc., can have an additive effect of drowsiness, confusion, instability, or respiratory depression. Non-narcotic pain medications such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), etc., can interfere with blood clotting or even blood pressure control. Other medications used to increase the effectiveness of pain medications (adjuvant) are antidepressants (i.e. Elavil, Cymbalta, Effexor) and anticonvulsants (i.e. Neurontin, Lyrica) which may result in more drug interactions or complications.

Some drugs may lessen the effect of pain medications causing a physician to increase the dose of a narcotic to control the resident's pain. Once the drug which decreased the narcotic's effectiveness is stopped and the narcotic dose remains the same, the resident could experience toxicity from the narcotic. We often only concern ourselves with drug interactions when a drug is started, but must be diligent in monitoring residents when a drug is discontinued as well. Below is a short list of pain medication interactions to consider:

1. Oxycodone – Voriconazole, Erythromycin, or Diltiazem (increased Oxycodone effect- extreme drowsiness, difficulty breathing, confusion, anxiety, low blood pressure, nausea, etc.)
2. Oxycodone – Rifampin, Carbamazepine, or Phenytoin (decreased Oxycodone effects)
3. Tramadol, Fentanyl, or Meperidine – Fluoxetine, Paroxetine, Venlafaxine, or Duloxetine (possible Serotonin Syndrome—muscle jerking, tremors, rigidity, sweating, agitation, confusion)
4. Methadone – Quetiapine (*possible* increased Methadone effects are extreme drowsiness, difficulty breathing, low blood pressure, confusion, irregular heartbeat, etc.)

LTC nursing staff plays an important role in monitoring changes in residents' medical status. Using their input, together with physician and pharmacist, drug interactions can be detected or avoided.

MoLANE Planning Committee Members:

- Missouri Pain Initiative
- Missouri Association of Homes for the Aging
- Missouri Health Care Association
- Missouri Coalition Celebrating Care Continuum Change
- Missouri Association of Nursing Home Administrators
- Missouri Department of Health and Senior Services
- Missouri League for Nursing
- Missouri State Long-Term Care Ombudsman
- Missouri Board of Nursing Home Administrators
- National Association of Health Care Assistants
- Primaris, Missouri's Medicare Quality Improvement Organization
- Quality Improvement Program for Missouri (QIPMO)

Watch for more PAIN tips!