

A PRIMER OF PAIN MEDS



Julie Manet et son Lévrier Laerte, Morisot, Berthe (1841-1895); 1893;

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The major classes of pain medications for our greyhounds include narcotics, nonsteroidal antiinflammatory drugs (NSAIDs), and corticosteroids aka "steroids" – not the anabolic bodybuilding ones.

Narcotics are for heavy-duty pain relief that a dog might need post-op or with a very painful disease such as bone cancer. Fentanyl patches offer the strongest pain relief, but are seldom-used long term. Morphine tablets are available, but the most commonly dispensed narcotic for dogs with skeletal pain is a combination of codeine and Tylenol. Torbutrol is preferred for internal pain. As an alternative to narcotics, which may "whack out" the patient, some veterinarians use the narcotic-like tramadol (Ultram) in these painful situations. Since narcotics don't ulcerate the GI tract, they may be used in combination with both NSAIDs and steroids for more complete pain relief.

The number of dog-approved NSAIDs is growing every day. Rimadyl and Etogesic have been around for a few years. Now we have Deramaxx, Zubrin, and Metacam, touted to be more effective and less stomach upsetting, which is the bane of all NSAIDs. Just as some people can't stomach aspirin but are fine with ibuprofen, so it can be with dogs. And just as you do for yourself, you may need to "shop around" until you find an NSAID that helps your dog. So more choices are better. All NSAIDs have label precautions for kidneys and liver, especially if these organs are already compromised. It's always a good idea to monitor blood test periodically while on long term NSAIDs.

Steroids, most notably prednisone and dexamethasone, often control pain that NSAIDs won't get at, such as spinal pain. NSAIDs are generally preferred for long term use when efficacious as they have fewer side effects than steroids. Every prednisone prescription I send home forewarns the owner of increased thirst, urination and panting. With long term steroid use, dogs may develop Cushingoid signs such as thinned haircoat, poochy belly, and muscle loss. Because steroids can also ulcerate the GI tract, NSAIDs and steroids are rarely used together. Sometimes it is possible to inject a steroid directly into a painful area to relieve pain without causing all the side effects, i.e. DepoMedrol injections for lumbosacral stenosis.

<p><u>PAIN MEDS AT A GLANCE</u></p> <p>NSAIDS + narcotics --->OK</p> <p>Steroids + narcotics ---> OK</p> <p>NSAIDS + steroids -----> NO</p>	<p><u>ANALGESIC</u></p> <p>Tylenol</p>		<p><u>NARCOTICS</u></p> <p>Morphine</p> <p>Fentanyl</p> <p>Codeine</p> <p>Torbugesic</p>	<p><u>OTHER*</u></p> <p>Ultram</p> <p>Adequan</p> <p>Glucosamine/ chondroitin</p> <p>MSM</p> <p>SOD</p> <p>Duralactin</p>
	<p><u>NSAIDS</u></p> <p>Aspirin</p> <p>Ascriptin</p> <p>Rimadyl</p> <p>Etogesic</p> <p>Metacam</p> <p>Deramaxx</p> <p>Zubrin</p>	<p><u>STERIODS</u></p> <p>Prednisone</p> <p>Dexamethasone</p> <p>DepoMedrol**</p>	<p>* All OK to mix with NSAIDS, Steroids or Narcotics</p> <p>** DepoMedrol lumbosacral injection is OK with NSAIDS</p>	