



Opioids are dangerous drugs and cause more deaths than NSAIDs

A Summary of Evidence

The use of opioids for the treatment of pain has increased more than 600% in less than 20 years. (Paulozzi & Baldwin, 2012) It is commonly believed that this has occurred because opioid medications are felt by medical providers to be safe and effective in the treatment of pain. Concerns about side-effects with nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen often limit their use.

NSAID medications are known for their gastrointestinal side-effects. NSAIDs can cause GI bleeding and death. Approximately 3200 people die from NSAID induced GI bleeding each year. Much of this could likely be avoided with appropriate prescribing with stomach acid suppression in people at risk and use of cox-2 inhibitors when needed.

NSAIDs can also cause worsening of kidney function. It is difficult to know how many people die from NSAID-induced nephropathy each year since most cases of end stage renal disease are multifactorial. NSAIDs are unlikely to be the sole cause of death from renal failure.

NSAIDs are also known to cause cardiovascular events. They also may interfere with aspirin's protective effect. The cardiovascular risks of NSAIDs do vary among the individual medications. It does appear that ibuprofen may be a safe choice for those with cardiovascular risks. (Bavry et al., 2014)

Opioids are commonly used in the elderly because of concerns of the CV, GI, or renal effects of NSAIDs. Solomon et al showed that opioids have greater risks in the elderly and that in this population, it is more likely to have side-effects or premature death from opioids than it is from the NSAIDs. (Solomon et al., 2010)

Implications for Practice

Based on this evidence, Dr. Don Teater notes the following implications for practice:

Opioids should not be prescribed with a cavalier attitude. There must be careful consideration of the risk to the individual and with full informed consent of the dangers of these medications.

Don Teater, MD serves as Medical Advisor with National Safety Council. Dr. Teater runs a family practice and addictions treatment clinic.

Evidence Summary

Bavry, A. a, Thomas, F., Allison, M., Johnson, K. C., Howard, B. V, Hlatky, M., ... Limacher, M. C. (2014). Nonsteroidal Anti-Inflammatory Drugs and Cardiovascular Outcomes in Women: Results From the Women's Health Initiative.

Circulation. Cardiovascular Quality and Outcomes, 603–610. doi:10.1161/CIRCOUTCOMES.113.000800

Paulozzi, L. J., & Baldwin, G. (2012). CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic. *MMWR*, 61(1), 10–13.

Solomon, D. H., Rassen, J. a, Glynn, R. J., Lee, J., Levin, R., & Schneeweiss, S. (2010). The comparative safety of analgesics in older adults with arthritis. *Archives of Internal Medicine*, 170(22), 1968–76.

doi:10.1001/archinternmed.2010.391

For more information, visit nsc.org/rxpainkillers