

Drug may help surgical patients stop opioids sooner

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(HealthDay)—Opioid painkillers after surgery can be the first step

toward addiction for some patients. But a common drug might cut the amount of narcotics that patients need, a new study finds.

When [patients](#) received a non-[opioid](#) medication called gabapentin before and after surgery, the need for continued opioid painkillers was reduced by 24 percent, said researchers at Stanford University School of Medicine.

The finding comes amid an [opioid epidemic](#) in the United States. Since 1999, overdose deaths have quadrupled, in large part due to abuse of prescription painkillers such as OxyContin (oxycodone) or heroin.

"Our country is facing an opioid crisis, and a lot of people are exposed to opioids after surgery," said researcher Dr. Sean Mackey, chief of the division of [pain medicine](#).

More than 51 million Americans undergo surgery each year, according to background notes in the study. Most are given opioid painkillers afterward, and up to 13 percent become habitual users.

"There are some people who are vulnerable to the addictive properties of these drugs," Mackey said. "We would prefer to find ways of not having people get into problems with opioids."

Gabapentin (brand names: Neurontin, Gralise) is used to help prevent seizures and ease nerve [pain](#) from shingles. It's available as a generic, so it is inexpensive and covered by most drug plans.

Now, it appears to reduce the time patients feel they need opioid relief by a "modest" amount, the researchers said.

"This means that people are less likely to become addicted to opioids and less likely to have the side effects of an opioid," Mackey said.

Those side effects can include sedation, nausea and constipation.

Surprisingly, the drug had no effect on how long it took for post-operative pain to subside, Mackey said. But it did effect how long patients needed opioids.

For the study, Mackey and his colleagues randomly assigned 410 surgical patients to receive gabapentin or a placebo before surgery and for three days afterward. Patients were followed for up to two years.

Procedures included chest surgery, knee replacements, and hand and breast surgery, to name a few. The study found that gabapentin seemed to help regardless of the type of operation.

It's not clear how gabapentin might reduce the need for opioids, Mackey said. Perhaps it's changing brain chemistry after surgery, he said.

"It's probably having pain-relieving properties along with the opioid, and you don't need so many opioids because the effects of the gabapentin are long-lasting," he said.

Gabapentin is considered nonaddictive.

Mackey said more work needs to be done to determine which patients would benefit most from gabapentin, at what dose and for how long.

It's also possible that gabapentin might benefit patients with pain from trauma. Given in the emergency room, it might help reduce the need for opioids, and thus help to prevent addiction in that setting, he said.

The findings were published online Dec. 13 in the journal *JAMA Surgery*.

Dr. Michael Ashburn is director of pain medicine at the Penn Pain Medicine Center in Philadelphia. He said this study may have important implications.

"This and other studies have reported that the duration of opioid administration may impact whether or not patients transition to chronic opioids after surgery," said Ashburn, co-author of an accompanying journal editorial.

Although gabapentin doesn't seem to reduce the length of time it takes for pain to cease after surgery, it "may allow for opioids to be discontinued more quickly following surgery," Ashburn said.

Giving [gabapentin](#) after surgery is already part of clinical practice at Lenox Hill Hospital in New York City, said Dr. Kiran Patel.

"I am constantly looking for ways to reduce opioid requirements and to get patients off opioids so they don't transition to chronic opioid use," said Patel, an anesthesiologist and pain management specialist at the hospital.

There are ways to manage pain aside from opioids and anti-inflammatories after [surgery](#), she noted. "Incorporating them with the right patients, we might be able to reduce their overall use of opioids," she said.

More information: Sean Mackey, M.D., Ph.D., chief, pain medicine, and director, Stanford Systems Neuroscience and Pain Lab, Stanford University School of Medicine, Palo Alto, Calif.; Michael Ashburn, M.D., M.P.H., professor, anesthesiology and critical care, and director, pain medicine, Penn Pain Medicine Center, Philadelphia; Kiran Patel, M.D., anesthesiologist and pain management specialist, Lenox Hill Hospital, New York City; Dec. 13, 2017, *JAMA Surgery*, online.

For more about opioid use, visit the [U.S. National Institute on Drug Abuse](#).

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