

## Windows 7-8.1-10 AIO (6in1) X86x64 En-us March2016 V.2 Incl Acti

experts agreed that opioid prescribing guidelines should be accompanied by patient education. they thought that the patient should be informed about the nature, mechanism of action, and expected benefits and adverse events of opioid therapy for the specific chronic pain problem. they thought that the patient should be provided with information regarding the risks and benefits of opioid therapy and counseled regarding the potential risks of opioid therapy, including addiction and misuse. they thought that the patient should be advised that opioid therapy may increase pain and may interfere with the effectiveness of other treatments, and that the patient should be advised that nonpharmacologic therapies should be used first. they thought that patients should be informed about pharmacologic treatments for addiction, including education about addiction treatment services. they thought that patients should be educated regarding the use of nonpharmacologic therapies (e.g., cbt, exercise, or mindfulness therapies) and opioid medications in combination, and that patients should be informed of the benefits and limitations of nonpharmacologic therapies. they thought that patients should be advised that nonpharmacologic therapies and opioid medications should be used in combination to maximize benefits and to minimize risks. they thought that patients should be counseled regarding the potential for addiction, as well as adverse events associated with opioid therapy. they thought that patients should be informed about the possibility of addiction to the specific opioid medication they are taking for pain and about the possibility of misuse of the specific opioid medication they are taking for pain. they thought that patients should be advised about the risk of misuse of the specific opioid medication they are taking for pain. they thought that it is appropriate for opioid prescribing to be managed in a manner that maximizes benefits and minimizes risks, and that it is appropriate to consider the risks and benefits of opioid therapy before starting therapy.



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previous guidelines have consistently shown that opioid analgesics improve short-term pain (up to 12 weeks) in patients with chronic noncancer pain, including patients with fibromyalgia and neuropathic pain (84). however, experts noted that randomized controlled trial evidence comparing the comparative efficacy of long-term treatment for chronic pain with opioids versus placebo or active comparators is limited (84). some experts also noted that long-term treatment evidence supports the efficacy of long-term opioid therapy for chronic pain, especially when opioid treatment is combined with behavior therapy (84). this statement echoes the findings of a 2015 comprehensive systematic review that showed that the efficacy of long-term opioid therapy is limited but that for the treatment of acute pain and chronic pain with noncarcinogenic tumor-causing disease, the evidence is stronger (85). importantly, one-quarter to one-third of long-term opioid therapy patients experience opioid-related symptoms that require medication adjustment and/or dose reduction (85), and low adherence rates (86) contribute to the poor efficacy of long-term opioid therapy (84). another systematic review suggested that even when compared with placebo, opioid analgesics do not cause cognitive impairment (87). furthermore, opioid analgesics are associated with an increased risk for addiction and overdose, including injection-related opioid overdose (88). paracetamol (acetaminophen) is an effective treatment for mild to moderate pain (2) and fever (89). paracetamol has no known mechanism of action and is not recommended as an opioid substitute. it has been reported that use of paracetamol during and immediately following opioid therapy is not associated with tolerance, dependence, or any other opioid-related adverse consequences (90). when not available, and when other nonopioid pain-relieving therapies are ineffective, paracetamol is an effective treatment for acute pain (90). moreover, paracetamol may reduce opioid use by around 20% in moderate to severe pain (91). the 2015 ahrq report (92) concluded that paracetamol should remain a first-line treatment for acute pain, especially when used by itself or in combination with tramadol and/or nsais. 5ec8ef588b

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